

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

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

Questionnaire for 6-Month Intreatment Data

\*\*\*Processor Notes\*\*\*  
DATOS

- 1) A 6-month intreatment questionnaire is not available. However, the questionnaire for the 3-month intreatment interview contains the same questions and may be used as a reference for the 6-month intreatment questionnaire items.



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



**3-MONTH INTREATMENT QUESTIONNAIRE**

Conducted by:

Research Triangle Institute  
Research Triangle Park, NC 27709

Conducted for:

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

October 1992

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Client ID No.:

Date Completed:

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MONTH		DAY	YEAR	

Final Result  
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Total Length  
of Interview:

<input type="text"/>	<input type="text"/>	<input type="text"/>	MINUTES
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NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

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



## **Drug Abuse Treatment Outcome Study**

### **Intreatment Questionnaire Sections**

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



**SECTION A.  
DEMOGRAPHICS AND BACKGROUND**

TIME STARTED:   :   am  
pm

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

01 MALE  
02 FEMALE

**INTAKE 1**

01 MALE  
02 FEMALE

A2. I'd like to start the interview with some questions about your background.  
How old are you?

AGE

**INTAKE 1**

AGE



A3. Are you of Hispanic or Spanish origin or descent?

01 YES



02 NO → GO TO A4

**HAND RESPONDENT SHOW CARD 1.**

A3a. Please tell me which group best describes your ethnic or cultural background. **[READ CHOICES IF NECESSARY AND CIRCLE ONE. IF RESPONDENT SAYS "MIXED," CODE AND SPECIFY "MIXED."]**

01 PUERTO RICAN

02 MEXICAN

03 CUBAN

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

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

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

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

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

A3b. Please tell me the name of the group that best describes you. Would you say you are . . .

01 Alaskan Native

02 American Indian

03 Asian or Pacific Islander

04 Black or African American

05 White or Caucasian

06 Other (SPECIFY) \_\_\_\_\_

**SKIP: GO TO A5.**

A4. Please tell me the name of the group that best describes you. Would you say you are . . .

- 01 Alaskan Native → GO TO A5
- 02 American Indian → GO TO A5
- 03 Asian or Pacific Islander
- 04 Black or African American → GO TO A5
- 05 White or Caucasian → GO TO A5
- 06 Other (SPECIFY) \_\_\_\_\_ → GO TO A5

**HAND RESPONDENT SHOW CARD 2.**

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

- 01 CHINESE
- 02 JAPANESE
- 03 KOREAN
- 04 PACIFIC ISLANDER (SPECIFY) \_\_\_\_\_
- 05 SOUTHEAST ASIAN (SPECIFY) \_\_\_\_\_
- 06 OTHER ASIAN (SPECIFY) \_\_\_\_\_
- 07 OTHER (SPECIFY) \_\_\_\_\_
- 15 MIXED (SPECIFY) \_\_\_\_\_

A5. Next, I will ask about where you have lived, the relationships that you might have had with family and friends, and how your life has been going during the past 3 months. During the past 3 months, what type of residence or place have you usually lived in? **[CIRCLE ONE.]**

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

A6. In the past 3 months, how long have you lived in a place where you could not come and go as you pleased, such as a jail, a hospital, a therapeutic community, or a juvenile detention home?

WEEKS	

A7. Are you now married, separated, divorced, widowed, living with someone as married, or have you never been married?

- 01 MARRIED
- 02 SEPARATED → **GO TO A10**
- 03 DIVORCED → **GO TO A10**
- 04 WIDOWED → **GO TO A10**
- 05 LIVING WITH SOMEONE AS MARRIED (BUT NOT LEGALLY MARRIED)
- 06 NEVER MARRIED → **GO TO A10**

A8. In general, in the past 3 months how has your (husband/wife/partner) felt about your use of drugs? Would you say that (he/she) . . .

- 01 has been very much opposed
- 02 has been somewhat opposed
- 03 has not cared one way or the other
- 04 has approved of your use of drugs
- 05 has not been aware of your drug use → **GO TO A9**
- 06 NOT IN CONTACT WITH PARTNER → **GO TO A10**

A8a. How important to you was the way (he/she) felt about your drug use? Would you say . . .

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

A8b. Have you had any serious problems with your (husband/wife/partner) because of your drug use?

- 01 YES
- 02 NO

A8c. Has your (husband/wife/partner) pressured you to stay in treatment for drug use?

- 01 YES
- 02 NO

A8d. Has (he/she) been abusing drugs in these 3 months? Do not count alcohol abuse.

- 01 YES
- 02 NO

A8e. Has this person been in drug treatment at any time during the past 3 months?

- 01 YES
- 02 NO

A9. During the past 3 months, how much would you say your (husband/wife/partner) has been concerned, helpful, or supportive of you? Would you say . . .

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

A10. Who have you lived with most of the time during the past 3 months?

- 01 WITH SPOUSE OR SEXUAL PARTNER AND CHILDREN
- 02 WITH SPOUSE OR SEXUAL PARTNER ONLY
- 03 WITH CHILDREN ONLY
- 04 WITH BOTH PARENTS
- 05 WITH MOTHER ONLY
- 06 WITH FATHER ONLY
- 07 WITH PARENT(S) AND OWN CHILDREN
- 08 WITH OTHER FAMILY ONLY OR ANY COMBINATION OF 01-07 ABOVE
- 09 WITH FOSTER PARENTS
- 10 WITH FAMILY AND FRIENDS/BOARDERS/ROOMMATES
- 11 WITH FRIENDS OR ROOMMATES ONLY
- 12 ALONE
- 13 INSTITUTION OR CLOSED FACILITY (E.G., PRISON, JAIL, MENTAL HOSPITAL) → **GO TO A12**
- 14 NO STABLE ARRANGEMENTS → **GO TO A12**
- 15 OTHER (SPECIFY) \_\_\_\_\_ → **GO TO A12**

A11. How satisfied have you been living (alone/with this person/with these people)? Would you say . . .

- 01 very dissatisfied
- 02 somewhat dissatisfied
- 03 somewhat satisfied
- 04 very satisfied

A12. During these 3 months, how many children, either your own or those you have been raising as your own, were younger than 18 years old?

CHILDREN

**SKIP: IF A12=00, GO TO A19.**

A13. (Has your child/How many of your children) under 18 lived with you most of the time in the past 3 months?

--	--

CHILDREN      **IF NUMBER EQUALS NUMBER IN A12, GO TO A14.**

A13a. Who did your (child/(other) children) under 18 live with most of the time in the past 3 months?

**[CIRCLE ALL MENTIONS BUT ONLY ONE RESPONSE PER CHILD. ]**

- 02 WITH SPOUSE OR SEXUAL PARTNER
- 03 WITH EX-SPOUSE OR EX-SEXUAL PARTNER
- 04 WITH OTHER RELATIVE(S)
- 05 WITH NONRELATIVE(S) SUCH AS FOSTER PARENTS
- 06 IN AN INSTITUTION

A14. Currently, (do you have legal custody of your child/how many of your children do you have legal custody of)?

--	--

CHILDREN      **IF NUMBER EQUALS A12, GO TO SKIP BEFORE A15.**

A14a. Who has legal custody of your (child/(other) children)?

**[CIRCLE ALL MENTIONS BUT ONLY ONE RESPONSE PER CHILD. ]**

- 02 SPOUSE OR SEXUAL PARTNER
- 03 EX-SPOUSE OR EX-SEXUAL PARTNER
- 04 OTHER RELATIVE(S)
- 05 NONRELATIVE(S) SUCH AS FOSTER PARENTS
- 06 AN INSTITUTION

**SKIP: IF A13 EQUALS A12, GO TO A16.**

A15. During these 3 months, how often have you seen (your child/any of your children who did not live with you)?  
Would you say . . . **[CIRCLE ALL MENTIONS BUT ONLY ONE RESPONSE PER CHILD.]**

- 00 not at all
- 01 less than once a week
- 02 at least once a week
- 03 almost daily

A16. Will your drug treatment or getting off drugs affect who has custody of (your child/any of your children)?

- 01 YES
- 02 NO
- 03 SOMEWHAT/MAYBE

A17. During these 3 months, how well have you been doing as a (parent/guardian)? Would you say . . .

- 01 poor
- 02 fair
- 03 well

A18. During the past 3 months, how difficult has it been for you to go places or do things because of problems in finding someone to take care of your child(ren) or the child(ren) living with you? Would you say . . .

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

A19. Now, I'd like to ask about other relationships that you may have had during the past 3 months. In the past 3 months, would you say you have had a close, long-lasting, personal relationship with anyone?

- 01 YES                      02 NO → **GO TO A20**



A19a. With how many people during that time?

NUMBER OF PEOPLE

A19b. In these 3 months, have you had serious problems getting along with family members or close friends?

- 01 YES                      02 NO

A20. How important to you now is counseling or professional help for problems getting along with family members and close friends? Would you say . . .

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

A21. During the past 3 months, altogether how much contact (mail, telephone, or in person) have you had with any family members or close friends? Would you say . . .

- 00 none
- 01 some
- 02 a lot
- 93 IF VOL: NO FAMILY OR FRIENDS

**SKIP: IF VOLUNTEERED NO FAMILY MEMBERS AND NO CLOSE FRIENDS, GO TO A23.**

A22. During the past 3 months, how have you been doing as a family member or friend? Would you say . . .

- 01 poor
- 02 fair
- 03 well

**HAND RESPONDENT SHOW CARD 3.**

A23. Next, I will ask about the way you have spent your time during the past 3 months. During the past 3 months, in a typical week, how often have you . . . ?

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

**HAND RESPONDENT SHOW CARD 4.**

A24. In the past 3 months, other than any people who might have been in drug or alcohol treatment with you, would you say that none of the people, a few of the people, or many of the people that you are close to . . . ?

	NONE	ONE OR A FEW	MANY
a. used heroin, crack, cocaine, or other drugs for nonmedical purposes. ....	01	02	03
b. drank alcohol heavily .....	01	02	03
c. got arrested .....	01	02	03
d. entered jail, prison, or a juvenile detention home .....	01	02	03
e. entered treatment for drug or alcohol problems .....	01	02	03
f. quit using heroin, crack, cocaine, or other drugs .....	01	02	03

A25. Taking all things together, how would you say your life has been during these 3 months?  
Would you say it has been . . .

- 01 very unhappy
- 02 somewhat unhappy
- 03 somewhat happy
- 04 very happy

A26. Would you say things are better or worse than they were a year before?

- 01 WORSE
- 02 BETTER

A27. In the past 3 months, have you had any problems with family members or close friends because of your drug or alcohol use?

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

A27a. How serious were any problems you had because of your drug or alcohol use? Would you say . . .

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





## SECTION B. EDUCATION AND TRAINING

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B1. Another area I'd like to ask about is your education and training. What is the highest grade or year of school you have attended? **[ENTER TWO-DIGIT NUMBER FOR HIGHEST GRADE OR YEAR: GRADE SCHOOL (00-08); HIGH SCHOOL (09-12); JUNIOR COLLEGE, COLLEGE, OR GRADUATE SCHOOL (13-20+).]**

GRADE/YEAR

B1a. Did you complete that (grade/year)?

01 YES                      02 NO

B1b. Are you currently in school?

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

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

- 01 MIDDLE SCHOOL (JUNIOR HIGH)
- 02 HIGH SCHOOL
- 03 JUNIOR (2-YEAR) COLLEGE
- 04 4-YEAR COLLEGE OR UNIVERSITY
- 05 TECHNICAL/TRADE/VOCATIONAL SCHOOL
- 06 JOB CORPS PROGRAM
- 07 SPECIAL EDUCATION PROGRAM
- 08 OTHER (SPECIFY) \_\_\_\_\_

B1d. In the past 3 months, how have your grades been in school?

- 01 better than average
  - 02 average
  - 03 not so good
- ] → **GO TO B1f**

B1e. Did your teachers think you did as well as you could, or did they think you had the ability to do better?

- 01 DID AS WELL AS COULD
- 02 COULD HAVE DONE MUCH BETTER

B1f. In the past 3 months, have you frequently gotten into trouble with your teachers or principal for misbehaving in school?

- 01 YES
- 02 NO

B1g. In the past 3 months, how many days did you skip school or play hooky?

DAYS

B2. During the past 3 months, have you received a high school diploma or passed a high school equivalency (GED) test?

- 01 YES
- 02 NO → GO TO B3

B2a. Which one did you get?

- 01 DIPLOMA
- 02 GED

B3. (Besides a high school diploma or a GED) what other diplomas, degrees, certificates, or licenses have you received during the past 3 months? **[CIRCLE ALL MENTIONS.]**

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

B4. Do you have a current, valid driver's license?

01 YES → **GO TO B5**

02 NO

B4a. Was your driver's license . . . ?

01 expired

02 suspended

03 revoked

04 IF VOL: NEVER HAD ONE

B5. During the past 3 months, has there been a dependable vehicle, such as a car, truck, or motorcycle, available for you to use . . . ?

00 none

01 some

02 all of the time



**SECTION C.  
TREATMENT ACCESS**

C1. Next, I'd like to ask about your current contacts with this program. Do you belong to a health plan or have any health insurance such as Blue Cross, Medicaid, or other insurance?

- 01 YES                      02 NO → **GO TO C1e**

C1a. What type of health plan or insurance do you have? Any others? **[CIRCLE ALL MENTIONS.]**

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

C1b. Is the coverage in your own name or in the name of some other family member?

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

C1c. Are any costs of drug treatment covered by this health plan or insurance?

- 01 YES  
02 NO → **GO TO C1e**  
03 PROGRAM CHARGES NO FEES → **GO TO C2**

C1d. About how much of the costs of your drug treatment will your health plan or insurance cover?

- 00 NONE  
01 LESS THAN HALF  
02 HALF OR MORE  
03 ALL → **GO TO C2**  
04 PROGRAM CHARGES NO FEES → **GO TO C2**

C1e. (Excluding your health plan or insurance coverage), what will be your primary source of funds to pay for your treatment?

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

C2. During the past 3 months, how have you usually gotten to this treatment program for counseling?  
**[CLARIFY AND CIRCLE MOST FREQUENT METHOD.]**

00 LIVING AT PROGRAM → **GO TO C4**

01 WALK

02 DRIVE

03 PUBLIC TRANSPORTATION (BUS, SUBWAY, ETC.)

04 RIDE FROM FAMILY/FRIEND

05 TAXICAB

06 PROGRAM PROVIDED TRANSPORTATION

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

C3. Has it been easy or difficult for you to get to this program for things like counseling, treatment, or medication?

01 EASY

02 DIFFICULT → **GO TO C3b**

C3a. Has it been somewhat easy or very easy?

01 SOMEWHAT EASY ] → **GO TO C4**  
02 VERY EASY ]

C3b. Has it been somewhat difficult or very difficult?

01 SOMEWHAT DIFFICULT

02 VERY DIFFICULT

C3c. What has made it difficult for you? **[RECORD VERBATIM.]**

VERBATIM \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HAND RESPONDENT SHOW CARD 4A.**

C4. During the past 3 months, have you been on probation, on parole, in jail, or have you had any pending criminal (or juvenile justice system) charges or cases against you? **[CIRCLE ALL MENTIONS.]**

00 NO → **GO TO SECTION D**

● 01 PROBATION

● 02 PAROLE

**IN JAIL/DETENTION**

● 03 AWAITING TRIAL

● 04 AWAITING SENTENCING

● 05 SERVING A SENTENCE

**CASE PENDING**

● 06 ON BAIL AWAITING TRIAL

● 07 ON BAIL AWAITING SENTENCING

● 08 RELEASED ON OWN RECOGNIZANCE, CASE PENDING

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

C5. Have any criminal justice (juvenile justice) authorities, such as a judge, a probation officer, or a parole officer, been aware of your drug problem or your treatment at this program?

01 YES

02 NO → **GO TO SECTION D**

03 UNCERTAIN → **GO TO SECTION D**

C5a. Since these authorities have been aware of your drug problem, have you felt any pressure to stay in treatment?

01 YES

02 NO → **GO TO SECTION D**

C6. Has your participation in this program actually been required or suggested by the criminal (juvenile) justice system (i.e., courts or correctional authorities)?

01 YES

02 NO → **GO TO SECTION D**

C6a. Has it been required or suggested?

01 REQUIRED, STIPULATED

02 SUGGESTED, ENCOURAGED



C7. During the past 3 months, has anyone from the criminal (juvenile) justice system tested you for drug use or reviewed the results from drug tests that you may have had?

01 YES



02 NO → **GO TO SECTION D**

C7a. Have you been checked for drugs on a regular schedule, on a random basis, or both?

01 REGULAR

02 RANDOM

03 BOTH

C7b. How often have the tests been done in the past 3 months?

**[RECORD TIMES AND CIRCLE FREQUENCY.]**

	01 PER WEEK
TIMES	02 PER MONTH
	03 TOTAL OR ALTOGETHER

**SECTION D.  
PSYCHOLOGICAL FUNCTIONING**

D1. Now, I'm going to ask some questions about your feelings and emotions over the past 3 months. In the past 3 months, have you had at least one period of 4 weeks or more when you were very anxious, tense or nervous and had other problems at the same time, such as trembling, shaking, your heart beating fast, or feeling something bad was going to happen?

01 YES



02 NO → **GO TO D2**

D1a. In these 3 months, how many periods of 4 weeks or more have you had (when you were very anxious, tense, or nervous)?

PERIODS

D1b. When did your last period like that end?

01 LESS THAN 1 WEEK AFTER ADMISSION

02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?

WEEKS

D1c. Was that (last) period a direct result of your drug or alcohol use?

01 YES

02 NO

D2. In the past 3 months, have you had at least 2 weeks during which you felt very sad, blue, depressed, or you lost interest and pleasure in things you usually cared about or enjoyed?

01 YES

02 NO → **GO TO D3**

D2a. Did you have other problems at the same time, for example, difficulty sleeping, loss of appetite, feeling hopeless or guilty, or having thoughts of ending your life?

01 YES

02 NO → **GO TO D3**

D2b. In these 3 months, how many periods of 2 weeks or more have you had when you felt very sad, blue, depressed, or lost interest in things and also had some of these other problems at the same time?

PERIODS

D2c. When did your last period like that end?

01 LESS THAN 1 WEEK AFTER ADMISSION

02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?

WEEKS

D2d. Was that (last) period a direct result of your drug or alcohol use?

01 YES                      02 NO

D3. In these 3 months, have you thought about ending your life or committing suicide?

01 YES                      02 NO → **GO TO D4**

D3a. During these months, have your thoughts of suicide always been the direct result of your drug or alcohol use?

01 YES                      02 NO

D4. In these 3 months, have you attempted suicide?

01 YES                      02 NO → **GO TO D5**

D4a. During these months, have your suicide attempts always been the direct result of your drug or alcohol use?

01 YES                      02 NO

D5. In the past 3 months, have you had trouble controlling your temper or violent behavior?

01 YES                      ↓                      02 NO → **GO TO D6**

D5a. When did your last period like that end?

01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?                      WEEKS

D5b. Was that period a direct result of your drug or alcohol use?

01 YES                      02 NO

D6. In the past 3 months, have you felt very suspicious of other people or what they might be up to?

01 YES ↓      02 NO → **GO TO D7**

D6a. When did your last period like that end?

01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?      WEEKS

D6b. Was that period a direct result of your drug or alcohol use?

01 YES      02 NO

D7. In the past 3 months, have you thought someone could control your thoughts or had hallucinations, that is, you saw or heard things that no one else could see or hear?

01 YES ↓      02 NO → **GO TO D8**

D7a. When did your last period like that end?

01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?      WEEKS

D7b. Was that period a direct result of your drug or alcohol use?

01 YES      02 NO

D8. In the past 3 months, have you had trouble understanding, concentrating, or remembering?

01 YES      02 NO → **GO TO D9**

D8a. Has that always been a direct result of your drug or alcohol use?

01 YES      02 NO

D9. During the past 3 months, have you received any disability payments, benefits, or a pension for a psychiatric disability?

01 YES

02 NO

D10. In the past 3 months, have you taken any prescribed medication on a regular basis for a mental health or emotional problem?

01 YES

02 NO → **GO TO D11**

D10a. Are you currently taking any medications prescribed by a doctor for a mental health or emotional problem?

01 YES

02 NO

D11. In the past 3 months, have you had any mental health or emotional problems because of your drug or alcohol use?

01 YES

02 NO → **GO TO D12**

D11a. How serious were any problems you have had in these 3 months because of your drug or alcohol use?  
Would you say. . .

01 not at all

02 somewhat

03 very serious

D12. How troubled or distressed (bothered) are you now by any emotional or psychological problems?

00 not at all

01 somewhat

02 very troubled

**HAND RESPONDENT SHOW CARD 5.**

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

STATEMENT	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
D13. All in all, I'm satisfied with myself . . . . .	01	02	03	04
D14. At times I think I'm no good at all . . . . .	01	02	03	04
D15. I feel that I have a lot of good qualities . . . . .	01	02	03	04
D16. I feel useless at times . . . . .	01	02	03	04
D17. I wish I could have more respect for myself . . .	01	02	03	04
D18. All in all, I feel that I'm a failure . . . . .	01	02	03	04

D19. How important to you now is treatment or counseling for emotional, nervous, or mental health problems?  
Would you say . . .

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



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

E1. Now, I'd like to ask about any alcohol, tobacco, and drugs you may have used during the past 3 months. Alcoholic beverages include beer, wine, and hard liquor, such as whiskey and mixed drinks. In the past 3 months, on how many days have you drunk any alcohol?

 DAYS

**SKIP: IF E1=00, GO TO E12.**

E2. During the past 3 months, about how many alcoholic drinks have you usually had on each day you drank?

 DRINKS

ALCOHOL EQUIVALENTS		
<b>BEER</b>		
1 12 OR 16 OZ. BOTTLE OF BEER	=	1 DRINK
1 CASE OF BEER	=	24 DRINKS
<b>WINE</b>		
1 4 OZ. GLASS OF WINE	=	1 DRINK
1 LITER OR QUART BOTTLE OF WINE	=	6 DRINKS
1 WINE COOLER	=	1 DRINK
<b>HARD LIQUOR</b>		
1 HIGHBALL	=	1 DRINK
1 SHOT GLASS	=	1 DRINK
1/2 PINT OF LIQUOR	=	6 DRINKS
1 PINT OF LIQUOR	=	12 DRINKS
1 FIFTH OF LIQUOR	=	20 DRINKS
1 QUART OF LIQUOR	=	24 DRINKS

E3. During the past 3 months, have you ever been drunk for several days in a row?

01 YES                      02 NO

E4. On how many days have you been drunk during the past 3 months?

 DAYS



E5. During the past 3 months, have you had alcohol d.t.'s (or Delirium Tremens) at any time?

01 YES                      02 NO

E6. Alcohol can sometimes cause problems for people. Have you ever had any problems because of your drinking?

01 YES                      02 NO → **GO TO E12**

E7. How troubled or bothered have you been in the past 3 months by an alcohol problem you may have?  
Would you say . . .

00 not at all  
01 somewhat  
02 very troubled

E8. How important to you now is treatment or counseling for your alcohol problem? Would you say . . .

00 not at all  
01 somewhat  
02 very important

E9. What do you think your chances are of never drinking alcohol again? Would you say . . .

01 very poor  
02 fair  
03 very good

E10. How difficult do you think it would be for you to stop drinking alcohol completely for the rest of your life?  
Would you say . . .

00 not at all  
01 somewhat  
02 very difficult

E11. What do you think your chances are of greatly reducing the amount of alcohol you drink? Would you say . . .

01 very poor  
02 fair  
03 very good

E12. Now, I would like to ask about your use of tobacco. Do you currently smoke cigarettes?

- 01 YES                      02 NO → **GO TO E13**

E12a. About how many cigarettes do you smoke per day? [**READ CHOICES IF NECESSARY.**]

- 01 LESS THAN ½ PACK A DAY (1-5 CIGARETTES)  
02 ABOUT ½ PACK A DAY (6-15 CIGARETTES)  
03 ABOUT A PACK A DAY (16-25 CIGARETTES)  
04 ABOUT 1-½ PACKS A DAY (26-35 CIGARETTES)  
05 ABOUT 2 PACKS OR MORE A DAY (OVER 35 CIGARETTES)

E13. Do you currently smoke cigars, smoke a pipe, or use smokeless tobacco or snuff?

- 01 YES                      02 NO → **GO TO E14**

E13a. Which do you use? [**CIRCLE ALL MENTIONS.**]

- 01 CIGARS
- 02 PIPE
- 03 SMOKELESS TOBACCO OR SNUFF

E14. Next, I'd like to ask about your use of drugs other than alcohol. During the past 3 months, have you used marijuana, hashish, or THC?

01 YES      ↓      02 NO → **GO TO E15**

E14a. How long after you entered treatment did you first use it?

01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?      WEEKS

E14b. When did you last use it?

01 MORE THAN 1 WEEK AGO →

How many weeks ago was that?      WEEKS

02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6.**

E14c. How often have you used it during the past 3 months?

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

E15. During the past 3 months, have you used cocaine, in any form, such as powder, "crack", free base, and cocoa paste?

- 01 YES      ↓      02 NO → **GO TO E16**

E15a. How long after you entered treatment did you first use it?

- 01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →  
How many weeks after admission was that?      WEEKS

E15b. How long ago did you last use it?

- 01 MORE THAN 1 WEEK AGO →  
How many weeks ago was that?      WEEKS  
02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6A.**

E15c. How have you usually taken it during these 3 months?

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

**HAND RESPONDENT SHOW CARD 6.**

E15d. How often have you used it in the past 3 months?

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

**HAND RESPONDENT SHOW CARD 6B.**

E15e. How often have you used crack in the past 3 months?

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

E16. During the past 3 months, have you used heroin either alone or combined with another drug (speedball)?

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

E16a. How long after you entered treatment did you first use it?

- 01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?                      WEEKS

E16b. How long ago did you last use it?

- 01 MORE THAN 1 WEEK AGO →

How many weeks ago was that?                      WEEKS

- 02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6A.**

E16c. How have you usually taken it during these 3 months?

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

**HAND RESPONDENT SHOW CARD 6.**

E16d. How many times have you used it in the past 3 months?

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

**HAND RESPONDENT SHOW CARD 6B.**

E16e. How often have you used heroin and cocaine together in the past 3 months?

- 00 NOT USED → **GO TO E17**
- 01 LESS THAN ONCE A MONTH
- 02 1 TO 3 TIMES A MONTH
- 03 1 TO 2 TIMES A WEEK
- 04 3 TO 4 TIMES A WEEK
- 05 5 TO 6 TIMES A WEEK
- 06 DAILY OR ALMOST EVERY DAY
- 07 2 TO 3 TIMES A DAY
- 08 4 OR MORE TIMES A DAY

**HAND RESPONDENT SHOW CARD 6A.**

E16f. How have you usually taken them in the past 3 months?

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

**HAND RESPONDENT PILL CARD A.**

E17. Now, I'd like to ask about some drugs that can be legally prescribed. In the past 3 months, has a doctor prescribed any narcotic or opiate analgesics for you for a physical or medical problem or condition?

01 YES     ↓     02 NO → **GO TO E18**

E17a. How many prescriptions for narcotics or opiates did you get in the past 3 months?

PRESCRIPTIONS

E17b. Which narcotics or opiates have been prescribed in the past 3 months?

**[ENTER CODES OF FIRST 3 MENTIONED; IF NONE IS MENTIONED, LEAVE BLANK.]**

E17c. In these 3 months, about how many weeks have you used narcotics or opiates as prescribed?

WEEKS

E18. During the past 3 months, have you used narcotics or opiates or street methadone on your own without a prescription from a doctor, more than prescribed, or for any other reasons such as getting high?

- 01 YES ↓                      02 NO → **GO TO E19**

E18a. How long after you entered treatment did you first use them?

- 01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?                      WEEKS

E18b. How long ago did you last use them?

- 01 MORE THAN 1 WEEK AGO →

How many weeks ago was that?                      WEEKS

- 02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6A.**

E18c. How have you usually taken them during these 3 months?

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

**HAND RESPONDENT SHOW CARD 6.**

E18d. How often have you used them in the past 3 months?

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

**HAND RESPONDENT SHOW CARD 6B.**

E18e. How often have you used street or illegal methadone in the past 3 months?

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



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

E19. In the past 3 months, has a doctor legitimately prescribed any of these sedatives or tranquilizers for you for a physical or medical problem or condition?

01 YES     ↓     02 NO → **GO TO E20**

E19a. How many prescriptions for sedatives or tranquilizers have you gotten in the past 3 months?

PRESCRIPTIONS

E19b. Which sedatives or tranquilizers have been prescribed in the past 3 months?  
**[ENTER NUMBERS FOR FIRST 2 MENTIONED IN APPROPRIATE ROW;  
IF NONE IS MENTIONED, LEAVE BLANK.]**

SEDATIVES  
(CARD B)

TRANQUILIZERS  
(CARD C)

E19c. In these 3 months, about how many weeks have you used sedatives or tranquilizers as prescribed?

WEEKS

E20. During the past 3 months, have you used sedatives or tranquilizers on your own without a prescription from a doctor, more than prescribed, or for any nonmedical reason such as getting high?

- 01 YES ↓      02 NO → **GO TO E21**

E20a. How long after you entered treatment did you first use them?

- 01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?                      WEEKS

E20b. How long ago did you last use them?

- 01 MORE THAN 1 WEEK AGO →

How many weeks ago was that?                      WEEKS

- 02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6A.**

E20c. How have you usually taken them in the past 3 months?

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

**HAND RESPONDENT SHOW CARD 6.**

E20d. How often have you used them in the past 3 months?

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

E20e. What types of sedatives and tranquilizers have you been taking in the past 3 months?  
Were they . . . **[CIRCLE ALL MENTIONS]**?

- 01 sedatives and sleeping pills
- 02 barbiturates
- 03 benzodiazepines, such as Xanax, Valium, or Librium
- 04 other tranquilizers

**SKIP: IF MORE THAN ONE TYPE IS CIRCLED, ASK E20f; OTHERWISE, GO TO E21.**

E20f. Which type have you used most often in the past 3 months for nonmedical reasons?  
**[RECORD CODE FROM E20e.]**

CODE FROM E20e

**HAND RESPONDENT PILL CARD D.**

E21. During the past 3 months, has a doctor legitimately prescribed any of these stimulants for you for a physical or emotional problem or condition?

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

E21a. How many prescriptions for stimulants did you get in the past 3 months?

PRESCRIPTIONS

E21b. Which stimulants have been prescribed in the past 3 months?

**[ENTER NUMBERS OF FIRST 3 MENTIONED; IF NONE IS MENTIONED, LEAVE BLANK.]**

E21c. In these 3 months, about how many weeks have you used stimulants as prescribed?

WEEKS

E22. During the past 3 months, have you used amphetamines or other stimulants for nonmedical reasons?

- 01 YES ↓      02 NO → **GO TO E23**

E22a. How long after you entered treatment did you first use them?

- 01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?                      WEEKS

E22b. How long ago did you last use them?

- 01 MORE THAN 1 WEEK AGO →

How many weeks ago was that?                      WEEKS

- 02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6A.**

E22c. How have you usually taken them during these 3 months?

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

**HAND RESPONDENT SHOW CARD 6.**

E22d. How often have you used them in the past 3 months?

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

**HAND RESPONDENT SHOW CARD 6B.**

E22e. How often have you used methamphetamines or ice in the past 3 months?

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

E23. Has a doctor ever prescribed major tranquilizers such as Thorazine, Stelazine, or Lithium or major antidepressants such as Elavil or Prozac?

- 00 NEITHER → **GO TO E24**
- 01 MAJOR TRANQUILIZERS
- 02 MAJOR ANTIDEPRESSANTS
- 03 BOTH

E23a. Have you used either major tranquilizers or major antidepressants in the past 3 months?

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

E24. During the past 3 months, have you used LSD, PCP, or any other hallucinogen or psychedelic?

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

E24a. How long after you entered treatment did you first use them?

- 01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?                      WEEKS

E24b. How long ago did you last use them?

- 01 MORE THAN 1 WEEK AGO →

How many weeks ago was that?                      WEEKS

- 02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6A**

E24c. How have you usually taken them during these 3 months?

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

**HAND RESPONDENT SHOW CARD 6.**

E24d. How often have you used them in the past 3 months?

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

**HAND RESPONDENT SHOW CARD 6B.**

E24e. How often have you used PCP in the past 3 months?

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

E25. During the past 3 months, have you used inhalants or things you sniff, such as glue, gasoline, paint thinner, or aerosol sprays?

- 01 YES ↓      02 NO → **GO TO E26**

E25a. How long after you entered treatment did you first use them?

- 01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?      WEEKS

E25b. How long ago did you last use them?

- 01 MORE THAN 1 WEEK AGO →

How many weeks ago was that?      WEEKS

- 02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6.**

E25c. How often have you used them in the past 3 months?

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

**HAND RESPONDENT SHOW CARD 7.**

E26. During the past 3 months, what type of drug that you used has caused you the most serious problems, such as problems with family, friends, or the law; problems feeling dependent on the drug; or health or emotional problems? **[RECORD VERBATIM AND ENTER CODE FROM SHOW CARD 7. IF DRUG USE DID NOT CAUSE A PROBLEM, RECORD 00 AND GO TO E29.]**

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

--	--

**SKIP: IF E26 CODE = 32, 62, 75, OR 92 AND SPECIFIC DRUG IS MENTIONED, GO TO E26a. OTHERWISE, SKIP TO E29.**

E26a. How long after you entered treatment did you first use (PRIMARY PROBLEM DRUG)?

01 LESS THAN 1 WEEK AFTER ADMISSION

02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?

WEEKS	

E26b. How long ago did you last use (PRIMARY PROBLEM DRUG)?

01 MORE THAN 1 WEEK AGO →

How many weeks ago was that?

WEEKS	

02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6A.**

E26c. How have you usually taken (PRIMARY PROBLEM DRUG) in the past 3 months?

01 BY MOUTH (EAT, CHEW)

02 BY SMOKING IT

03 BY INHALING, SNORTING, OR SNIFFING IT

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

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

06 BY FREEBASING

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

**HAND RESPONDENT SHOW CARD 6.**

E26d. How often have you used (PRIMARY PROBLEM DRUG) in the past 3 months?

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY



E27. You said that (PRIMARY PROBLEM DRUG) had caused you the most serious problems. In the past 3 months, has using any other drug caused you to have problems (such as problems with family, friends, or the law; problems feeling dependent on the drug; or emotional problems)?

01 YES

02 NO → GO TO E29

E27a. Which drug caused you these problems? [RECORD VERBATIM AND ENTER CODE FROM SHOW CARD 7.]

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

--	--

**SKIP: IF E27a CODE = 32, 62, 75, OR 92 AND SPECIFIC DRUG IS MENTIONED, GO TO E27b. OTHERWISE, SKIP TO E29.**

E27b. How long after you entered treatment did you first use (SECOND PROBLEM DRUG)?

01 LESS THAN 1 WEEK AFTER ADMISSION

02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?

WEEKS	

E27c. How long ago did you last use (SECOND PROBLEM DRUG)?

01 MORE THAN 1 WEEK AGO →

How many weeks ago was that?

WEEKS	

02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6A.**

E27d. How have you usually taken (SECOND PROBLEM DRUG) in the past 3 months?

01 BY MOUTH (EAT, CHEW)

02 BY SMOKING IT

03 BY INHALING, SNORTING, OR SNIFFING IT

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

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

06 BY FREEBASING

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

**HAND RESPONDENT SHOW CARD 6.**

E27e. How often have you used (SECOND PROBLEM DRUG) in the past 3 months?

01 LESS THAN ONCE A MONTH

02 1 TO 3 TIMES A MONTH

03 1 TO 2 TIMES A WEEK

04 3 TO 4 TIMES A WEEK

05 5 TO 6 TIMES A WEEK

06 DAILY OR ALMOST EVERY DAY

07 2 TO 3 TIMES A DAY

08 4 OR MORE TIMES A DAY

E28. Besides (PRIMARY PROBLEM DRUG) and (SECOND PROBLEM DRUG), did any other drugs cause you problems during the past 3 months?

- 01 YES                      02 NO → GO TO E29

E28a. Which drug caused you these problems? [RECORD VERBATIM AND ENTER CODE FROM SHOW CARD 7.]

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

--	--

**SKIP: IF E28a CODE = 32, 62, 75, OR 92 AND SPECIFIC DRUG IS MENTIONED, GO TO E28b. OTHERWISE, SKIP TO E29.**

E28b. How long after you entered treatment did you first use (THIRD PROBLEM DRUG)?

- 01 LESS THAN 1 WEEK AFTER ADMISSION  
02 AT LEAST 1 WEEK AFTER ADMISSION →

How many weeks after admission was that?

WEEKS	

E28c. How long ago did you last use (THIRD PROBLEM DRUG)?

- 01 MORE THAN 1 WEEK AGO →

How many weeks ago was that?

WEEKS	

- 02 WITHIN THE LAST WEEK

**HAND RESPONDENT SHOW CARD 6A.**

E28d. How have you usually taken (THIRD PROBLEM DRUG) in the past 3 months?

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

**HAND RESPONDENT SHOW CARD 6**

E28e. How often have you used (THIRD PROBLEM DRUG) in the past 3 months?

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

E29. In the past 3 months, how much would you say you have spent on drugs for your own nonmedical use, excluding alcohol?

\$    ,    .00  
DOLLARS

E30. In the past 3 months, have you OD'd on drugs?

01 YES                      02 NO → GO TO E31

E30a. How many times have you OD'd in the past 3 months?

TIMES

E31. In the past 3 months, have you used drugs with a needle, syringe, or "works" to shoot up drugs after anyone else had used it?

01 YES                      02 NO → GO TO E34

E31a. In the past 3 months, how many times have you used a needle, syringe, or "works" to shoot up drugs after (CATEGORY) had used it? **[RECORD UNDER COLUMN E31a.]**

<b>CATEGORY</b>	<b>E31a. NUMBER OF TIMES IN PAST 3 MONTHS</b>
1. your regular sexual partner or spouse . . . . .	<input type="text"/> <input type="text"/>
2. anyone you had had sex with but hadn't known very long. . . . .	<input type="text"/> <input type="text"/>
3. a prostitute . . . . .	<input type="text"/> <input type="text"/>
4. someone you know or thought had AIDS or had a positive HIV test . . . . .	<input type="text"/> <input type="text"/>
5. a man you know or thought was homosexual or bisexual . . . . .	<input type="text"/> <input type="text"/>
6. people you didn't know very long or strangers . . . . .	<input type="text"/> <input type="text"/>

E32. In the past 3 months, have you tried to clean the needles and syringes other people had used before you used them?

01 YES                      02 NO → GO TO E34

**HAND RESPONDENT SHOW CARD 8.**

E33. In the past 3 months, when you cleaned needles and syringes after others had used them, how often have you . . . ?

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

E34. In the past 3 months, how troubled or bothered have you been by your drug problem? Would you say . . .

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

E35. How important to you now is getting treatment or counseling for your drug problem? Would you say . . .

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

E36. In your opinion, in the past 3 months to what extent has your drug use caused or worsened other problems in your life? Would you say . . .

00 not at all

01 a little

02 a lot

E37. In your opinion, in the past 3 months to what extent have your problems with drugs been caused by other problems in your life?

00 not at all

01 a little

02 a lot

E38. Overall, how tempted are you to use drugs now? Would you say . . .

00 not at all

01 somewhat

02 very tempted

**HAND RESPONDENT SHOW CARD 9.**

E39. Now, I am going to read a list of situations when people sometimes use drugs. Please tell me how sure or confident you are that you would be able to keep from using drugs in each situation.

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

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

[CONTINUED]

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

E40. Are there any other times when you might be tempted to use drugs?

01 YES      ↓      02 NO → GO TO E41

E40a. When might you be tempted? **[RECORD SITUATIONS IN COLUMN E40a.]**

E40b. How confident or sure are you of your ability to keep from using drugs when (SITUATION WHEN TEMPTED)?

E40a. SITUATION WHEN TEMPTED	NOT AT ALL CONFIDENT OR SURE	E40b. SOMEWHAT CONFIDENT OR SURE	VERY CONFIDENT OR SURE
1. _____ . . . . .	00	01	02
2. _____ . . . . .	00	01	02
3. _____ . . . . .	00	01	02

E41. Overall, how confident or sure are you of your ability to keep from using drugs . . . ?

<b>SITUATION</b>	<b>NOT AT ALL CONFIDENT OR SURE</b>	<b>SOMEWHAT CONFIDENT OR SURE</b>	<b>VERY CONFIDENT OR SURE</b>
a. while you are in treatment. . . . .	00	01	02
b. after you finish treatment . . . . .	00	01	02

E42. How difficult do you think it would be for you to stop using drugs completely for the rest of your life?  
Would you say . . .

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

E43. What do you think your chances are of quitting completely for the rest of your life? Would you say . . .

- 01 very poor
- 02 fair
- 03 very good

E44. How much do you think the treatment you have received here will help you do this? Would you say . . .

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

E45. How difficult do you think it would be for you to cut down on drugs for the rest of your life? Would you say . . .

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



E46. What do you think your chances are of cutting down on your use of drugs? Would you say . . .

- 01 very poor
- 02 fair
- 03 very good

E47. How much do you think your treatment here will help you do this? Would you say . . .

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

**HAND RESPONDENT SHOW CARD 5.**

E48. I'm going to read a list of feelings that some people have about themselves and their drug use, or problems related to their drug use. Please tell me how much you agree or disagree with each statement as it applies to you. The first statement is . . .

FEELING	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
a. I am doing something about the problems that have been bothering me . . . . .	01	02	03	04
b. At times my problems are difficult, but I'm working on them . . . . .	01	02	03	04
c. Being here is a waste of time because I am not the cause of my problems. . . . .	01	02	03	04
d. Even though I'm not always successful in changing, I am at least working on my problems . . . . .	01	02	03	04
e. Sometimes I still find myself struggling with problems that I thought I had taken care of once and for all. . . . .	01	02	03	04
f. I wish I had more ideas on how to solve my problems . . . . .	01	02	03	04
g. Maybe this place will be able to help me . . . . .	01	02	03	04

[CONTINUED]

<b>FEELING</b>	<b>STRONGLY DISAGREE</b>	<b>SOMEWHAT DISAGREE</b>	<b>SOMEWHAT AGREE</b>	<b>STRONGLY AGREE</b>
h. Anyone can talk about changing, but I'm actually doing something about it . . . . .	01	02	03	04
i. It's boring to spend time talking about my problems . . . . .	01	02	03	04
j. It doesn't do any good to spend time thinking about my problems . . . . .	01	02	03	04
k. I would rather live with my faults the way they are than try to change them . . . . .	01	02	03	04
l. After all I have done to try to change my problems, every now and then they come back to haunt me . . . . .	01	02	03	04



## SECTION F. SEXUAL EXPERIENCES

For the next series of questions, I'll be asking about your sexual experiences. I specifically want to know about your experiences with sexual intercourse. There are two types of intercourse:

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

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

**SKIP: IF RESPONDENT IS FEMALE, GO TO F10.**

F1. First, I want to ask you about your sexual experiences with women in the past 3 months. In these 3 months, about how many different women have you had vaginal intercourse with? **[PROBE "NONE."]**

- 00 NEVER HAD VAGINAL INTERCOURSE WITH A WOMAN → **GO TO F2**
- 01 NONE → **GO TO F2**
- 02 1 WOMAN
- 03 2 TO 4 WOMEN
- 04 5 TO 9 WOMEN
- 05 10 TO 20 WOMEN
- 06 21 TO 99 WOMEN
- 07 100 OR MORE WOMEN

F1a. In these 3 months, about how often have you used a condom or "rubber" when you have vaginal intercourse with the (woman/women)? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

F2. In the past 3 months, about how many different women have you had anal intercourse with?

- 01 NONE → GO TO SKIP BEFORE F3
- 02 1 WOMAN
- 03 2 TO 4 WOMEN
- 04 5 TO 9 WOMEN
- 05 10 TO 20 WOMEN
- 06 21 TO 99 WOMEN
- 07 100 OR MORE WOMEN

F2a. In these 3 months, about how often have you used a condom or “rubber” when you had anal intercourse with the (woman/women)? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

**SKIP: IF F1=00 OR 01 AND F2=01, GO TO F5.**

F3. To the best of your knowledge, had any woman you had (vaginal/anal) intercourse with in these 3 months ever taken money or drugs for sex?

- 01 YES
- 02 NO

F4. To the best of your knowledge, had any woman you had (vaginal/anal) intercourse with in these 3 months ever used a needle or syringe to shoot up drugs?

- 01 YES
- 02 NO

F5. Now, I want to ask you about your sexual experiences with men in the past 3 months. In these 3 months, about how many different men have you had anal intercourse with? **[PROBE "NONE."]**

- 00 NEVER HAD SEX WITH A MAN → **GO TO F8**
- 01 NONE → **GO TO F8**
- 02 1 MAN
- 03 2 TO 4 MEN
- 04 5 TO 9 MEN
- 05 10 TO 20 MEN
- 06 21 TO 99 MEN
- 07 100 OR MORE MEN

F5a. In these 3 months, about how often have you used a condom or "rubber" when you had anal intercourse with the (man/men)? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

F6. To the best of your knowledge, had any man you had anal intercourse with in these 3 months ever taken money or drugs for sex?

- 01 YES
- 02 NO

F7. To the best of your knowledge, had any man you had anal intercourse with in these 3 months ever used a needle or syringe to shoot up drugs?

- 01 YES
- 02 NO

F8. At any time in the past 3 months, has anyone given you money or drugs to have (vaginal/anal) intercourse?

- 01 YES                      02 NO

F9. At any time in the past 3 months, have you had intercourse with anyone who you thought or knew had tested positive for the AIDS virus or who had AIDS?

- 01 YES                      02 NO → **GO TO F17**

F9a. During that period, how many people have you had intercourse with who you thought or knew had tested positive for the AIDS virus or who had AIDS?

- 01 1 PERSON  
02 2 TO 4 PEOPLE  
03 5 OR MORE PEOPLE

**SKIP: GO TO F17.**

F10. I want to ask you about your sexual experiences with men in the past 3 months. In that time, about how many different men have you had vaginal intercourse with? [**PROBE "NONE."**]

- 00 NEVER HAD VAGINAL INTERCOURSE WITH A MAN → **GO TO F11**  
01 NONE → **GO TO F11**  
02 1 MAN  
03 2 TO 4 MEN  
04 5 TO 9 MEN  
05 10 TO 20 MEN  
06 21 TO 99 MEN  
07 100 OR MORE MEN

F10a. In these 3 months, about how often did the (man/men) you had intercourse with use a condom or "rubber" while you were having vaginal intercourse? Would you say . . .

- 01 never  
02 sometimes  
03 usually  
04 every time

F11. In the past 3 months, about how many different men have you had anal intercourse with? [**PROBE “NONE.”**]

- 00 NEVER HAD ANAL INTERCOURSE WITH A MAN → **GO TO SKIP BEFORE F12**
- 01 NONE → **GO TO SKIP BEFORE F12**
- 02 1 MAN
- 03 2 TO 4 MEN
- 04 5 TO 9 MEN
- 05 10 TO 20 MEN
- 06 21 TO 99 MEN
- 07 100 OR MORE MEN

F11a. In these 3 months, about how often did the (man/men) you had intercourse with use a condom or “rubber” while you were having anal intercourse? Would you say . . .

- 01 never
- 02 sometimes
- 03 usually
- 04 every time

**SKIP: IF F10=00 OR 01 AND F11=00 OR 01, GO TO F17.**

F12. In these 3 months, have you had (vaginal/anal) intercourse with a man who you think has had intercourse with both men and women?

- 01 YES
- 02 NO

F13. To the best of your knowledge, had any man you had (vaginal/anal) intercourse with in these 3 months ever taken money or drugs for sex?

- 01 YES
- 02 NO

F14. At any time in the past 3 months, has any man given you money or drugs to have (vaginal/anal) intercourse?

- 01 YES
- 02 NO



F15. To the best of your knowledge, has any man you had (vaginal/anal) intercourse with in these 3 months ever used a needle or syringe to shoot up drugs?

01 YES

02 NO

F16. At any time in the past 3 months, have you had (vaginal/anal) intercourse with any man who you knew or thought had tested positive for the AIDS virus or who had AIDS?

01 YES

02 NO → **GO TO F17**

F16a. In these 3 months, how many men have you had (vaginal/anal) intercourse with who you knew or thought had tested positive for the AIDS virus or who had AIDS?

01 1 MAN

02 2 TO 4 MEN

03 5 OR MORE MEN

F17. During the past 3 months, have you received any scheduled services about HIV infection, AIDS, or how to reduce the risk of spreading AIDS?

- 01 YES                      02 NO → **GO TO F18**

F17a. What types of services or help have you received?  
**[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 REDUCE RISK OF NEEDLE USE
- 02 REDUCE RISK OF SEXUAL TRANSMISSION
- 03 HEALTH CARE OPTION FOR AIDS
- 04 GENERAL KNOWLEDGE ABOUT HIV INFECTION AND AIDS

F17b. Did you get these services at this program, at some other place, or both?

- 01 AT THIS PROGRAM  
02 SOME OTHER PLACE → **GO TO F17d**  
03 BOTH

F17c. How many times have you met with anyone specifically for this kind of service at this program?

MEETINGS

F17d. Who have you seen or talked to for these services? **[CIRCLE ALL MENTIONS.]**

- **01 PRIMARY/REGULAR COUNSELOR**
- **02 CASE MANAGER**
- 14 OTHER PROGRAM STAFF
- 23 NURSE
- 24 PHYSICIAN
- 61 PUBLIC HEALTH AGENCY STAFF
- 62 AIDS OUTREACH WORKER
- 91 OTHER (SPECIFY) \_\_\_\_\_

F17e. How helpful was this service? Would you say it was . . .

- 00 not at all  
01 somewhat  
02 very helpful

F18. Have you ever had a blood test for HIV infection (the AIDS virus)?

- 01 YES                      02 NO



**SECTION G.**  
**HEALTH**

G1. In this section, I want to ask some questions about your physical health. Would you say that your health now is . . . ?

01 excellent

02 good

03 fair

04 poor

G2. Comparing your general health now to the health of other people your age, would you say your health is . . . ?

01 much better

02 better

03 the same

04 worse

05 much worse

G3. Would you say your health now is [READ CHOICES] than it was 3 months ago?

01 much better

02 better

03 the same

04 worse

05 much worse

**SKIP: IF RESPONDENT IS MALE, GO TO G5.**

G4. Are you pregnant?

01 YES                      02 NO → **GO TO G5**

G4a. Has this been verified?

01 YES                      02 NO → **GO TO G4c**

G4b. How was it verified—by a doctor, by a pregnancy test at a hospital, clinic, or doctor's office, by a home pregnancy test, or some other way? **[CIRCLE ALL MENTIONS.]**

- 01 DOCTOR
- 02 PREGNANCY TEST AT A HOSPITAL, CLINIC, OR DOCTOR'S OFFICE
- 03 HOME PREGNANCY TEST
- 04 OTHER (SPECIFY) \_\_\_\_\_

G4c. How many months pregnant are you?

MONTHS

G4d. During your pregnancy, would you say that your physical or bodily discomfort has been . . . ?

- 00 none
- 01 very mild
- 02 mild
- 03 moderate
- 04 severe

G4e. Did being pregnant affect your decision to enter drug treatment?

01 YES                      02 NO → **GO TO G4g**

G4f. What about being pregnant affected your decision to enter drug treatment?  
**[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 CONCERNED ABOUT EFFECT OF DRUGS ON BABY
- 02 CONCERNED ABOUT OWN HEALTH
- 03 COST OF DRUGS
- 04 PRESSURE FROM OTHERS
- 05 AFRAID WOULD LOSE CUSTODY OF BABY
- 06 OTHER

G4g. Since you became pregnant (this time), how many times have you seen a doctor or other health professional about your pregnancy or problems with your pregnancy?

NUMBER OF TIMES

G5. During the past 3 months, has your health . . . ? **[RECORD UNDER COLUMN G5.]**

**IF YES, CODE 01 AND ASK G6 FOR THAT LIMITATION.**

**IF NO, CODE 02 AND ASK G5 FOR NEXT LIMITATION.**

G6. Has it limited your activities for less than 3 months or for 3 months or more?

**[RECORD UNDER COLUMN G6.]**

LIMITATION	G5. LIMITED		G6.	
	YES	NO	LESS THAN 3 MONTHS	3 MONTHS OR MORE
a. limited the kind of vigorous activities you could do, such as running, lifting heavy objects, or participating in strenuous sports . . . . .	01	02	01	02
b. limited the kind of moderate activities you could do, such as walking 2 or 3 blocks, carrying a bag of groceries, or doing housework . . . . .	01	02	01	02
c. limited your ability to walk uphill or to climb a few flights of stairs . . . . .	01	02	01	02
d. prevented you from bending, lifting, or stooping . . . . .	01	02	01	02
e. limited your ability to walk 1 block . . . . .	01	02	01	02
f. limited your ability to eat, dress, or bathe, or use the toilet . . . . .	01	02	01	02

G7. During the past 3 months, have there been any days that your health kept you from working at a job, working around the house, or going to school?

01 YES                      02 NO → **GO TO G8**

G7a. In the past 3 months, how many days has your health kept you from working at a job, working around the house, or going to school?

DAYS

G8. During the past 3 months, have you stayed overnight in a hospital for any physical health problem not related to complications of drug or alcohol use?

01 YES                      02 NO → **GO TO G11**

G9. In the past 3 months, how many of your hospitalizations have been for physical health problems not related to complications of drug or alcohol use?

HOSPITALIZATIONS

**SKIP: IF G9 = 00, GO TO G11.**

G10. In the past 3 months, how many of the days you were hospitalized have been for a physical health problem not related to complications of drug or alcohol use?

DAYS

G11. During the past 3 months, how many days has an injury or physical illness kept you in bed for most or all of the day?

DAYS

G12. During the past 3 months, have you been receiving disability payments, benefits, or a pension for a physical health problem?

01 YES     ↓     02 NO → **GO TO G13**

G12a. What kind of a pension was that? **[CIRCLE ALL MENTIONS.]**

- 01 SSDI (SOCIAL SECURITY DISABILITY INCOME)
- 02 SSI (SUPPLEMENTAL SECURITY INCOME)
- 03 WORKER'S COMP
- 04 OTHER (SPECIFY) \_\_\_\_\_

G12b. For what condition have you been receiving this disability pension?

\_\_\_\_\_ .

\_\_\_\_\_ .

\_\_\_\_\_ .

G13. Overall, how troubled or bothered were you by medical problems in the past 3 months? Would you say . . .

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

G14. How important to you now is treatment or counseling for medical problems? Would you say . . .

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

G15. In the past 3 months, have you had any physical health problems because of your drug or alcohol use?

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

G15a. How serious were any problems you had because of your drug or alcohol use? Would you say . . .

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





**SECTION H.  
ILLEGAL INVOLVEMENT**

--

H1. In this section, I'd like to ask about any experiences you might have had with the police or courts during the past 3 months. Let me remind you that this information will remain confidential. In these 3 months, have you spent time in jail, prison, or a juvenile detention home?

01 YES

02 NO → **GO TO H2**

H1a. During the past 3 months, how much time have you spent in jail, prison, or a juvenile detention home?

WEEKS	

H2. During the past 3 months, have you been arrested and booked for (TYPE OF OFFENSE FROM CHART BELOW)? [RECORD IN COLUMN H2.]

**AFTER COLUMN H2 IS COMPLETED,  
ASK H3 FOR EACH ARREST TYPE CODED 01 UNDER COLUMN H2.**

H3. During the past 3 months, how many times have you been arrested for (TYPE OF OFFENSE)? [RECORD NUMBER OF ARRESTS IN COLUMN H3.]

TYPE OF OFFENSE	H2.		H3.
	ARRESTED		NUMBER OF
	IN PAST		ARRESTS
	3 MONTHS		IN PAST
	YES	NO	3 MONTHS
a. use or possession of marijuana, drugs, liquor law violation, drunk and disorderly . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
b. sale or manufacture of drugs. . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
c. forgery, fraud, embezzlement (including till-tapping, bad checks); buying, receiving, or possession of stolen property (including fencing) . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
d. burglary—breaking and entering, unlawful entry, housebreaking, or safecracking . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
e. larceny—theft such as pickpocketing, purse snatching (without force), shoplifting, theft from motor vehicles, theft of parts and accessories, theft from buildings or coin machines. . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
f. pimping, prostitution, or commercialized vice . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
g. robbery—bank, mugging, armed robbery, or purse snatching with force . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
h. attacks on persons such as homicides, manslaughter, aggravated assault, forcible rape, or kidnapping . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
i. other offenses where people may be injured such as simple assault or offenses against family and children . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
j. driving under the influence or driving while intoxicated . . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
k. status offenses such as running away, curfew violations, truancy, etc. . . . .	01	02	<input type="text"/> <input type="text"/> <input type="text"/>
l. any other offenses such as gambling (including numbers and bookmaking), weapons offenses, probation/parole violations, contempt of court, vagrancy, suspicion, disorderly conduct, or loitering, etc. (SPECIFY) _____	01	02	<input type="text"/> <input type="text"/> <input type="text"/>

H4. During the past 3 months, how many of your arrests and charges resulted in convictions?

CONVICTIONS

H5. How often in the past 3 months have you been involved in "illegal" or criminal activity in order to get money for drugs?

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

H6. In the past 3 months, have you had any police or legal problems because of your drug or alcohol use?

- 01 YES
- 02 NO → **GO TO H7**

H6a. How serious were any problems you had because of your drug or alcohol use? Would you say . . .

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

H7. In the past 3 months, how troubled have you been by any problems excluding civil problems? Would you say . . .

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

H8. Do you have legal services (an attorney)?

- 01 YES → **GO TO H9**
- 02 NO

H8a. Do you need legal services (an attorney)?

- 01 YES
- 02 NO

H9. How important to you now is counseling or referral for legal problems? Would you say . . .

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

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

H10. Now, I'd like you to fill out this chart about your involvement in illegal activities, regardless of whether you were arrested for them. I'll list each kind of act. As I do, please circle "Yes" in the first column if you were involved or "No" if you were not involved.

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

COLUMN 1. During the past 3 months, have you been involved in (TYPE OF OFFENSE)?

1. aggravated assault
2. burglary
3. theft
4. robbery
5. forgery/embezzlement
6. dealing in stolen property/fencing
7. gambling
8. pimping/prostitution
9. selling illegal drugs
10. driving while intoxicated

COLUMN 2. Now, go to the top of Column 2 and for each activity circled "Yes" in Column 1, record in Column 2 about how many days or times you did that activity in the past 3 months. Tell me when you have finished Column 2.

Now, place the form in the envelope and seal it.

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

## ILLEGAL ACTIVITIES

Place ID Label Here

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

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

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

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



**SECTION J.**  
**EMPLOYMENT/ SUPPORT STATUS**

--

J1. Now, I'd like to ask some questions regarding your employment status and history. I will ask several questions regarding legitimate jobs. By "legitimate jobs," I mean jobs for pay that do not involve illegal activities. They do include part-time jobs, working for yourself, and jobs paid off the books or under the table. What were you doing most of the time last week? Were you working, looking for work, keeping house, going to school, or something else?

- 01 WORKING AT A LEGITIMATE JOB INCLUDING WORKING FOR YOURSELF → **GO TO J2b**
- 02 HAD A JOB BUT WAS NOT WORKING → **GO TO J2b**
- 03 LOOKING FOR WORK
- 04 KEEPING HOUSE FOR YOURSELF OR YOUR FAMILY (HOMEMAKER)
- 05 GOING TO SCHOOL OR TRAINING PROGRAM
- 06 UNABLE TO WORK, DISABLED
- 07 RETIRED
- 08 IN JAIL, RESIDENTIAL TREATMENT PROGRAM, OR OTHER INSTITUTION
- 09 INVOLVED IN DRUG-RELATED ACTIVITIES (USING, SELLING, ETC.)
- 10 INVOLVED IN OTHER ILLEGAL ACTIVITIES
- 11 NOT WORKING AND NOT INTERESTED IN WORKING OR LOOKING FOR WORK
- 12 OTHER (SPECIFY) \_\_\_\_\_



J2. Did you work for pay at all that week at any job or task that did not involve illegal activities (including working for yourself)?

01 YES → **GO TO J2b**

02 NO

J2a. In that week, did you earn any money legally? **[COUNT EARNINGS ONLY, NOT OTHER INCOME LIKE WELFARE OR SOCIAL SECURITY.]**

01 DID NOT EARN MONEY LEGALLY → **GO TO J2f**

02 DID EARN MONEY LEGALLY

J2b. Did you lose any time or take any time off for any reason that week such as for an illness, a vacation, or slack work?

01 YES

02 NO → **GO TO J2d**

J2c. How many hours did you miss?

HOURS

J2d. During that week, how many hours did you actually work for pay at jobs or tasks that did not involve illegal activities?

HOURS **[IF 35 HOURS OR MORE, GO TO J3.]**

J2e. What is the main reason that you worked less than 35 hours or lost or took time from work during that week?

01 SLACK WORK, LAYOFFS, STRIKE

02 SEASONAL WORKER (TEACHER, CONSTRUCTION WORKER, ETC.) → **GO TO J3**

03 JOB TERMINATED DURING WEEK

04 NEW JOB STARTED DURING WEEK

05 COULD ONLY FIND PART-TIME WORK

06 DRUG OR ALCOHOL PROBLEM

07 ILLNESS

08 VACATION

09 BUSY WITH OTHER ACTIVITIES INCLUDING HOUSEWORK, CHILD OR FAMILY CARE, SCHOOL, ETC.

10 DID NOT WANT/NEED FULL-TIME WORK

11 WORKWEEK USUALLY UNDER 35 HOURS

12 UNABLE TO WORK

13 RETIRED

14 IN JAIL, RESIDENTIAL TREATMENT PROGRAM, OR OTHER INSTITUTION

15 INVOLVED IN ILLEGAL ACTIVITIES

16 OTHER (SPECIFY) \_\_\_\_\_

J2f. Prior to that week, did you usually work 35 hours or more a week at a paid job that did not involve illegal activities?

01 YES → **GO TO J3**

02 NO

J2g. Why did you usually work less than 35 hours a week?

01 SLACK WORK, LAYOFFS, STRIKE

02 SEASONAL WORKER (TEACHER, CONSTRUCTION WORKER, ETC.)

03 JOB TERMINATED DURING WEEK

04 NEW JOB STARTED DURING WEEK

05 COULD ONLY FIND PART-TIME WORK

06 DRUG OR ALCOHOL PROBLEM

07 ILLNESS

08 VACATION

09 BUSY WITH OTHER ACTIVITIES INCLUDING HOUSEWORK, CHILD OR FAMILY CARE, SCHOOL, ETC.

10 DID NOT WANT/NEED FULL-TIME WORK

11 WORKWEEK USUALLY UNDER 35 HOURS

12 UNABLE TO WORK

13 RETIRED

14 IN JAIL, RESIDENTIAL TREATMENT PROGRAM, OR OTHER INSTITUTION

15 INVOLVED IN ILLEGAL ACTIVITIES

16 OTHER (SPECIFY) \_\_\_\_\_

J3. Did you (look for work/look for a different job) during the past 3 months?

01 YES

02 NO → **GO TO J4**

J3a. What did you do these 3 months to find work? [**CIRCLE ALL MENTIONS.**]

01 NO METHODS USED

● 02 PUBLIC EMPLOYMENT AGENCY

● 03 PRIVATE EMPLOYMENT AGENCY

● 04 EMPLOYERS DIRECTLY APPROACHED

● 05 TALKED WITH FRIENDS OR RELATIVES

● 06 PLACED OR ANSWERED ADS

● 07 OTHER (SPECIFY) \_\_\_\_\_

J3b. Did you have trouble or problems finding (work/a different job) during that time?

01 YES

02 NO → **GO TO J5**

J3c. Why do you think you had problems (finding a job/a different job)? **[CIRCLE ALL MENTIONS.]**

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

**SKIP: GO TO J5**

J4. What were your reasons for not looking for (work/a different job)? **[CIRCLE ALL MENTIONS.]**

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

J5. In these 3 months, for how many different employers or businesses have you worked legitimate jobs? If you worked for yourself, such as doing in-home child care or odd jobs and yard work, count this as one employer.

--	--

JOB(S) [IF "NONE," RECORD "00" AND GO TO J10.]

J6. In these 3 months, how many weeks have you been employed in either full- or part-time jobs?

WEEKS	

[IF LESS THAN 1 WEEK, RECORD "00" AND GO TO J10.]

J7. In these 3 months, how many weeks have you worked 35 or more hours a week?

WEEKS	

[IF "NONE," RECORD "00" AND GO TO J10.]

J8. What has been the longest period you have worked any one full-time job (35 hours or more a week) in these 3 months?

WEEKS	

[IF "NONE," RECORD "00" AND GO TO J10.]

J9. What type of job was this or what was your occupation? **[RECORD VERBATIM, THEN RECORD APPROPRIATE CODE FROM CODE LIST—OCCUPATION.]**

VERBATIM \_\_\_\_\_

OCCUPATION CODE

J9a. What type of business or industry was this?

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

EDITOR'S CODE

J9b. Was this your usual occupation?

01 YES

02 NO →

**[SPECIFY USUAL OCCUPATION AND RECORD APPROPRIATE CODE FROM CODE LIST—OCCUPATION.]**

\_\_\_\_\_  
  OCCUPATION CODE

J9c. What was your wage, salary, or rate of pay before taxes in your current or most recent job?  
**[RECORD ACTUAL AMOUNT BEFORE TAXES –WEEKLY AND YEARLY SALARIES TO THE NEAREST DOLLAR, HOURLY WAGES TO THE NEAREST CENT. THEN CIRCLE ONE CODE FOR THE RATE GIVEN.]**

\$    ,    .    
DOLLARS CENTS

01 - HOUR

02 - WEEK

03 - 2 WEEKS

04 - MONTH

05 - YEAR

06 - OTHER (SPECIFY) \_\_\_\_\_

J10. In the past 3 months, how troubled have you been by problems getting, holding, or working a job?  
Would you say . . .

00 not at all

01 somewhat

02 very troubled

## CODE LIST—OCCUPATION

- 01 PROFESSIONAL AND TECHNICAL (ACCOUNTANT, ARCHITECT, ENGINEER, LAWYER OR JUDGE, SCIENTIST, DOCTOR, REGISTERED NURSE, TEACHER, SOCIAL WORKER, WRITER, ENTERTAINER, DRAFTSPERSON)
- 02 MANAGER AND ADMINISTRATOR (OFFICE MANAGER, SALES MANAGER, SCHOOL ADMINISTRATOR, GOVERNMENT OFFICIAL, SMALL BUSINESS OWNER)
- 03 SALES (SALES REPRESENTATIVE, INSURANCE AGENT, REAL ESTATE BROKER, BOND SALES- PERSON, SALES CLERK OR OTHER SALESPERSON, CASHIER)
- 04 CLERICAL OR OFFICE WORKER (BANK TELLER, BOOKKEEPER, SECRETARY, FILE CLERK, TYPIST, POSTAL CLERK OR CARRIER, TICKET AGENT)
- 05 CRAFT AND KINDRED (BAKER, CARPENTER, ELECTRICIAN, BRICKLAYER, MECHANIC, MACHINIST, TOOL AND DIE MAKER, TELEPHONE INSTALLER)
- 06 OPERATIVE (ASSEMBLERS, CHECKERS, GAS STATION ATTENDANTS, MEAT CUTTERS, PACKERS, LAUNDRY AND DRYCLEANING OPERATIONS, MINER OPERATIVE, WELDER, GARAGE WORKER)
- 07 TRANSPORTATION EQUIPMENT OPERATIVE (BUS DRIVER, CAB DRIVER, OR CHAUFFEUR, TRUCK DRIVER AND DELIVERY PERSON)
- 08 NONFARM LABORER (CONSTRUCTION, FREIGHT HANDLER, SANITATION WORKER, CAR WASHER, YARD WORKER, ODD-JOB PERSON)
- 09 PRIVATE HOUSEHOLD WORKER (MAID, BUTLER, COOK)
- 10 SERVICE WORKER (COOK, WAITER, BARBER, JANITOR, PRACTICAL NURSE, CARETAKER FOR CHILDREN, DAY CARE WORKER, BEAUTICIAN, POLICE OFFICER, FIREFIGHTER)
- 11 FARMER AND FARM MANAGER
- 12 FARM LABORER (FIELD BOSS, PICKER)
- 20 MILITARY SERVICE
- 86 OTHER

J11. How important to you now is help or referral for employment, training, or vocational counseling?  
Would you say . . .

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

J12. Have you experienced any problems getting, holding, or working a job because of drug or alcohol use in the past 3 months?

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

J12a. How serious were any problems you had because of your drug or alcohol use? Would you say . . .

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

**SECTION K.  
INCOME AND EXPENDITURES**

K1. In this section, I'd like some information on your sources of income and expenses. In the past 3 months, have you received any income from (INCOME SOURCE BELOW)?

**IF "YES," CIRCLE "01" IN COLUMN K1 AND ASK K2.**

**IF "NO," CIRCLE "02" IN COLUMN K1.**

**THEN ASK K1 ABOUT NEXT INCOME SOURCE.**

K2. In these 3 months, how much income have you personally received before taxes from (INCOME SOURCE CODED 01 UNDER COLUMN K1)? **[RECORD AMOUNT TO NEAREST DOLLAR IN COLUMN K2.]**

INCOME SOURCE	K1.		K2.
	INCOME IN PAST 3 MONTHS		DOLLAR AMOUNT SINCE ADMISSION
	YES	NO	
a. work that did not include illegal activities, including jobs paid "off the books" or "under the table" [INCLUDES ODD JOBS, IN-HOME WORK, ETC.].....	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
b. Supplemental Security Income (SSI) that you qualify for because of low income; welfare or public assistance programs such as Aid to Dependent Children, food stamps, Medicaid, or housing assistance .....	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
c. Social Security benefits you earned as a worker who is now disabled or retired or as the dependent of a retired or deceased worker; unemployment compensation because of layoff, workers' compensation from injuries at work, or military or private pensions.....	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
d. a spouse, family members, or friends, including alimony, child support, loans, gifts; or interest, dividends, rental income, capital gains; or money from other investments.....	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
e. illegal or possibly illegal sources such as hustling or dealing .....	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
f. any other sources not mentioned here, such as roomers or boarders who live with you but do not share living expenses with you (SPECIFY) _____	01	02	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00

**K2g. TOTAL COLUMN K2 IN CHART AND RECORD BELOW.**

\$     ,     .00  
DOLLARS



**HAND RESPONDENT SHOW CARD 10.**

K3. During the past 3 months, which code on this card best indicates your own total dollar income before taxes from all sources? **[RECORD CODE FROM CARD.]**

INCOME CODE

**[COMPARE WITH TOTAL IN K2g. IF K2g TOTAL IS NOT IN RANGE GIVEN IN K3, CLARIFY.]**

**SKIP: IF A10 = 12 (LIVING ALONE), GO TO K6.**

K4. Were you sharing your income and expenses with any of the people you lived with?

01 YES

02 NO → **GO TO K6**

K4a. How many of these people did you share your income and expenses with?

PEOPLE

K5. During the past 3 months, which code shows the amount that is closest to the total dollar income before taxes of you and these (NUMBER FROM K4a) people?

INCOME CODE

K6. In the past 3 months, please tell me about how much (you/you and these (NUMBER FROM K4a) members of the household together) spent each month for . . . **[READ EACH LINE]?**

K6a. housing, including rent or mortgage payments and utilities

\$  ,  .00 PER MONTH  
DOLLARS

K6b. medical expenses, including prescriptions, health insurance, and payments for HMO costs

\$  ,  .00 PER MONTH  
DOLLARS

K6c. food, clothing, and living expenses

\$  ,  .00 PER MONTH  
DOLLARS

K6d. other expenses, including things like gifts, loans, entertainment, and other debts

\$  ,  .00 PER MONTH  
DOLLARS

K7. Have you had any financial or money problems because of your drug or alcohol use in the past 3 months?

01 YES

02 NO → **GO TO K8**

K7a. How serious were these problems you had because of using drugs or alcohol? Would you say . . .

01 not at all

02 somewhat

03 very serious

K8. How troubled or bothered have you been in the past 3 months by any financial or money problems?  
Would you say . . .

00 not at all

01 somewhat

02 very troubled

K9. How important to you now is counseling for financial or money problems? Would you say . . .

00 not at all

01 somewhat

02 very important



**SECTION L.**  
**INTREATMENT EXPERIENCE**

--

L1. Now, I'd like to ask about the treatment or counseling that you may have received in the past 3 months. Please think about all kinds of help, such as drug or alcohol counseling, medical treatment, counseling for an emotional or mental health problem, employment counseling, or any other services that you have received. In the past 3 months, on how many days have you been scheduled to receive any services at this program or at some place run by this program? Include methadone and any other medication, any individual and group counseling, and other services you have received.

--	--

 DAYS

L1a. In the past 3 months, how many days have you been scheduled to receive services from other providers or agencies outside this program?

--	--

 DAYS

**SKIP: IF L1=00 AND L1a=00, GO TO L3.**

L2. During the past 3 months, have you missed any scheduled appointment for any of these services?

01 YES                      02 NO → GO TO L3

L2a. During these 3 months, on how many days have you missed any scheduled appointments?

DAYS

L2b. What is the most important reason why you did not come to 1 or more of your scheduled appointments?  
**[RECORD VERBATIM AND ENTER CODE FROM CODE LIST—REASONS FOR MISSING APPOINTMENTS.]**

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

CODE FROM CODE LIST

L2c. Is there any other reason why you did not come to 1 or more of your scheduled appointments?

01 YES                      02 NO → GO TO L3

L2d. What is the second most important reason? **[RECORD VERBATIM AND ENTER CODE FROM CODE LIST. IF THERE IS NO SECOND REASON, LEAVE THE BOX BLANK.]**

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

CODE FROM CODE LIST

L2e. Is there any other reason why you missed 1 or more of your scheduled appointments?

01 YES                      02 NO → GO TO L3

L2f. What other reasons did you have? **[ENTER UP TO 3 ADDITIONAL CODES FROM CODE LIST.]**

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

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

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

**CODE LIST—REASONS FOR MISSING APPOINTMENTS**

**ILLNESS**

- 01 You were sick
- 02 A friend or family member was sick
- 09 Other illness related

**FAMILY, WORK, SCHOOL,  
OR PEER PRESSURES**

- 10 You couldn't arrange for child care
- 11 Members of your family objected
- 12 Another family member(s) would not attend with you
- 13 Your friends put you down for seeking help
- 14 The stigma of coming to the program discouraged you
- 15 Fear of drug testing by employer
- 16 You were in school
- 19 Other pressures

**ACCESS**

- 20 You had difficulty with transportation
- 21 Your work or daily schedule prevented you from attending
- 22 You were incarcerated
- 23 Other activities kept you from attending
- 24 You could not attend during the hours the program was open
- 25 You didn't care for the location
- 26 Distance to program was too far
- 29 Other access related

**DISSATISFIED WITH PROGRAM**

- 30 Treatment/counseling was not what you expected
- 31 You felt you could get better help elsewhere
- 32 You were not treated in a professional manner
- 33 There was too much paperwork
- 34 The fees were too high
- 35 You had to wait too long for someone to see you
- 36 You didn't feel comfortable with the counselor who was assigned
- 37 You sought other help
- 38 Resentment over drug testing procedures
- 39 Other dissatisfaction or attitudinal reason

**NO NEED FOR TREATMENT**

- 40 The problem improved on its own
- 41 Your immediate crisis was resolved
- 42 You don't think you need treatment
- 49 The treatment is a waste of time; not helpful

**OTHER**

- 50 You forgot the appointment
- 51 You were drunk, high, or hung over
- 52 You felt overwhelmed by the whole thing
- 53 The counselor cancelled the appointment
- 54 Afraid of a bad drug test result
- 59 Other (SPECIFY) \_\_\_\_\_

L3. During the past 3 months, have you dropped out of or been discharged from this program?

- 01 YES                      02 NO → **GO TO L4**

L3a. During these 3 months, how many days were you out of this program?

DAYS

L4. During the past 3 months, have you received treatment for an alcohol problem?

- 01 YES                      02 NO → **GO TO L7**

L5. Have you received these services at this program?

01 YES



02 NO → GO TO L6

L5a. What kinds of services have you received here? **[CIRCLE ALL MENTIONS.]**

- 01 INDIVIDUAL COUNSELING
- 02 GROUP COUNSELING (NOT 12-STEP)
- 03 AA OR OTHER 12-STEP/SELF-HELP
- 04 OTHER (SPECIFY) \_\_\_\_\_

L5b. Who have you talked to or seen for these services?

**[CIRCLE ALL MENTIONS. IF GROUP, PROBE FOR GROUP LEADER.]**

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
  
- 31 GROUP - NO LEADER (E.G., 12-STEP)
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDE SERVICES AT THE PROGRAM  
(SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

L5c. During the past 3 months, on how many days have you received services for an alcohol problem at this program?

DAYS

L5d. Overall, how helpful were these services? Would you say . . .

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

L6. Have you received services for an alcohol problem at some other place (do not include services from AA, NA, or CA, or other 12-step group)?

01 YES ↓      02 NO → GO TO L7

L6a. Where have you received these services? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS. RECORD FIRST 4 MENTIONS IN COLUMN L6a AND LOCATION CODE IN COLUMN L6b.]**

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

- 01 COMMUNITY MENTAL HEALTH CENTER OUTPATIENT PROGRAM
- 02 ALCOHOLIC REHABILITATION CENTER
- 03 28-DAY OR OTHER SHORT-TERM INPATIENT TREATMENT UNIT
- 04 THERAPEUTIC COMMUNITY OR OTHER LONG-TERM RESIDENTIAL TREATMENT PROGRAM
- 05 HALFWAY HOUSE
- 06 DETOXIFICATION TREATMENT UNIT
- 07 EMERGENCY ROOM OR CRISIS CENTER
- 08 PRIVATE THERAPIST
- 09 OTHER OUTPATIENT TREATMENT
- 10 OTHER INPATIENT TREATMENT

L6c. During these 3 months, on how many days have you received services at (TREATMENT LOCATION)? **[RECORD RESPONSES IN COLUMN L6c.]**

L6d. Who referred you to (TREATMENT LOCATION)? Was it a staff member in this program, someone outside the program, or did you go to (TREATMENT LOCATION) on your own? **[CIRCLE APPROPRIATE CODE IN COLUMN L6d.]**

L6e. How helpful were these services? Would you say . . . **[CIRCLE RESPONSE IN COLUMN L6e.]**

	L6a.	L6b.	L6c.	L6d.			L6e.		
	ALCOHOL TREATMENT LOCATION	LOCA- TION CODE	NUMBER OF DAYS	PROGRAM	REFERRAL OUTSIDE SOURCE	SELF	Not at All	Some- what	Very Helpful
1.	_____			01	02	03	00	01	02
2.	_____			01	02	03	00	01	02
3.	_____			01	02	03	00	01	02
4.	_____			01	02	03	00	01	02



L7. During the past 3 months, have you received services for drug abuse at some other program (do not include services from AA, NA, or CA, or other 12-step group)?

01 YES ↓      02 NO → GO TO L8

L7a. During these 3 months, where have you received these services? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS. RECORD FIRST 4 MENTIONS IN COLUMN L7a AND LOCATION CODE IN COLUMN L7b.]**

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

- 01 PRIVATE PHYSICIAN, PSYCHIATRIST, OR PSYCHOLOGIST
- 02 28-DAY OR OTHER SHORT-TERM INPATIENT TREATMENT UNIT
- 03 THERAPEUTIC COMMUNITY OR OTHER LONG-TERM RESIDENTIAL TREATMENT PROGRAM
- 04 HALFWAY HOUSE
- 05 METHADONE OR OTHER MAINTENANCE TREATMENT PROGRAM
- 06 INTENSIVE OUTPATIENT DRUG TREATMENT PROGRAM (NON-METHADONE)
- 07 OTHER DRUG DETOXIFICATION TREATMENT UNIT (METHADONE OR OTHER)
- 08 OTHER OUTPATIENT DRUG TREATMENT
- 09 OTHER INPATIENT DRUG TREATMENT

L7c. During these 3 months, how many days have you received services at (TREATMENT LOCATION)? **[RECORD RESPONSES IN COLUMN L7c.]**

L7d. Who referred you to (TREATMENT LOCATION)? Was it a staff member in this program, someone outside the program, or did you go to (TREATMENT LOCATION) on your own? **[CIRCLE APPROPRIATE CODE IN COLUMN L7d.]**

L7e. How helpful were these services? Would you say . . . **[CIRCLE RESPONSE IN COLUMN L7e.]**

	L7a.	L7b.	L7c.	L7d.			L7e.		
	DRUG	LOCA-		REFERRAL			HELPFULNESS		
	TREATMENT	TION	NUMBER	PROGRAM	OUTSIDE	SELF	Not	Some-	Very
	LOCATION	CODE	OF DAYS		SOURCE		at All	what	Helpful
1.	_____			01	02	03	00	01	02
2.	_____			01	02	03	00	01	02
3.	_____			01	02	03	00	01	02
4.	_____			01	02	03	00	01	02

L8. Now, I am going to ask some questions about your drug treatment. First, I'm going to ask some questions about the people at this program who you usually talk with for scheduled individual counseling, treatment, or other services. Do not include receptionists or those who only hand out medication or information. Currently, who do you talk with or see at this program for scheduled individual counseling, treatment, or other individual services? **[CIRCLE ALL MENTIONS.]**

00 NO ONE → GO TO L27

● 01 PRIMARY/REGULAR COUNSELOR

● 02 CASE MANAGER

● 11 OTHER COUNSELOR

● 12 OTHER CASE MANAGER

● 13 SOCIAL WORKER

● 21 PSYCHOLOGIST

● 22 PSYCHIATRIST

● 71 STAFF FROM ANOTHER AGENCY WHO PROVIDE SERVICES AT THE PROGRAM  
(SPECIFY) \_\_\_\_\_

● 91 OTHER (SPECIFY) \_\_\_\_\_

L8a. Which 2 do you talk to or see most often? **[ENTER CODES AND SPECIFY FOR 2 MOST FREQUENT.]**

1.   PROVIDER #1 (SPECIFY) \_\_\_\_\_

2.   PROVIDER #2 (SPECIFY) \_\_\_\_\_

L9. During the past 3 months, how many times have you received scheduled individual services from your (PROVIDER #1 FROM L8a)?

TIMES

L9a. How long did (this session last/your individual sessions usually last) with your (PROVIDER #1 FROM L8a)?

MINUTES

L10. Is your (PROVIDER #1 FROM L8a) the person whose caseload you are assigned to?

01 YES

02 NO

L11. Overall, how well do you feel your (PROVIDER #1 FROM L8a) understands you? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 a lot

L12. Overall, how would you rate your relationship with your (PROVIDER # 1 FROM L8a)? Is it . . .

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

**HAND RESPONDENT SHOW CARD 11.**

L13. Now, please think about the different kinds of things you and your (PROVIDER #1 FROM L8a) have talked about. During the past 3 months, how often have you talked with your (PROVIDER #1 FROM L8a) about . . . ?

	NEVER	SOME SESSIONS	MOST SESSIONS	EVERY SESSION
a. your use of alcohol or alcoholism . . . . .	00	01	02	03
b. your use of (other) drugs and the problems they may have caused . . . . .	00	01	02	03
c. your emotional or mental health, including feeling down, depressed, tense, or anxious . . . . .	00	01	02	03
d. your relationship with your spouse, partner, child, or other family member . . . . .	00	01	02	03
e. your physical health, including any need for medical care . . . .	00	01	02	03
f. your education, schooling, courses, or vocational training . . . .	00	01	02	03
g. involvement with the police or courts or other legal matters . . .	00	01	02	03
h. your job or employment. . . . .	00	01	02	03
i. housing, transportation, or living expenses . . . . .	00	01	02	03
j. reducing risks for getting AIDS or other diseases such as hepatitis . . . . .	00	01	02	03
k. any other important issues				
01 YES                      02 NO → <b>GO TO L14</b>				
1. (SPECIFY) _____ . . . . .	00	01	02	03
2. (SPECIFY) _____ . . . . .	00	01	02	03
3. (SPECIFY) _____ . . . . .	00	01	02	03
4. (SPECIFY) _____ . . . . .	00	01	02	03

L14. How much have your sessions with your (PROVIDER #1 FROM L8a) helped you . . .

	Not at All	Somewhat	Very Much
a. stop or cut down on your use of drugs? Would you say . . . . .	00	01	02
b. with other problems you may have had? . . . . .	00	01	02

L15. When did you last see your (PROVIDER #1 FROM L8a) for individual services?

       19   
MONTH                  DAY                  YEAR

**SKIP: IF ONLY ONE PROVIDER IS CODED IN L8a, GO TO L23.**

L16. These next questions are about the times you and your (PROVIDER #2 FROM L8a) have met for scheduled individual sessions. During the past 3 months, how many times have you had scheduled individual sessions with your (PROVIDER #2 FROM L8a)?

TIMES

L16a. How long did (this session last/your individual sessions usually last) with your (PROVIDER #2 FROM L8a)?

MINUTES

L17. Is your (PROVIDER #2 FROM L8a) the person whose caseload you are assigned to?

01 YES                  02 NO

L18. Overall, how well do you feel your (PROVIDER #2 FROM L8a) understands you? Would you say . . .

- 00 not at all
- 01 somewhat
- 02 a lot

L19. Overall, how would you rate your relationship with your (PROVIDER #2 FROM L8a)? Is it . . .

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

**HAND RESPONDENT SHOW CARD 11.**

L20. Now, please think about the different kinds of things you and your (PROVIDER #2 FROM L8a) have talked about. During the past 3 months, how often have you talked with your (PROVIDER #2 FROM L8a) about . . . ?

	NEVER	SOME SESSIONS	MOST SESSIONS	EVERY SESSION
a. your use of alcohol or alcoholism . . . . .	00	01	02	03
b. your use of (other) drugs and the problems they may have caused . . . . .	00	01	02	03
c. your emotional or mental health, including feeling down, depressed, tense, or anxious . . . . .	00	01	02	03
d. your relationship with your spouse, partner, child, or other family member . . . . .	00	01	02	03
e. your physical health, including any need for medical care . . . .	00	01	02	03
f. your education, schooling, courses, or vocational training . . . .	00	01	02	03
g. involvement with the police or courts or other legal matters . . .	00	01	02	03
h. your job or employment. . . . .	00	01	02	03
i. housing, transportation, or living expenses . . . . .	00	01	02	03
j. reducing risks for getting AIDS or other diseases such as hepatitis . . . . .	00	01	02	03
k. any other important issues				
01 YES                      02 NO → <b>GO TO L21</b>				
1. (SPECIFY) _____ . . . . .	00	01	02	03
2. (SPECIFY) _____ . . . . .	00	01	02	03
3. (SPECIFY) _____ . . . . .	00	01	02	03
4. (SPECIFY) _____ . . . . .	00	01	02	03

L21. How much have your sessions with your (PROVIDER #2 FROM L8a) helped you . . .

	Not at All	Somewhat	Very Much
a. stop or cut down on your use of drugs? Would you say . . . . .	00	01	02
b. with other problems you may have had? . . . . .	00	01	02

L22. When did you last see your (PROVIDER #2 FROM L8a) for individual services?

        19    
 MONTH                  DAY                  YEAR

L23. Now, please think about the one person at this program you have seen the most often for individual services during the past 3 months. During the past 3 months, is your (PROVIDER #1 FROM L8a) the person you have seen most often at this program for individual services?

01 YES → GO TO L27                          02 NO

**SKIP: IF ONLY ONE PROVIDER IS MENTIONED IN L8a, GO TO L25. OTHERWISE, CONTINUE.**

L24. During the past 3 months, is your (PROVIDER #2 FROM L8a) the person you have seen most often at this program for individual services?

01 YES → GO TO L27                          02 NO

L25. During the past 3 months, who have you seen or talked with most often at this program for individual counseling, treatment, or other individual services?

**01 PRIMARY/REGULAR COUNSELOR**

**02 CASE MANAGER**

11 OTHER COUNSELOR

12 OTHER CASE MANAGER

13 SOCIAL WORKER

21 PSYCHOLOGIST

22 PSYCHIATRIST

23 NURSE

71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM

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

91 OTHER (SPECIFY) \_\_\_\_\_

L26. When did you last see your (PROVIDER FROM L25) for individual services?

--	--

MONTH

--	--

DAY

19

--	--

YEAR

L27. Now, I need to ask about a list of treatment goals or a plan that someone may have written for you. This list is sometimes called a treatment plan. Have you seen a list of treatment goals or a plan that someone has written for you personally?

- 01 YES
- 02 NO → **GO TO L32**
- 03 DON'T KNOW → **GO TO L32**

L28. Do you know who prepared this treatment plan?

- 01 YES
- 02 NO → **GO TO L29**

L28a. Who prepared it? **[RECORD TITLE(S) AND CIRCLE ALL MENTIONS.]**

TITLE: \_\_\_\_\_

- **00 SELF**
- **01 PRIMARY/REGULAR COUNSELOR**
- **02 CASE MANAGER**
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 24 VOCATIONAL COUNSELOR
- 25 PHYSICIAN
- 26 PHYSICIAN'S ASSISTANT
  
- 71 STAFF FROM ANOTHER AGENCY WHO VISITED THE PROGRAM
- 91 OTHER

L28b. **[IF MORE THAN ONE IS MENTIONED IN L28a . . .]** Who was the person most responsible for preparing the plan? **[RECORD VERBATIM AND ENTER CODE FROM LIST IN L28a.]**

PREPARER (SPECIFY): \_\_\_\_\_

--	--



L29. Have you met with anyone to talk about your treatment plan?

01 YES                      02 NO → GO TO L30

L29a. Do you know what the goals in your treatment plan are?

01 YES                      02 NO → GO TO L29d

L29b. Does your plan include any goals for . . . ?

	YES	NO
a. your use of alcohol or alcoholism . . . . .	01	02
b. your use of (other) drugs and the problems they may have caused . . . . .	01	02
c. your emotional or mental health, including feeling down, depressed, tense, or anxious . . .	01	02
d. your relationship with your spouse, partner, child, or other family member . . . . .	01	02
e. your physical health, including any need for medical care. . . . .	01	02
f. your education, schooling, courses, or vocational training . . . . .	01	02
g. involvement with the police or courts or other legal matters . . . . .	01	02
h. your job or employment . . . . .	01	02
i. housing, transportation, or living expenses. . . . .	01	02
j. reducing risks for getting AIDS or other diseases such as hepatitis. . . . .	01	02
k. any other important issues		
01 YES                      02 NO → GO TO L29c		
1. (SPECIFY) _____ . . . . .	01	02
2. (SPECIFY) _____ . . . . .	01	02
3. (SPECIFY) _____ . . . . .	01	02
4. (SPECIFY) _____ . . . . .	01	02

L29c. Do you agree with the goals in your treatment plan?

01 YES                      02 NO

L29d. How much say-so do you feel you had in developing your treatment plan? Would you say . . .

- 00 none
- 01 a little
- 02 a lot

L29e. Has the plan been . . . ?

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

L30. In the past 3 months, have there been any changes in your treatment plan?

01 YES



02 NO → GO TO L31

L30a. During the past 3 months, how many times has it been changed?

NUMBER OF TIMES

L30b. When was this plan most recently changed? **[RECORD MONTH AND DAY.]**

MONTH

DAY

L30c. Who changed it? **[CIRCLE ALL MENTIONS.]**

- 00 SELF
- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 24 PHYSICIAN
- 25 PHYSICIAN'S ASSISTANT
- 26 DENTIST
- 27 VOCATIONAL COUNSELOR
  
- 71 STAFF FROM ANOTHER AGENCY WHO VISITED THE PROGRAM  
(SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

L30d. How much say-so do you feel you had in changing your treatment plan? Would you say . . .

00 none

01 a little

02 a lot

L31. Does your treatment plan include any goals or plans for you after you leave treatment?

01 YES

02 NO

L32. Think again about the staff person you have been seeing most regularly over the past 3 months. How much do you and this person agree on the goals for your drug treatment? Would you say . . .

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

L33. During the past 3 months, has it been difficult or easy for you to do what the staff in this program expect of you?

- 01 DIFFICULT
- 02 EASY → **GO TO L33b**

L33a. Has it been very difficult or somewhat difficult?

- 01 VERY DIFFICULT
- 02 SOMEWHAT DIFFICULT ] → **GO TO L34**

L33b. Has it been very easy or somewhat easy?

- 01 VERY EASY
- 02 SOMEWHAT EASY

L34. During the past 3 months, would you say you have followed the instructions and suggestions of staff here . . . ?

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

**HAND RESPONDENT SHOW CARD 7.**

L35. Now, I'd like to ask some questions about any personal goals that you may have regarding your use of drugs. Please include drugs taken without a doctor's prescription or not according to the prescription, as well as any illegal drugs. First, when you were admitted to this program, what drug caused you the most serious problems? **[IF NO PROBLEM DRUG, ENTER 00. IF ALCOHOL, GO TO L39.]**

DRUG TYPE

**SKIP: IF L35=00, GO TO L39.**

L35a. Do you have any personal treatment goals or plans regarding the use of (DRUG TYPE FROM L35)?

- 01 YES                      02 NO → **GO TO L39**

L36. Please tell me what your personal treatment goals or plans are. Would you say . . . ? **[CIRCLE ONE.]**

- 01 abstain and never use again  
02 reduce your level of use  
03 quit for a while, but use again later  
04 continue to use as much as before entering this program → **GO TO L38**  
05 IF VOL: OTHER (SPECIFY) \_\_\_\_\_

L37. How much do you think your treatment in this program will help you do this? Do you think it will help . . .

- 00 not at all  
01 a little  
02 a lot

L38. Are your goals or plans regarding the use of other drugs the same or are they different? Do not include goals that you may have regarding the use of alcohol.

- 01 SAME → **GO TO L39**                      02 DIFFERENT

L38a. Please tell me what your goals or plans are regarding the use of other drugs. **[RECORD VERBATIM.]**

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

L39. These next few questions are about goals that you might have regarding alcohol use. Do you have any treatment goals regarding alcohol use?

01 YES

02 NO → **GO TO L44**

L39a. Are these goals written in your treatment plan?

01 YES

02 NO

L39b. How much do you and the staff in this program agree on your treatment goals regarding alcohol use? Would you say . . .

01 not at all

02 somewhat

03 very much

**SKIP: IF RESPONDENT HAS DRUNK ALCOHOL SINCE ADMISSION (E1 IS MORE THAN 00), GO TO L41.**

L40. Which do you think is closest to your plan for the future? Do you plan to . . .

01 never drink

02 drink occasionally

03 drink regularly (2 or more times each week)

→ **GO TO L43**

L41. Do you plan to continue to drink alcohol in the future?

01 YES → **GO TO L42**

02 NO

L41a. Which is closest to your plan for the future? Do you plan to . . .

01 quit for a while, but start drinking again later

02 quit even though you may slip a few times during recovery

03 quit and never drink alcohol again

→ **GO TO L43**

L42. Which of the following best describes your plans for alcohol use? Would you say you plan to . . .

- 01 continue to drink like before → **GO TO L44**
- 02 drink more alcohol than before → **GO TO L44**
- 03 cut back your drinking but drink on an occasional or more controlled basis
- 04 quit for a while, but start drinking again later
- 05 IF VOL: OTHER (SPECIFY) \_\_\_\_\_

L43. How much do you think your treatment in this program will help you do this? Do you think it will help . . .

- 00 not at all
- 01 a little
- 02 a lot

**HAND RESPONDENT SHOW CARD 5.**

L44. People have different beliefs about drug abuse and drug dependence. I'd like to know how much you agree or disagree with each of the following statements about why people have problems with drugs. The reason people abuse drugs is that . . .

	<b>STRONGLY DISAGREE</b>	<b>SOMEWHAT DISAGREE</b>	<b>SOMEWHAT AGREE</b>	<b>STRONGLY AGREE</b>
a. they are depressed and unhappy . . . . .	01	02	03	04
b. they had family problems at home while they were growing up . . . . .	01	02	03	04

L45. Now, I'd like to know how much you agree or disagree with these statements about how people who have a drug problem can be helped. In order to be helped with their drug problems, people must realize that . . .

	<b>STRONGLY DISAGREE</b>	<b>SOMEWHAT DISAGREE</b>	<b>SOMEWHAT AGREE</b>	<b>STRONGLY AGREE</b>
a. they have caused their drug problems themselves. . . . .	01	02	03	04
b. they can learn how to use drugs in a controlled way . . . . .	01	02	03	04
c. they must remain completely drug-free except for prescribed medications . . . . .	01	02	03	04
d. (READ STEM) they have to face and confront their own denial of their drug problems . . . . .	01	02	03	04
e. they have to turn themselves over to God or a higher power. . . . .	01	02	03	04
f. they will need to get help for their drug problem from AA, NA, CA, or another 12-step program. . . . .	01	02	03	04
g. they can never use drugs again, not even just once. . . . .	01	02	03	04
h. they will need to get help for their drug problems from a professional who is trained to treat drug abuse problems . . .	01	02	03	04
i. they need to talk to a professional about how their past helped to cause their drug problems . . . . .	01	02	03	04
j. they have no control over their drug use . . . . .	01	02	03	04
k. they have to avoid spending time with friends or other people who abuse drugs . . . . .	01	02	03	04
l. drug abuse is a disease . . . . .	01	02	03	04

L46. Next, I'll ask about a group that is sometimes called a "regular treatment group" or simply "group." This kind of group meets often and deals with a variety of subjects related to addiction, such as drug or alcohol dependence, and other problems caused by addiction. (This is not your AA, NA, CA, or other 12-step group.) During the past 3 months, have you attended a group like this?

01 YES

02 NO → GO TO L55

L47. Who has usually led these meetings? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

● 01 PRIMARY/REGULAR COUNSELOR

● 02 CASE MANAGER

● 11 OTHER COUNSELOR

● 12 OTHER CASE MANAGER

● 13 SOCIAL WORKER

● 21 PSYCHOLOGIST

● 22 PSYCHIATRIST

● 23 NURSE

● 71 STAFF FROM ANOTHER AGENCY WHO VISITED THE PROGRAM  
(SPECIFY) \_\_\_\_\_

● 91 OTHER (SPECIFY) \_\_\_\_\_



**HAND RESPONDENT SHOW CARD 11.**

L48. Now, please think about the different kinds of things you and this group have done or talked about. During the past 3 months, how often have you dealt with . . . ?

	NEVER	SOME SESSIONS	MOST SESSIONS	EVERY SESSION
a. your use of alcohol or alcoholism . . . . .	00	01	02	03
b. your use of (other) drugs and the problems they may have caused . . . . .	00	01	02	03
c. your emotional or mental health, including feeling down, depressed, tense, or anxious . . . . .	00	01	02	03
d. your relationship with your spouse, partner, child, or other family member . . . . .	00	01	02	03
e. your physical health, including any need for medical care . . . .	00	01	02	03
f. your education, schooling, courses, or vocational training . . . .	00	01	02	03
g. involvement with the police or courts or other legal matters . . .	00	01	02	03
h. your job or employment. . . . .	00	01	02	03
i. housing, transportation, or living expenses . . . . .	00	01	02	03
j. reducing risks for getting AIDS or other diseases such as hepatitis . . . . .	00	01	02	03
k. any other important issues				
01 YES                      02 NO → <b>GO TO L49</b>				
1. (SPECIFY) _____ . . . . .	00	01	02	03
2. (SPECIFY) _____ . . . . .	00	01	02	03
3. (SPECIFY) _____ . . . . .	00	01	02	03
4. (SPECIFY) _____ . . . . .	00	01	02	03

L49. How much have your sessions with this group helped you . . .

	Not at All	Somewhat	Very Much
a. stop or cut down on your use of drugs? Would you say . . . . .	00	01	02
b. with other problems you may have had? . . . . .	00	01	02

L50. During the past 3 months, how many times have you attended groups like this at this program?

TIMES

L50a. How long did (this meeting last/your meetings usually last) with this group?

MINUTES

L51. Overall, how well do you feel the members of this group understand you? Would you say . . .

00 not at all

01 a little

02 a lot

L52. Overall, how would you rate your relationship with this group? Is it . . .

01 poor

02 fair

03 good

04 excellent

L53. What has been most helpful about your group meetings so far? **[RECORD VERBATIM.]**

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

L54. How could these meetings be changed to make them more helpful to you? **[RECORD VERBATIM.]**

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

L55. Now, I will ask about other services that you may have received. First, I want to ask about any lectures or films that you may have attended, not counting any that took place during a 12-step, self-help, or regular addiction group meeting. During the past 3 months, have you attended any other scheduled talks, lectures, or films as a part of your treatment?

01 YES

02 NO → **GO TO L58**

L56. During the past 3 months, on how many days did you attend such lectures or films as part of your treatment?

DAYS

L57. In general, how helpful (was this/have these been)? Would you say . . .

00 not at all

01 somewhat

02 very helpful

L58. Now, I'd like to ask some questions about self-help groups and 12-step programs for drug or alcohol problems that you may have attended since your admission. These include groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA). During the past 3 months, have you attended this kind of 12-step or self-help group?

01 YES      ↓      02 NO → GO TO L63

L58a. Which groups have you attended? **[CIRCLE ALL MENTIONS.]**

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

L58b. During the past 3 months, how many times have you attended (this group/any of these groups)?

TIMES

L58c. When did you last attend (this group/any of these groups)?

MONTH      DAY

L58d. Have you attended (this group/these groups) . . . ?

- 01 at this program
- 02 at some other place
- 03 both

L59. In general, how much has meeting with this kind of group helped you . . .

	<b>Not at All</b>	<b>Somewhat</b>	<b>Very Much</b>
a. stop or cut down on your use of drugs? Would you say . . . . .	00	01	02
b. with other problems you may have had? . . . . .	00	01	02

L60. In general, do you feel you have needed this kind of group . . . ?

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

L61. What has been most helpful about this kind of group? **[RECORD VERBATIM.]**

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

L62. How could this kind of group be changed to make it more helpful for you? **[RECORD VERBATIM.]**

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

L63. Next, I'd like to ask some questions about other scheduled individual or group services that you may have received during the past 3 months. These services may be any counseling, treatment, or other help that you have received from a professional (such as a medical doctor, psychiatrist, or case manager). Do not include any services that we have already talked about or that you have received on an unscheduled basis. During the past 3 months, have you received any scheduled individual or group services for emotional or mental health problems other than the services that I have already asked about?

01 YES                      02 NO → **GO TO L69**

L64. Have you received these services at this program?

01 YES                      02 NO → **GO TO L68**

L65. Who have you seen or talked to for these services here? **[CIRCLE ALL MENTIONS.]**

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 28 CERTIFIED FAMILY COUNSELOR
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDE SERVICES AT THE PROGRAM  
(SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

L65a. Which 2 have you seen or talked to most often? **[ENTER CODES AND SPECIFY FOR 2 MOST FREQUENT.]**

1.   PROVIDER #1 (SPECIFY) \_\_\_\_\_

2.   PROVIDER #2 (SPECIFY) \_\_\_\_\_

L66. Have the sessions with your (PROVIDER #1 FROM L65a) been individual sessions, group sessions, or have you had both (individual and group sessions)?

- 01 INDIVIDUAL → ASK L66a-d
- 02 GROUP → ASK L66e-i
- 03 BOTH → ASK L66a-i

L66a. How many times have you met individually with your (PROVIDER #1 FROM L65a)?

--	--	--

 TIMES

L66b. How long did (this session last/these sessions usually last)?

--	--	--

 MINUTES

L66c. When you have met individually with your (PROVIDER #1 FROM L65a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

VERBATIM \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 01 YOUR USE OF DRUGS AND THE PROBLEMS THEY MAY HAVE CAUSED
- 02 YOUR USE OF ALCOHOL OR ALCOHOLISM
- 03 YOUR EMOTIONAL OR MENTAL HEALTH, INCLUDING FEELING DOWN, DEPRESSED, TENSE, OR ANXIOUS
- 04 YOUR RELATIONSHIP WITH YOUR SPOUSE, PARTNER, OR OTHER FAMILY MEMBER
- 05 OTHER RELATIONSHIP PROBLEMS
- 06 PSYCHOLOGICAL/PSYCHIATRIC TESTING OR ASSESSMENT
- 07 MEDICATION (INCLUDING DOSAGE REGULATION, SIDE EFFECTS, AND THEIR MANAGEMENT)
- 08 REFERRAL
- 09 OTHER

L66d. How helpful was this service from your (PROVIDER #1 FROM L65a)? Would you say . . .

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

**SKIP: IF ONLY INDIVIDUAL SERVICES HAVE BEEN RECEIVED, GO TO SKIP BEFORE L67.**

L66e. How many times have you met in the group with your (PROVIDER #1 FROM L65a)?

TIMES

L66f. How long did (this session last/these sessions usually last)?

MINUTES

L66g. When you have met in this group with your (PROVIDER #1 FROM L65a), who else has attended the meetings? **[CIRCLE ALL MENTIONS.]**

- 01 SPOUSE OR PARTNER
- 02 OTHER FAMILY MEMBERS OF CLIENT
- 03 OTHERS IN TREATMENT
- 04 FAMILY MEMBERS OF OTHERS IN TREATMENT
- 05 OTHERS (SPECIFY) \_\_\_\_\_

L66h. When you have met in this group with your (PROVIDER #1 FROM L65a), what have you usually talked about? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 YOUR USE OF DRUGS AND THE PROBLEMS THEY MAY HAVE CAUSED
- 02 YOUR USE OF ALCOHOL OR ALCOHOLISM
- 03 YOUR EMOTIONAL OR MENTAL HEALTH, INCLUDING FEELING DOWN, DEPRESSED, TENSE, OR ANXIOUS
- 04 YOUR RELATIONSHIP WITH YOUR SPOUSE, PARTNER, OR OTHER FAMILY MEMBER
- 05 OTHER RELATIONSHIP PROBLEMS
- 06 PSYCHOLOGICAL/PSYCHIATRIC TESTING OR ASSESSMENT
- 07 MEDICATION (INCLUDING DOSAGE REGULATION, SIDE EFFECTS, AND THEIR MANAGEMENT)
- 08 REFERRAL
- 09 OTHER

L66i. How helpful was this service from your (PROVIDER #1 FROM L65a)? Would you say . . .

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



**SKIP: IF ONLY ONE PROVIDER IS CODED IN L65a, GO TO L68.**

L67. Have the sessions with your (PROVIDER #2 FROM L65a) been individual sessions, group sessions, or have you had both (individual and group sessions)?

- 01 INDIVIDUAL → ASK L67a-d
- 02 GROUP → ASK L67e-i
- 03 BOTH → ASK L67a-i

L67a. How many times have you met individually with your (PROVIDER #2 FROM L65a)?

TIMES

L67b. How long did (this session last/these sessions usually last)?

MINUTES

L67c. When you have met individually with your (PROVIDER #2 FROM L65a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 YOUR USE OF DRUGS AND THE PROBLEMS THEY MAY HAVE CAUSED
- 02 YOUR USE OF ALCOHOL OR ALCOHOLISM
- 03 YOUR EMOTIONAL OR MENTAL HEALTH, INCLUDING FEELING DOWN, DEPRESSED, TENSE, OR ANXIOUS
- 04 YOUR RELATIONSHIP WITH YOUR SPOUSE, PARTNER, OR OTHER FAMILY MEMBER
- 05 OTHER RELATIONSHIP PROBLEMS
- 06 PSYCHOLOGICAL/PSYCHIATRIC TESTING OR ASSESSMENT
- 07 MEDICATION (INCLUDING DOSAGE REGULATION, SIDE EFFECTS, AND THEIR MANAGEMENT)
- 08 REFERRAL
- 09 OTHER

L67d. How helpful was this service from your (PROVIDER #2 FROM L65a)? Would you say . . .

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

**SKIP: IF ONLY INDIVIDUAL SERVICES HAVE BEEN RECEIVED, GO TO L68.**

L67e. How many times have you met in the group with your (PROVIDER #2 FROM L65a)?

TIMES

L67f. How long did (this session last/these sessions usually last)?

MINUTES

L67g. When you have met in this group with your (PROVIDER #2 FROM L65a), who else has attended the meetings? **[CIRCLE ALL MENTIONS.]**

- 01 SPOUSE OR PARTNER
- 02 OTHER FAMILY MEMBERS OF CLIENT
- 03 OTHERS IN TREATMENT
- 04 FAMILY MEMBERS OF OTHERS IN TREATMENT
- 05 OTHER (SPECIFY) \_\_\_\_\_

L67h. When you have met in this group with your (PROVIDER #2 FROM L65a), what have you usually talked about? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 YOUR USE OF DRUGS AND THE PROBLEMS THEY MAY HAVE CAUSED
- 02 YOUR USE OF ALCOHOL OR ALCOHOLISM
- 03 YOUR EMOTIONAL OR MENTAL HEALTH, INCLUDING FEELING DOWN, DEPRESSED, TENSE, OR ANXIOUS
- 04 YOUR RELATIONSHIP WITH YOUR SPOUSE, PARTNER, OR OTHER FAMILY MEMBER
- 05 OTHER RELATIONSHIP PROBLEMS
- 06 PSYCHOLOGICAL/PSYCHIATRIC TESTING OR ASSESSMENT
- 07 MEDICATION (INCLUDING DOSAGE REGULATION, SIDE EFFECTS, AND THEIR MANAGEMENT)
- 08 REFERRAL
- 09 OTHER

L67i. How helpful was this service from your (PROVIDER #2 FROM L65a)? Would you say . . .

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

L68. During the past 3 months, have you received any scheduled individual or group services for emotional or mental health problems at some place other than this program?

01 YES



02 NO → GO TO L69

L68a. Where have you received these services? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

L68b. Which 2 places did you receive service at most often? **[RECORD THE 2 LOCATIONS VISITED MOST FREQUENTLY AT THE TOP OF THE NEXT PAGE AND ENTER APPROPRIATE CODE FROM THE LIST BELOW.]**

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

- 01 A COMMUNITY MENTAL HEALTH CENTER
- 02 A PRIVATE PSYCHIATRIC HOSPITAL OR FACILITY
- 03 ANY OTHER HOSPITAL OR FACILITY (STATE VA, PSYCHIATRIC, OR MENTAL HOSPITAL)
- 04 AN EMERGENCY ROOM OR CRISIS CENTER
- 05 PRIVATE THERAPIST
- 06 OTHER

**[FOR EACH OF THE 2 LOCATIONS YOU RECORDED ON THE NEXT PAGE, ASK L68c-g. RECORD ANSWERS IN APPROPRIATE COLUMN.]**

L68c. Who referred you to (LOCATION)? Was it a staff member in this program, someone else, or did you go to (LOCATION) on your own? **[CIRCLE CODE IN APPROPRIATE COLUMN.]**

L68d. On how many days have you received these services at (LOCATION)?

L68e. Overall, how helpful were these services you received at (LOCATION)?  
Were they not at all helpful, somewhat helpful, or very helpful?

L68f. Who have you talked to or seen for these services at (LOCATION)? **[CIRCLE ALL MENTIONS.]**

L68g. Which one did you talk to or see the most frequently? **[ENTER THE PROVIDER CODE FOR THE MOST FREQUENT PROVIDER.]**

**L68b. PSYCHOLOGICAL OTHER PLACE**

LOCATION #1  
(SPECIFY) \_\_\_\_\_

**L68b. PSYCHOLOGICAL OTHER PLACE**

LOCATION #2  
(SPECIFY) \_\_\_\_\_

**L68c. REFERRAL**

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

**L68c. REFERRAL**

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

**L68d. DAYS**

---

**L68d. DAYS**

---

**L68e. HELPFULNESS**

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

**L68e. HELPFULNESS**

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

**L68f. PROVIDERS**

---

- **01 PRIMARY/REGULAR COUNSELOR**
- **02 CASE MANAGER**
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 28 CERTIFIED FAMILY COUNSELOR
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM (SPECIFY) \_\_\_\_\_
- 91 OTHER (SPECIFY) \_\_\_\_\_

**L68f. PROVIDERS**

---

- **01 PRIMARY/REGULAR COUNSELOR**
- **02 CASE MANAGER**
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 28 CERTIFIED FAMILY COUNSELOR
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM (SPECIFY) \_\_\_\_\_
- 91 OTHER (SPECIFY) \_\_\_\_\_

**L68g. MOST FREQUENT PROVIDER**

---

FREQUENT PROVIDER CODE

**L68g. MOST FREQUENT PROVIDER**

---

FREQUENT PROVIDER CODE

L69. During the past 3 months, have you stayed overnight anywhere for treatment of emotional or mental health problems other than for problems associated with drugs or alcohol use?

01 YES     ↓     02 NO → GO TO L70

L69a. Where have you stayed since your admission for this kind of treatment?  
**[CIRCLE ALL MENTIONS IN COLUMN L69a.]**

L69b. How many nights have you stayed at (FACILITY)?  
**[RECORD IN COLUMN L69b THE NUMBER OF NIGHTS FOR EACH FACILITY MENTIONED.]**

<b>L69a.</b>	<b>L69b.</b>
<b>FACILITY</b>	<b>NUMBER OF NIGHTS</b>
● 01 A COMMUNITY MENTAL HEALTH CENTER .....	
● 02 A PRIVATE PSYCHIATRIC HOSPITAL OR FACILITY .....	
● 03 ANY OTHER HOSPITAL OR FACILITY (STATE, VA, PSYCHIATRIC, OR MENTAL HOSPITAL).....	
● 04 AN EMERGENCY ROOM OR CRISIS CENTER .....	
● 05 ANY OTHER PLACE (SPECIFY) _____.....	

---

L70. During the past 3 months, have you had a checkup or have you received any scheduled individual services for medical problems other than those I have already asked about?

01 YES

02 NO → GO TO L76

L71. Have you received these services at this program?

01 YES

02 NO → GO TO L75

L72. Who have you seen or talked to for these services here? **[CIRCLE ALL MENTIONS.]**

● 01 PRIMARY/REGULAR COUNSELOR

● 02 CASE MANAGER

● 22 PSYCHIATRIST

● 23 NURSE

● 24 PHYSICIAN

● 25 PHYSICIAN'S ASSISTANT

● 26 DENTIST

● 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM

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

● 91 OTHER (SPECIFY) \_\_\_\_\_

L72a. Which 2 have you seen or talked to most often? **[ENTER CODES AND SPECIFY FOR 2 MOST FREQUENT.]**

1.   PROVIDER #1 (SPECIFY) \_\_\_\_\_

2.   PROVIDER #2 (SPECIFY) \_\_\_\_\_

L73. How many times have you met with your (PROVIDER #1 FROM L72a)?

--	--	--

 TIMES

L73a. How long did (this session last/these sessions usually last)?

--	--	--

 MINUTES

L73b. When you have met with your (PROVIDER #1 FROM L72a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 PHYSICAL OR DENTAL EXAM
- 02 MEDICAL OR DENTAL CARE/TREATMENT
- 03 GLASSES OR HEARING AIDS
- 04 ADMISSION TO HOSPITAL OR CLINIC
- 05 MEDICATION (INCLUDING DOSAGE REGULATION, SIDE EFFECTS, AND THEIR MANAGEMENT)
- 06 DIET OR NUTRITIONAL ADVICE
- 07 EXERCISE OR PHYSICAL FITNESS PROTOCOL
- 08 PRENATAL CARE
- 09 OTHER

L73c. How helpful was this service from your (PROVIDER #1 FROM L72a)? Would you say . . .

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

**SKIP: IF ONLY ONE PROVIDER IS CODED IN L72a, GO TO L75.**

L74. How many times have you met with your (PROVIDER #2 FROM L72a)?

TIMES

L74a. How long did (this session last/these sessions usually last)?

MINUTES

L74b. When you have met with your (PROVIDER #2 FROM L72a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 PHYSICAL OR DENTAL EXAM
- 02 MEDICAL OR DENTAL CARE/TREATMENT
- 03 GLASSES OR HEARING AIDS
- 04 ADMISSION TO HOSPITAL OR CLINIC
- 05 MEDICATION (INCLUDING DOSAGE REGULATION, SIDE EFFECTS, AND THEIR MANAGEMENT)
- 06 DIET OR NUTRITIONAL ADVICE
- 07 EXERCISE OR PHYSICAL FITNESS PROTOCOL
- 08 PRENATAL CARE
- 09 OTHER

L74c. How helpful was this service from your (PROVIDER #2 FROM L72a)? Would you say . . .

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



L75. During the past 3 months, have you had a checkup or have you received any scheduled services for medical problems at some place other than this program?

01 YES



02 NO → GO TO L76

L75a. Where have you received these services? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

L75b. Which 2 locations have you received services at most often? **[RECORD THE 2 LOCATIONS VISITED MOST FREQUENTLY AT THE TOP OF THE NEXT PAGE AND ENTER APPROPRIATE CODE FROM THE LIST BELOW.]**

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

- 01 PRIVATE PHYSICIAN OR DENTIST
- 02 HOSPITAL OR PUBLIC HEALTH CLINIC
- 03 MILITARY OR VA HOSPITAL OR CLINIC
- 04 HEALTH COOPERATIVE, NEIGHBORHOOD CLINIC
- 05 OTHER MEDICAL
- 06 OTHER

**[FOR EACH OF THE 2 LOCATIONS YOU RECORDED ON THE NEXT PAGE, ASK L75c-g. RECORD ANSWERS IN APPROPRIATE COLUMN.]**

L75c. Who referred you to (LOCATION)? Was it a staff member in this program, someone else, or did you go to (LOCATION) on your own? **[CIRCLE CODE IN APPROPRIATE COLUMN.]**

L75d. On how many days have you received these services at (LOCATION)?

L75e. Overall, how helpful were these services you received at (LOCATION)?  
Were they not at all helpful, somewhat helpful, or very helpful?

L75f. Who have you talked to or seen for these services at (LOCATION)? **[CIRCLE ALL MENTIONS.]**

L75g. Which one did you talk to or see the most frequently? **[ENTER THE PROVIDER CODE FOR THE MOST FREQUENT PROVIDER.]**

**L75b. MEDICAL OTHER PLACE**

LOCATION #1  
(SPECIFY)

**L75b. MEDICAL OTHER PLACE**

LOCATION #2  
(SPECIFY)

**L75c. REFERRAL**

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

**L75c. REFERRAL**

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

**L75d. DAYS**

---

**L75d. DAYS**

---

**L75e. HELPFULNESS**

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

**L75e. HELPFULNESS**

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

**L75f. PROVIDERS**

---

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 22 PSYCHIATRIST
- 23 NURSE
- 24 PHYSICIAN
- 25 PHYSICIAN'S ASSISTANT
- 26 DENTIST
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM (SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

**L75f. PROVIDERS**

---

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 22 PSYCHIATRIST
- 23 NURSE
- 24 PHYSICIAN
- 25 PHYSICIAN'S ASSISTANT
- 26 DENTIST
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM (SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

**L75g. MOST FREQUENT PROVIDER**

---

FREQUENT PROVIDER CODE

**L75g. MOST FREQUENT PROVIDER**

---

FREQUENT PROVIDER CODE

L76. During the past 3 months, has a doctor prescribed methadone, Naltrexone, tranquilizers, or Antabuse for you because of drug or alcohol problems?

01 YES                      02 NO → **GO TO L77**

L76a. Which of these has the doctor prescribed for you? [**CIRCLE ALL MENTIONS.**]

- 01 METHADONE
- 02 NALTREXONE (TREXAN)
- 03 TRANQUILIZERS
- 04 ANTABUSE

L77. During the past 3 months, have you had any concerns or complaints about any medication that was prescribed for you (including methadone, Naltrexone, tranquilizers, Antabuse, and any other medication)?

01 YES                      02 NO → **GO TO L78**

L77a. During these months, have you had any scheduled services or talks with anyone in this program about these concerns or complaints?

01 YES                      02 NO → **GO TO L78**

L77b. Who have you talked with? [**RECORD VERBATIM AND CIRCLE ALL MENTIONS.**]

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

- **01 PRIMARY/REGULAR COUNSELOR**
- **02 CASE MANAGER**
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 24 PHYSICIAN
- 25 PHYSICIAN'S ASSISTANT
- 26 DENTIST
- 27 VOCATIONAL COUNSELOR
- 28 CERTIFIED FAMILY COUNSELOR
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM  
(SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

L77c. What kinds of concerns or complaints have you had during these months about medication that was prescribed for you? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 DOSAGE TOO SMALL
- 02 DOSAGE TOO LARGE
- 03 PHYSICAL SYMPTOMS (SUCH AS NAUSEA, VOMITING, HEADACHES, DIZZINESS, SHAKING)
- 04 SLEEP DISTURBANCES
- 05 UNABLE TO GET DRUG (OR PRESCRIPTION) WHEN NEEDED
- 06 DRUG COST TOO MUCH—NOT AFFORDABLE
- 07 DEPRESSION
- 08 OTHER

L78. During the past 3 months, have you received any scheduled individual or group services for family or relationship problems?

01 YES                      02 NO → **GO TO L84**

L79. Have you received these services at this program?

01 YES                      02 NO → **GO TO L83**

L80. Who have you seen or talked to for these services here? **[CIRCLE ALL MENTIONS.]**

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 28 CERTIFIED FAMILY COUNSELOR
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM  
(SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

L80a. Which 2 have you seen or talked to most frequently? **[ENTER CODES AND SPECIFY FOR 2 MOST FREQUENT.]**

1.   PROVIDER #1 (SPECIFY) \_\_\_\_\_
2.   PROVIDER #2 (SPECIFY) \_\_\_\_\_

L81. Have the sessions with your (PROVIDER #1 FROM L80a) been individual sessions with just you and your (PROVIDER #1); family sessions with you, your (PROVIDER #1), and your family; or group sessions with you, your (PROVIDER #1), and other people? **[CIRCLE ALL MENTIONS.]**

- 01 INDIVIDUAL → **ASK L81a-d**
- 02 FAMILY → **ASK L81e-i**
- 03 GROUP → **ASK L81j-m**

L81a. How many times have you met individually with your (PROVIDER #1 FROM L80a)?

--	--	--

 TIMES

L81b. How long did (this session last/these sessions usually last)?

--	--	--

 MINUTES

L81c. When you have met individually with your (PROVIDER #1 FROM L80a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

VERBATIM \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 01 COUNSELING FOR PROBLEMS WITH SPOUSE/PARTNER
- 02 PARENTING, CHILD CARE, OR CHILDREARING
- 03 COUNSELING FOR PROBLEMS WITH PARENTS
- 04 SEX EDUCATION OR SEXUALITY COUNSELING
- 05 DEATH OR BEREAVEMENT
- 06 OTHER

L81d. How helpful was this service from your (PROVIDER #1 FROM L80a)? Would you say . . .

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

**SKIP: IF RESPONDENT HAD FAMILY SESSIONS, CONTINUE.  
OTHERWISE, GO TO SKIP BEFORE L81j.**

L81e. How many times have you met as a family with your (PROVIDER #1 FROM L80a)?

TIMES

L81f. How long did (this session last/these sessions usually last)?

MINUTES

L81g. When you have met as a family with your (PROVIDER #1 FROM L80a), who has attended the meetings?  
**[CIRCLE ALL MENTIONS.]**

- 01 SPOUSE OR PARTNER
- 02 OTHER FAMILY MEMBERS OF CLIENT
- 03 OTHERS IN TREATMENT
- 04 FAMILY MEMBERS OF OTHERS IN TREATMENT
- 05 OTHER (SPECIFY) \_\_\_\_\_

L81h. When you have met as a family with your (PROVIDER #1 FROM L80a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 COUNSELING FOR PROBLEMS WITH SPOUSE/PARTNER
- 02 PARENTING, CHILD CARE, OR CHILDREARING
- 03 COUNSELING FOR PROBLEMS WITH PARENTS
- 04 SEX EDUCATION OR SEXUALITY COUNSELING
- 05 DEATH OR BEREAVEMENT
- 06 OTHER

L81i. How helpful was this service from your (PROVIDER #1 FROM L80a)? Would you say . . .

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

**SKIP: IF RESPONDENT DID NOT HAVE GROUP SESSIONS, GO TO SKIP BEFORE L82.**

L81j. How many times have you met in the group with your (PROVIDER #1 FROM L80a)?

TIMES

L81k. When you have met in this group with (PROVIDER #1 FROM L80a), who has attended the meetings? **[CIRCLE ALL MENTIONS.]**

- 01 SPOUSE OR PARTNER
- 02 CHILDREN
- 03 OTHER MEMBERS OF CLIENT'S FAMILY
- 04 OTHER CLIENTS
- 05 SPOUSES/PARTNERS OF OTHER CLIENTS
- 06 CHILDREN OF OTHER CLIENTS
- 07 OTHER MEMBERS OF OTHER CLIENTS' FAMILIES
- 08 OTHERS (SPECIFY ) \_\_\_\_\_

L81l. When you have met in this group with your (PROVIDER #1 FROM L80a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 COUNSELING FOR PROBLEMS WITH SPOUSE/PARTNER
- 02 PARENTING, CHILD CARE, OR CHILDREARING
- 03 COUNSELING FOR PROBLEMS WITH PARENTS
- 04 SEX EDUCATION OR SEXUALITY COUNSELING
- 05 DEATH OR BEREAVEMENT
- 06 OTHER

L81m. How helpful was this service from your (PROVIDER #1 FROM L80a)? Would you say . . .

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



**SKIP: IF ONLY ONE PROVIDER IS CODED IN L80a, GO TO L83.**

L82. Have the sessions with your (PROVIDER #2 FROM L80a) been individual sessions with just you and your (PROVIDER #2); family sessions with you, your (PROVIDER #2), and your family; or group sessions with you, your (PROVIDER #2), and other people? **[CIRCLE ALL MENTIONS.]**

- 01 INDIVIDUAL → **ASK L82a-d**
- 02 FAMILY → **ASK L82e-i**
- 03 GROUP → **ASK L82j-m**

L82a. How many times have you met individually with your (PROVIDER #2 FROM L80a)?

TIMES

L82b. How long did (this session last/these sessions usually last)?

MINUTES

L82c. When you have met individually with your (PROVIDER #2 FROM L80a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 COUNSELING FOR PROBLEMS WITH SPOUSE/PARTNER
- 02 PARENTING, CHILD CARE, OR CHILDREARING
- 03 COUNSELING FOR PROBLEMS WITH PARENTS
- 04 SEX EDUCATION OR SEXUALITY COUNSELING
- 05 DEATH OR BEREAVEMENT
- 06 OTHER

L82d. How helpful was this service from your (PROVIDER #2 FROM L80a)? Would you say . . .

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

**SKIP: IF RESPONDENT HAD FAMILY SESSIONS, CONTINUE.  
OTHERWISE, GO TO SKIP BEFORE L82j.**

L82e. How many times have you met as a family with your (PROVIDER #2 FROM L80a)?

TIMES

L82f. How long did (this session last/these sessions usually last)?

MINUTES

L82g. When you have met as a family with your (PROVIDER #2 FROM L80a), who has attended the meetings?  
**[CIRCLE ALL MENTIONS.]**

- 01 SPOUSE OR PARTNER
- 02 OTHER FAMILY MEMBERS OF CLIENT
- 03 OTHERS IN TREATMENT
- 04 FAMILY MEMBERS OF OTHERS IN TREATMENT
- 05 OTHER (SPECIFY) \_\_\_\_\_

L82h. When you have met as a family with your (PROVIDER #2 FROM L80a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 COUNSELING FOR PROBLEMS WITH SPOUSE/PARTNER
- 02 PARENTING, CHILD CARE, OR CHILDREARING
- 03 COUNSELING FOR PROBLEMS WITH PARENTS
- 04 SEX EDUCATION OR SEXUALITY COUNSELING
- 05 DEATH OR BEREAVEMENT
- 06 OTHER

L82i. How helpful was this service from your (PROVIDER #2 FROM L80a)? Would you say . . .

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



**SKIP: IF RESPONDENT DID NOT HAVE GROUP SESSIONS, GO TO L83.**

L82j. How many times have you met in the group with your (PROVIDER #2 FROM L80a)?

TIMES

L82k. When you have met in this group with your (PROVIDER #2 FROM L80a), who has attended the meetings? **[CIRCLE ALL MENTIONS.]**

- 01 SPOUSE OR PARTNER
- 02 CHILDREN
- 03 OTHER MEMBERS OF CLIENT'S FAMILY
- 04 OTHER CLIENTS
- 05 SPOUSES/PARTNERS OF OTHER CLIENTS
- 06 CHILDREN OF OTHER CLIENTS
- 07 OTHER MEMBERS OF OTHER CLIENTS' FAMILIES
- 08 OTHERS (SPECIFY ) \_\_\_\_\_

L82l. When you have met in this group with your (PROVIDER #2 FROM L80a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS BELOW.]**

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

- 01 COUNSELING FOR PROBLEMS WITH SPOUSE/PARTNER
- 02 PARENTING, CHILD CARE, OR CHILDREARING
- 03 COUNSELING FOR PROBLEMS WITH PARENTS
- 04 SEX EDUCATION OR SEXUALITY COUNSELING
- 05 DEATH OR BEREAVEMENT
- 06 OTHER

L82m. How helpful was this service from your (PROVIDER #2 FROM L80a)? Would you say . . .

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

L83. During the past 3 months, have you received any scheduled individual or group services for family or relationship problems at some place other than this program?

01 YES ↓      02 NO → GO TO L84

L83a. Where have you received these services? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

L83b. Which 2 places did you visit most often? **[RECORD THE 2 LOCATIONS VISITED MOST FREQUENTLY AT THE TOP OF THE NEXT PAGE AND ENTER APPROPRIATE CODE FROM THE LIST BELOW.]**

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

- 01 SOCIAL SERVICES OR FAMILY SERVICES PROGRAM
- 02 MENTAL HEALTH CENTER
- 03 CHURCH OR RELIGIOUS ORGANIZATION
- 04 PRIVATE MARITAL OR FAMILY COUNSELOR
- 05 OTHER

**[FOR EACH OF THE 2 LOCATIONS YOU RECORDED ON THE NEXT PAGE, ASK L83c-g. RECORD ANSWERS IN APPROPRIATE COLUMN.]**

L83c. Who referred you to (LOCATION)? Was it a staff member in this program, someone else, or did you go to (LOCATION) on your own? **[CIRCLE CODE IN APPROPRIATE COLUMN.]**

L83d. On how many days have you received these services at (LOCATION)?

L83e. Overall, how helpful were these services you received at (LOCATION)? Were they not at all helpful, somewhat helpful, or very helpful?

L83f. Who have you talked to or seen for these services at (LOCATION)? **[CIRCLE ALL MENTIONS.]**

L83g. Which one did you talk to or see most often? **[ENTER THE PROVIDER CODE FOR THE MOST FREQUENT PROVIDER.]**

**L83b. FAMILY/RELATIONSHIP OTHER PLACE**

LOCATION #1  
(SPECIFY) \_\_\_\_\_

**L83b. FAMILY/RELATIONSHIP OTHER PLACE**

LOCATION #2  
(SPECIFY) \_\_\_\_\_

**L83c. REFERRAL**

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

**L83c. REFERRAL**

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

**L83d. DAYS**

---

**L83d. DAYS**

---

**L83e. HELPFULNESS**

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

**L83e. HELPFULNESS**

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

**L83f. PROVIDERS**

---

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 28 CERTIFIED FAMILY COUNSELOR
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM (SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

**L83f. PROVIDERS**

---

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 28 CERTIFIED FAMILY COUNSELOR
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM (SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

**L83g. MOST FREQUENT PROVIDER**

---

FREQUENT PROVIDER CODE

**L83g. MOST FREQUENT PROVIDER**

---

FREQUENT PROVIDER CODE

L84. During the past 3 months, have you received any scheduled services to train you for a specific job, to help you find a job, or something else like counseling or vocational training?

01 YES

02 NO → GO TO L90

L85. Have you received these services at this program?

01 YES

02 NO → GO TO L89

L86. Who have you seen or talked to for these services here? **[CIRCLE ALL MENTIONS.]**

● 01 PRIMARY/REGULAR COUNSELOR

● 02 CASE MANAGER

● 11 OTHER COUNSELOR

● 12 OTHER CASE MANAGER

● 13 SOCIAL WORKER

● 21 PSYCHOLOGIST

● 22 PSYCHIATRIST

● 23 NURSE

● 27 VOCATIONAL COUNSELOR

● 29 TEACHER

● 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM

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

● 91 OTHER (SPECIFY) \_\_\_\_\_

L86a. Which 2 have you seen or talked to most often? **[ENTER CODES AND SPECIFY FOR 2 MOST FREQUENT.]**

1.   PROVIDER #1 (SPECIFY) \_\_\_\_\_

2.   PROVIDER #2 (SPECIFY) \_\_\_\_\_

L87. Have the sessions with your (PROVIDER #1 FROM L86a) dealt with . . . ? **[CIRCLE ALL MENTIONS.]**

- 01 training for a specific job → **ASK L87a-f**
- 02 help finding a job or → **ASK L87g-k**
- 03 something else like counseling or vocational testing → **ASK L87l-p**

L87a. What type of job or skill was this training for? **[RECORD VERBATIM.]**

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

EDITOR'S CODE

L87b. Are you currently enrolled in this training?

- 01 YES                      02 NO → **GO TO L87e**

L87c. If you successfully complete this training, will you receive a degree, diploma, or certificate?

- 01 YES                      02 NO → **GO TO L87e**

L87d. Which of these will you receive?

- 01 DEGREE  
02 DIPLOMA  
03 CERTIFICATE  
04 OTHER (SPECIFY) \_\_\_\_\_

L87e. How many times have you attended training with your (PROVIDER #1 FROM L86a)?

TIMES

L87f. How helpful was this training from your (PROVIDER #1 FROM L86a)? Would you say it was . . .

- 00 not at all  
01 somewhat  
02 very helpful



**SKIP: IF RESPONDENT DID NOT RECEIVE ANY HELP FINDING A JOB FROM THIS VOCATIONAL PROVIDER (PROVIDER #1 FROM L86a), GO TO SKIP BEFORE L87|.**

L87g. How has your (PROVIDER #1 FROM L86a) tried to help you find a job?  
**[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 JOB SEARCH WORKSHOP/COUNSELING
- 02 RESUME WRITING
- 03 INTERVIEWING SKILLS
- 04 JOB REFERRAL
- 05 REFERRAL TO PUBLIC AGENCY FOR HELP IN FINDING A JOB (DVR, JTPA, DES)
- 06 REFERRAL TO A PRIVATE AGENCY FOR HELP IN FINDING A JOB
- 07 PLACEMENT IN A JOB
- 08 OTHER

L87h. How many times have you met with your (PROVIDER #1 FROM L86a) to help you find a job?

TIMES

L87i. How long did (this meeting last/these meetings usually last)?

MINUTES

L87j. How helpful was the service from your (PROVIDER #1 FROM L86a)? Would you say it was . . .

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

L87k. Have you found a job as a result of this service?

- 01 YES
- 02 NO

**SKIP: IF RESPONDENT DID NOT RECEIVE ANY OTHER SERVICES FROM THIS VOCATIONAL PROVIDER (PROVIDER #1 FROM L86a), GO TO SKIP BEFORE L88.**

L87l. What other types of help, such as counseling or testing, have you received from your (PROVIDER #1 FROM L86a)? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 VOCATIONAL OR EMPLOYMENT TESTING ASSESSMENT
- 02 VOCATIONAL OR EMPLOYMENT COUNSELING
- 03 REFERRAL TO A PUBLIC AGENCY FOR VOCATIONAL ASSESSMENT
- 04 REFERRAL TO A PRIVATE AGENCY FOR VOCATIONAL ASSESSMENT
- 05 REFERRAL TO A PUBLIC OR PRIVATE AGENCY FOR VOCATIONAL COUNSELING
- 06 OTHER

L87m. Have these sessions with your (PROVIDER #1 FROM L86a) been for you alone or were they for groups or classes?

- 01 ALL INDIVIDUAL
- 02 ALL GROUP
- 03 BOTH INDIVIDUAL AND GROUP

L87n. How many times have you met with your (PROVIDER #1 FROM L86a) for this kind of help?

TIMES

L87o. How long did (this meeting last/these meetings usually last)?

MINUTES

L87p. How helpful was this service from your (PROVIDER #1 FROM L86a)? Would you say . . .

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

**SKIP: IF ONLY ONE PROVIDER IS CODED IN L86a, GO TO L89.**

L88. Have the sessions with your (PROVIDER #2 FROM L86a) dealt with . . . ? **[CIRCLE ALL MENTIONS.]**

- 01 training for a specific job → **ASK L88a-f**
- 02 finding a job or → **ASK L88g-k**
- 03 something else like counseling or vocational testing → **ASK L88l-p**

L88a. What type of job or skills was this training for? **[RECORD VERBATIM.]**

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

EDITOR'S CODE

L88b. Are you currently enrolled in this training?

- 01 YES                      02 NO → **GO TO L88e**

L88c. If you successfully complete this training, will you receive a degree, diploma, or certificate?

- 01 YES                      02 NO → **GO TO L88e**

L88d. Which of these will you receive?

- 01 DEGREE  
02 DIPLOMA  
03 CERTIFICATE  
04 OTHER (SPECIFY) \_\_\_\_\_

L88e. How many times have you attended training with your (PROVIDER #2 FROM L86a)?

TIMES

L88f. How helpful was this training from your (PROVIDER #2 FROM L86a)? Would you say it was . . .

- 00 not at all  
01 somewhat  
02 very helpful

**SKIP: IF RESPONDENT DID NOT RECEIVE ANY HELP FINDING A JOB FROM THIS VOCATIONAL PROVIDER (PROVIDER #2 FROM L86a), GO TO SKIP BEFORE L88I.**

L88g. How has your (PROVIDER #2 FROM L86a) tried to help you to find a job?  
**[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 JOB SEARCH WORKSHOP/COUNSELING
- 02 RESUME WRITING
- 03 INTERVIEWING SKILLS
- 04 JOB REFERRAL
- 05 REFERRAL TO PUBLIC AGENCY FOR HELP IN FINDING A JOB (DVR, JTPA, DES)
- 06 REFERRAL TO A PRIVATE AGENCY FOR HELP IN FINDING A JOB
- 07 PLACEMENT IN A JOB
- 08 OTHER

L88h. How many times have you met with your (PROVIDER #2 FROM L86a) to help you find a job?

TIMES

L88i. How long did (this meeting last/these meetings usually last)?

MINUTES

L88j. How helpful was the service from your (PROVIDER #2 FROM L86a)? Would you say it was . . .

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

L88k. Have you found a job as a result of this service?

- 01 YES
- 02 NO



**SKIP: IF RESPONDENT DID NOT RECEIVE ANY OTHER SERVICES FROM THIS VOCATIONAL PROVIDER (PROVIDER #2 FROM L86a), GO TO L89.**

L88l. What other types of help, such as counseling or testing, have you received from your (PROVIDER #2 FROM L86a)? **[PROBE FOR 3 SERVICES, RECORD VERBATIM, AND CIRCLE ALL MENTIONS.]**

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

- 01 VOCATIONAL OR EMPLOYMENT TESTING ASSESSMENT
- 02 VOCATIONAL OR EMPLOYMENT COUNSELING
- 03 REFERRAL TO A PUBLIC AGENCY FOR VOCATIONAL ASSESSMENT
- 04 REFERRAL TO A PRIVATE AGENCY FOR VOCATIONAL ASSESSMENT
- 05 REFERRAL TO PUBLIC OR PRIVATE AGENCY FOR VOCATIONAL COUNSELING
- 06 OTHER

L88m. Have the sessions with your (PROVIDER #2 FROM L86a) been for you alone or were they for groups or classes?

- 01 ALL INDIVIDUAL
- 02 ALL GROUP
- 03 BOTH INDIVIDUAL AND GROUP

L88n. How many times have you met with your (PROVIDER #2 FROM L86a) for this kind of help?

TIMES

L88o. How long did (this meeting last/these meetings usually last)?

MINUTES

L88p. How helpful was this service from your (PROVIDER #2 FROM L86a)? Would you say . . .

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

L89. During the past 3 months, have you received any scheduled services to help you get training for a job, to help you find a job, or to get vocational assessment or counseling at some place other than this program?

01 YES



02 NO → GO TO L90

L89a. Where have you received these services? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

L89b. Which 2 locations did you visit most often? **[RECORD THE 2 LOCATIONS VISITED MOST FREQUENTLY AT THE TOP OF THE NEXT PAGE AND ENTER APPROPRIATE CODE FROM THE LIST BELOW.]**

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

- 01 STATE OFFICE OF EMPLOYMENT
- 02 DVR/OVR/VESID
- 03 JTPA/PIC
- 04 PUBLIC EMPLOYMENT OR TRAINING AGENCIES
- 05 PRIVATE EMPLOYMENT OR TRAINING AGENCIES
- 06 BUSINESS ORGANIZATION (CHAMBER OF COMMERCE, URBAN LEAGUE, ETC.)
- 07 VOCATIONAL/TECHNICAL SCHOOL/COMMUNITY COLLEGE
- 08 CHARITABLE AGENCIES (CATHOLIC CHARITIES, JEWISH FAMILY SERVICES)
- 09 OTHER

**[FOR EACH OF THE 2 LOCATIONS YOU RECORDED ON THE NEXT PAGE, ASK L89c-g. RECORD ANSWERS IN APPROPRIATE COLUMN.]**

L89c. Who referred you to (LOCATION)? Was it a staff member in this program, someone else, or did you go to (LOCATION) on your own? **[CIRCLE CODE IN APPROPRIATE COLUMN.]**

L89d. On how many days have you received these services at (LOCATION)?

L89e. Overall, how helpful were these services you received at (LOCATION)?  
Were they not at all helpful, somewhat helpful, or very helpful?

L89f. Who have you talked to or seen for these services at (LOCATION)? **[CIRCLE ALL MENTIONS.]**

L89g. Which one did you talk to or see most often? **[ENTER THE PROVIDER CODE FOR THE MOST FREQUENT PROVIDER.]**

L95b. VOCATIONAL OTHER PLACE

LOCATION #1  
(SPECIFY) \_\_\_\_\_

L95b. VOCATIONAL OTHER PLACE

LOCATION #2  
(SPECIFY) \_\_\_\_\_

L89c. REFERRAL

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

L89c. REFERRAL

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

L89d. DAYS

---

L89d. DAYS

---

L89e. HELPFULNESS

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

L89e. HELPFULNESS

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

L89f. PROVIDERS

---

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 27 VOCATIONAL COUNSELOR
- 29 TEACHER
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM (SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

L89f. PROVIDERS

---

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 27 VOCATIONAL COUNSELOR
- 29 TEACHER
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM (SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

L89g. MOST FREQUENT PROVIDER

---

FREQUENT PROVIDER CODE

L89g. MOST FREQUENT PROVIDER

---

FREQUENT PROVIDER CODE



L90. During the past 3 months, have you received any scheduled classes, counseling, or help specifically to improve your education or your reading and writing?

01 YES

02 NO → GO TO L96

L91. Have you received these services at this program?

01 YES

02 NO → GO TO L95

L92. Who have you seen or talked to for these services here? **[CIRCLE ALL MENTIONS.]**

● 01 PRIMARY/REGULAR COUNSELOR

● 02 CASE MANAGER

● 11 OTHER COUNSELOR

● 12 OTHER CASE MANAGER

● 13 SOCIAL WORKER

● 21 PSYCHOLOGIST

● 22 PSYCHIATRIST

● 23 NURSE

● 27 VOCATIONAL COUNSELOR

● 29 TEACHER

● 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM

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

● 91 OTHER (SPECIFY) \_\_\_\_\_

L92a. Which 2 have you seen or talked to most often? **[ENTER CODES AND SPECIFY FOR 2 MOST FREQUENT.]**

1.   PROVIDER #1 (SPECIFY) \_\_\_\_\_

2.   PROVIDER #2 (SPECIFY) \_\_\_\_\_

L93. How many times have you met with your (PROVIDER #1 FROM L92a)?

--	--	--

 TIMES

L93a. How long did (this session last/these sessions usually last)?

--	--	--

 MINUTES

L93b. When you have met with your (PROVIDER #1 FROM L92a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 EDUCATIONAL NEEDS ASSESSMENT OR TESTING
- 02 ADULT BASIC EDUCATION IN READING AND WRITING
- 03 PREPARATION FOR GED OR HIGH SCHOOL EQUIVALENCY EXAM
- 04 GED CLASSES OR OTHER EDUCATION COURSES
- 05 TUTORING IN READING, WRITING, MATH, OR OTHER BASIC SKILLS
- 06 REFERRAL TO SCHOOLS, TRAINING, OR VOCATIONAL REHABILITATION
- 07 GENERAL COUNSELING ABOUT EDUCATION PLANS AND OPPORTUNITIES
- 08 OTHER

L93c. How helpful was this service from your (PROVIDER #1 FROM L92a)? Would you say . . .

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

**SKIP: IF ONLY ONE PROVIDER IS CODED IN L92a, GO TO L95.**



L94. How many times have you met with your (PROVIDER #2 FROM L92a)?

--	--	--

 TIMES

L94a. How long did (this session last/these sessions usually last)?

--	--	--

 MINUTES

L94b. When you have met with your (PROVIDER #2 FROM L92a), what kinds of things have you usually dealt with? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

VERBATIM \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 01 EDUCATIONAL NEEDS ASSESSMENT OR TESTING
- 02 ADULT BASIC EDUCATION IN READING AND WRITING
- 03 PREPARATION FOR GED OR HIGH SCHOOL EQUIVALENCY EXAM
- 04 GED CLASSES OR OTHER EDUCATION COURSES
- 05 TUTORING IN READING, WRITING, MATH, OR OTHER BASIC SKILLS
- 06 REFERRAL TO SCHOOLS, TRAINING, OR VOCATIONAL REHABILITATION
- 07 GENERAL COUNSELING ABOUT EDUCATION PLANS AND OPPORTUNITIES
- 08 OTHER

L94c. How helpful was this service from your (PROVIDER #2 FROM L92a)? Would you say . . .

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

L95. During the past 3 months, have you received any scheduled classes, counseling, or help to improve your education or your reading and writing at some place other than this program?

01 YES



02 NO → GO TO L96

L95a. Where (else) have you received these services? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

L95b. Which 2 locations did you visit most often? **[RECORD THE 2 LOCATIONS VISITED MOST FREQUENTLY AT THE TOP OF THE NEXT PAGE AND ENTER APPROPRIATE CODE FROM THE LIST BELOW.]**

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

- 01 PUBLIC SCHOOL SYSTEM
- 02 JUNIOR COMMUNITY COLLEGE
- 03 FOUR-YEAR COLLEGE OR GRADUATE PROGRAM
- 04 PRIVATE EDUCATION PROGRAM
- 05 PUBLIC AGENCIES (VOCATIONAL REHABILITATION, EMPLOYMENT SERVICE)
- 06 OTHER

**[FOR EACH OF THE 2 LOCATIONS RECORDED ON THE NEXT PAGE, ASK L95c-g. RECORD ANSWERS IN APPROPRIATE COLUMN.]**

L95c. Who referred you to (LOCATION)? Was it a staff member in this program, someone else, or did you go to (LOCATION) on your own? **[CIRCLE CODE IN APPROPRIATE COLUMN.]**

L95d. On how many days have you received these services at (LOCATION)?

L95e. Overall, how helpful were these services you received at (LOCATION)?  
Were they not at all helpful, somewhat helpful, or very helpful?

L95f. Who have you talked to or seen for these services at (LOCATION)? **[CIRCLE ALL MENTIONS.]**

L95g. Which one did you talk to or see most often? **[ENTER THE PROVIDER CODE FOR THE MOST FREQUENT PROVIDER.]**

**L95b. EDUCATION OTHER PLACE**

LOCATION #1  
(SPECIFY) \_\_\_\_\_

**L95b. EDUCATION OTHER PLACE**

LOCATION #2  
(SPECIFY) \_\_\_\_\_

**L95c. REFERRAL**

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

**L95c. REFERRAL**

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

**L95d. DAYS**

---

**L95d. DAYS**

---

**L95e. HELPFULNESS**

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

**L95e. HELPFULNESS**

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

**L95f. PROVIDERS**

---

- **01 PRIMARY/REGULAR COUNSELOR**
- **02 CASE MANAGER**
- 27 VOCATIONAL  
SPECIALIST/COUNSELOR
- 29 TEACHER
- 71 STAFF FROM SCHOOL OR OTHER  
AGENCIES  
(SPECIFY) \_\_\_\_\_
- 91 OTHER PROGRAM STAFF  
(SPECIFY) \_\_\_\_\_

**L95f. PROVIDERS**

---

- **01 PRIMARY/REGULAR COUNSELOR**
- **02 CASE MANAGER**
- 27 VOCATIONAL  
SPECIALIST/COUNSELOR
- 29 TEACHER
- 71 STAFF FROM SCHOOL OR OTHER  
AGENCIES  
(SPECIFY) \_\_\_\_\_
- 91 OTHER PROGRAM STAFF  
(SPECIFY) \_\_\_\_\_

**L95g. MOST FREQUENT PROVIDER**

---

FREQUENT PROVIDER CODE

**L95g. MOST FREQUENT PROVIDER**

---

FREQUENT PROVIDER CODE

L96. During the past 3 months, have you received any scheduled services to help with legal problems?

01 YES                      02 NO → **GO TO L102**

L97. Have you received these services at this program?

01 YES                      02 NO → **GO TO L101**

L98. Who have you seen or talked to for these services? [**CIRCLE ALL MENTIONS.**]

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 27 VOCATIONAL COUNSELOR
- 28 CERTIFIED FAMILY COUNSELOR
- 29 TEACHER
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM  
(SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

L98a. Which 2 did you see most frequently? [**ENTER CODES AND SPECIFY FOR 2 MOST FREQUENT.**]

1.   PROVIDER #1 (SPECIFY) \_\_\_\_\_

2.   PROVIDER #2 (SPECIFY) \_\_\_\_\_

L99. How many times have you met with your (PROVIDER #1 FROM L98a) for help with a legal problem?

TIMES

L99a. What types of services or help have you received?

**[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 REPRESENTATION IN CIVIL CASE (DIVORCE, CUSTODY, ETC.)
- 02 REPRESENTATION IN CRIMINAL CASE
- 03 ASSISTANCE WITH PROBATION/PAROLE
- 04 ASSISTANCE WITH NONCOURT LEGAL MATTERS (WILL, DEED, ETC.)
- 05 REFERRAL TO LAWYER OR LEGAL AID
- 06 OTHER

L99b. How helpful was this service? Would you say . . .

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





**SKIP: IF ONLY ONE PROVIDER IS CODED IN L98a, GO TO L101.**

L100. How many times have you met with your (PROVIDER #2 FROM L98a) for help with a legal problem?

TIMES

L100a. What types of services or help have you received?  
**[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 REPRESENTATION IN CIVIL CASE (DIVORCE, CUSTODY, ETC.)
- 02 REPRESENTATION IN CRIMINAL CASE
- 03 ASSISTANCE WITH PROBATION/PAROLE
- 04 ASSISTANCE WITH NONCOURT LEGAL MATTERS (WILL, DEED, ETC.)
- 05 REFERRAL TO LAWYER OR LEGAL AID
- 06 OTHER

L100b. How helpful was this service? Would you say . . .

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

L101. During the past 3 months, have you received any scheduled services at some place other than this program specifically to help with legal problems?

01 YES ↓      02 NO → **GO TO L102**

L101a. Who have you talked to or seen for these services? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

L101b. Which 2 did you talk to or see most often? **[RECORD THE 2 PROVIDERS SEEN MOST FREQUENTLY AT THE TOP OF THE NEXT PAGE AND ENTER APPROPRIATE CODE FROM THE LIST BELOW.]**

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

- 01 TASC PROGRAM STAFF
- 02 PAROLE OR PROBATION OFFICER
- 03 PRIVATE LAWYER
- 04 LEGAL AID
- 05 PUBLIC DEFENDER OR COURT-APPOINTED COUNSEL
- 06 OTHER LEGAL

**[FOR EACH OF THE 2 PROVIDERS YOU RECORDED ON THE NEXT PAGE, ASK L101c-e. RECORD ANSWERS IN APPROPRIATE COLUMN.]**

L101c. Who referred you to the (PROVIDER)? Was it a staff member in this program, someone else, or did you go to the (PROVIDER) on your own? **[CIRCLE CODE IN APPROPRIATE COLUMN.]**

L101d. On how many days have you received these services from the (PROVIDER)?

L101e. Overall, how helpful were these services you received from (PROVIDER)? Were they not at all helpful, somewhat helpful, or very helpful?

L101b. **LEGAL OTHER PLACE**

LOCATION #1  
(SPECIFY)

L101b. **LEGAL OTHER PLACE**

LOCATION #2  
(SPECIFY)

L101c. REFERRAL

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

L101c. REFERRAL

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

L101d. DAYS

---

L101d. DAYS

---

L101e. HELPFULNESS

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

L101e. HELPFULNESS

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

L102. During the past 3 months, have you received any scheduled services to help with financial problems?

- 01 YES                      02 NO → **GO TO L108**

L103. Have you received these services at this program?

- 01 YES                      02 NO → **GO TO L107**

L104. Who have you seen or talked to for these services? **[CIRCLE ALL MENTIONS.]**

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 27 VOCATIONAL COUNSELOR
- 28 CERTIFIED FAMILY COUNSELOR
- 29 TEACHER
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM  
(SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

L104a. Which 2 did you see or talk to most often? **[ENTER CODES AND SPECIFY FOR 2 MOST FREQUENT.]**

1.   PROVIDER #1 (SPECIFY) \_\_\_\_\_
2.   PROVIDER #2 (SPECIFY) \_\_\_\_\_

L105. How many times have you met with your (PROVIDER #1 FROM L104a) for help with financial problems?

TIMES

L105a. What types of services or help have you received?

**[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 COUNSELING
- 02 ASSISTANCE WITH BUDGETING AND MONEY MANAGEMENT
- 03 REFERRAL TO OUTSIDE AGENCY (SOCIAL SERVICES, SOCIAL SECURITY, VETERANS AFFAIRS, PRIVATE CHARITABLE ORGANIZATION)
- 04 EMERGENCY OR OTHER SPECIAL PURPOSE FUNDS
- 05 CONCRETE SERVICES (FOOD, CLOTHING, BUS TICKET, EYEGLASSES, ETC.)
- 06 OTHER

L105b. How helpful was this service? Would you say . . .

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



**SKIP: IF ONLY ONE PROVIDER IS CODED IN L104a, GO TO L107.**

L106. How many times have you met with your (PROVIDER #2 FROM L104a) for help with financial problems?

TIMES

L106a. What types of services or help have you received?

**[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

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

- 01 COUNSELING
- 02 ASSISTANCE WITH BUDGETING AND MONEY MANAGEMENT
- 03 REFERRAL TO OUTSIDE AGENCY (SOCIAL SERVICES, SOCIAL SECURITY, VETERANS AFFAIRS, PRIVATE CHARITABLE ORGANIZATION)
- 04 EMERGENCY OR OTHER SPECIAL PURPOSE FUNDS
- 05 CONCRETE SERVICES (FOOD, CLOTHING, BUS TICKET, EYEGLASSES, ETC.)
- 06 OTHER

L106b. How helpful was this service? Would you say . . .

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



L107. During the past 3 months, have you received any scheduled services at some place other than this program to help with financial problems?

01 YES



02 NO → GO TO L108

L107a. Where have you received these services? **[RECORD VERBATIM AND CIRCLE ALL MENTIONS.]**

L107b. Which 2 places did you visit most often? **[RECORD THE 2 LOCATIONS MOST FREQUENTLY VISITED AT THE TOP OF THE NEXT PAGE AND ENTER APPROPRIATE CODE FROM THE LIST BELOW.]**

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

- 51 SOCIAL SERVICES
- 52 VOCATIONAL REHABILITATION
- 53 VETERANS AFFAIRS
- 54 SOCIAL SECURITY
- 91 OTHER

**[FOR EACH OF THE 2 LOCATIONS YOU RECORDED ON THE NEXT PAGE, ASK L107c-e. RECORD ANSWERS IN APPROPRIATE COLUMN.]**

L107c. Who referred you to (LOCATION)? Was it a staff member in this program, someone else, or did you go to (LOCATION) on your own? **[CIRCLE CODE IN APPROPRIATE COLUMN.]**

L107d. On how many days have you received these services at (LOCATION)?

L107e. Overall, how helpful were these services you received at (LOCATION)? Were they not at all helpful, somewhat helpful, or very helpful?

L107b. **FINANCIAL OTHER PLACE**

LOCATION #1  
(SPECIFY)

L107b. **FINANCIAL OTHER PLACE**

LOCATION #2  
(SPECIFY)

L107c. REFERRAL

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

L107c. REFERRAL

---

- 01 PROGRAM
- 02 SOMEONE ELSE
- 03 SELF

L107d. DAYS

---

L107d. DAYS

---

L107e. HELPFULNESS

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

L107e. HELPFULNESS

---

- 00 NOT AT ALL
- 01 SOMEWHAT
- 02 VERY HELPFUL

L108. During the past 3 months, have you had any counseling sessions with your counselor or any other professional because of a crisis or an emergency?

01 YES ↓      02 NO → **GO TO L109**

L108a. During the past 3 months, how many counseling sessions have you had because of a crisis or an emergency?

SESSIONS

L108b. How helpful was this service? Would you say . . .

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

L109. During the past 3 months, have you received any unscheduled help from anyone at this program?

01 YES      02 NO

L110. During the past 3 months, have you received any unscheduled help from anyone at a place you've been referred to by this program?

01 YES      02 NO

**SKIP: IF L109 AND L110 ARE BOTH 02, GO TO L115.**

L111. How much has the unscheduled assistance that you received helped you . . .

	<b>Not at All</b>	<b>Somewhat</b>	<b>Very Much</b>
a. stop or cut down on your use of drugs? Would you say . . . . .	00	01	02
b. with other problems you may have had?. . . . .	00	01	02

**SKIP: IF ASSISTANCE HAS BEEN "NOT AT ALL HELPFUL" OR N/A, GO TO L113.**

L112. What about this unscheduled assistance has been most helpful? **[RECORD VERBATIM.]**

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

L113. During the past 3 months, who have you received this kind of help from?  
**[CIRCLE CODES FOR UP TO 4 MENTIONS.]**

- 01 PRIMARY/REGULAR COUNSELOR
- 02 CASE MANAGER
  
- 11 OTHER COUNSELOR
- 12 OTHER CASE MANAGER
- 13 SOCIAL WORKER
  
- 21 PSYCHOLOGIST
- 22 PSYCHIATRIST
- 23 NURSE
- 24 PHYSICIAN
- 25 PHYSICIAN'S ASSISTANT
- 26 DENTIST
- 27 VOCATIONAL COUNSELOR
- 28 CERTIFIED FAMILY COUNSELOR
- 29 TEACHER
  
- 71 STAFF FROM ANOTHER AGENCY WHO PROVIDED SERVICES AT THE PROGRAM  
(SPECIFY) \_\_\_\_\_
  
- 91 OTHER (SPECIFY) \_\_\_\_\_

**HAND RESPONDENT SHOW CARD 11.**

L114. During the past 3 months, how often have you received this kind of help for . . . ?

	NEVER	SOME SESSIONS	MOST SESSIONS	EVERY SESSION
a. your use of alcohol or alcoholism. . . . .	00	01	02	03
b. your use of (other) drugs and the problems they may have caused . . . . .	00	01	02	03
c. your emotional or mental health, including feeling down, depressed, tense, or anxious . . . . .	00	01	02	03
d. your relationship with your spouse, partner, child, or other family member . . . . .	00	01	02	03
e. your physical health, including any need for medical care . . . . .	00	01	02	03
f. your education, schooling, courses, or vocational training . . . . .	00	01	02	03
g. involvement with the police or courts or other legal matters . . . . .	00	01	02	03
h. your job or employment. . . . .	00	01	02	03
i. housing, transportation, or living expenses . . . . .	00	01	02	03
j. reducing risks for getting AIDS or other diseases such as hepatitis . . . . .	00	01	02	03
k. any other important issues				
01 YES                      02 NO → <b>GO TO L115</b>				
1. (SPECIFY) _____ . . . . .	00	01	02	03
2. (SPECIFY) _____ . . . . .	00	01	02	03
3. (SPECIFY) _____ . . . . .	00	01	02	03
4. (SPECIFY) _____ . . . . .	00	01	02	03

L115. During the past 3 months, which of the services you have received has been most helpful to you?  
**[RECORD VERBATIM AND ENTER SERVICE CODE.]**

VERBATIM \_\_\_\_\_

SERVICE

L116. During the past 3 months, which of the services you have received has been least helpful to you?  
**[RECORD VERBATIM AND ENTER SERVICE CODE.]**

VERBATIM \_\_\_\_\_

SERVICE

**CODE LIST — SERVICE CODES**

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

L117. During the past 3 months, have you noticed changes in your thoughts, feelings, or relationships?

01 YES ↓      02 NO → GO TO L118

L117a. Please tell me what changes you have noticed. **[RECORD UP TO 5 CHANGES VERBATIM.]**

L117b. You mentioned a change in (CHANGE)? What do you think caused this change?  
**[ENTER CODE FOR EACH CHANGE.]**

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

L117a. CHANGE	L117b. CAUSE
1. _____	_____ (SPECIFY)
2. _____	_____ (SPECIFY)
3. _____	_____ (SPECIFY)
4. _____	_____ (SPECIFY)
5. _____	_____ (SPECIFY)

L118. Now, please think about all the treatment you have received in this program during the past 3 months. Has this treatment helped you stop or cut down on your drug use?

01 YES      02 NO → GO TO L119

L118a. Would you say it has helped . . . ?

- 01 a little
- 02 a lot

L119. How much has this program helped you with other problems (besides drug problems) in the past 3 months?  
Would you say . . .

- 00 not at all
- 01 a little
- 02 a lot

L120. How many of the people in treatment here do you think are likely to be helped a good deal by this program?  
Would you say . . .

- 01 very few
- 02 some
- 03 most

**HAND RESPONDENT SHOW CARD 12**

L121. Now, I'd like to know your feelings about staying in this program, and how long you think you will continue in treatment here. During the past 3 months, how much pressure have you felt from . . . ?

	NONE	A LITTLE	A LOT
a. yourself to stay in this program until you complete your treatment . . . . .	00	01	02
b. your (husband/wife/partner) . . . . .	00	01	02
c. other family members . . . . .	00	01	02
d. people in the program, including staff and clients . . . . .	00	01	02
e. friends . . . . .	00	01	02
f. anyone else (SPECIFY) _____ . . . . .	00	01	02

L122. How likely are you to stay in this program until you complete your treatment? Would you say . . .

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

L123. Not counting what others think, such as the courts, the staff here, or your family and friends, how much longer do you feel you need to stay in this program to get the help you need?

YEARS	MONTHS	WEEKS
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>



**HAND RESPONDENT SHOW CARD 13.**

	<b>NOT AT ALL</b>	<b>A LITTLE BIT</b>	<b>VERY MUCH</b>
L124. How much do you feel your current counselor agrees with you about what would be useful goals for your treatment? . . . . .	00	01	02
L125. How much does your counselor show a sincere desire to understand you and your problems? . . . . .	00	01	02
L126. How much do you feel that you are working together with your counselor, that the two of you are joined in a struggle to overcome your problems? . . . . .	00	01	02
L127. How satisfied do you feel with treatment so far? . . . . .	00	01	02
L128. How much has the treatment you have received in this program so far matched with your ideas about what helps people in treatment? . . . . .	00	01	02

**TIME CHECKPOINT**

**DATE:**

MONTH                  DAY

**TIME:**     **AM / PM (CIRCLE ONE)**

HOUR                  MINUTE

# SECTION M. MINIMENTAL STATUS EXAM

[THIS SECTION IS TO BE ADMINISTERED ONLY IF YOU HAVE REASON TO QUESTION THE RESPONDENT'S ALERTNESS OR MENTAL FUNCTIONING OR IF RESPONDENT FAILS THE TRAILS TEST(S) IN SECTION C.]

M1. Now, I'd like to ask about your memory. Have you ever had occasion to talk to a doctor about problems with your memory?

01 YES                      02 NO

Let me ask you a few questions to check your concentration and memory.

**[RECORD ANSWER AND THEN CODE.]**

		RECORD ANSWERS	CORRECT	ERROR/ CAN'T DO/ REFUSE
M2. What is the year? .....	YEAR: _____		01	05
M3. What season of the year is it? .....	SEASON: _____		01	05
M4. What is the date? .....	DATE: _____		01	05
M5. What is the day of the week? .....	DAY: _____		01	05
M6. What is the month? .....	MONTH: _____		01	05
M7. Can you tell me where we are right now? For instance, what State are we in? .....	STATE: _____		01	05
M8. What (county/parish) are we in? .....	COUNTY/ PARISH: _____		01	05
M9. What (city/town) are we in? .....	CITY: _____		01	05
M10. A. What floor of the building are we on? .....	FLOOR: _____		01	05
	<b>[DO NOT RECORD ADDRESS!!! CHECK AGAINST CONTROL FORM.]</b>			
B. What is this address (IF INSTITUTIONALIZED) or name of this place? .....			01	05

M11. I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. The objects are . . . **[READ OBJECTS SLOWLY.]**

“Apple” “Table” “Penny”

Could you repeat the 3 items for me? **[SCORE FIRST TRIAL.]**

	CORRECT	ERROR/CAN'T DO/ REFUSE
a. APPLE . . . . .	01	05
b. TABLE. . . . .	01	05
c. PENNY . . . . .	01	05

REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED.

M12. Would you subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop?

**[COUNT ONLY 1 ERROR IF SUBJECT MAKES SUBTRACTION ERROR, BUT SUBSEQUENT ANSWERS ARE 7 LESS THAN THE ERROR. THIS QUESTION WILL NOT BE COUNTED FOR M21.]**

	RESPONSE	CORRECT	ERROR	SAYS CAN'T DO	REFUSE
a. (93)	___ . . . . .	01	05	07	-7
b. (86)	___ . . . . .	01	05	07	-7
c. (79)	___ . . . . .	01	05	07	-7
d. (72)	___ . . . . .	01	05	07	-7
e. (65)	___ . . . . .	01	05	07	-7

**[STOP]**

M13. Now, I am going to spell a word forwards and I want you to spell it backwards. The word is “WORLD,” W-O-R-L-D. Spell “world” backwards. **[REPEAT SPELLING IF NECESSARY, BUT NOT AFTER RESPONDENT BEGINS SPELLING. THIS QUESTION WILL NOT BE COUNTED FOR M21.]**

**[PRINT LETTERS]:**

___	___	___	___	___	___	___	___
D	L	R	O	W			
<b>[CIRCLE NUMBER OF ERRORS:</b>				<b>OR</b>	<b>REFUSED]</b>		
00	01	02	03	04	05		-7

M14. Now, what were the 3 objects I asked you to remember?

	CORRECT	ERROR/CAN'T DO/ REFUSE
a. APPLE . . . . .	01	05
b. TABLE. . . . .	01	05
c. PENNY . . . . .	01	05

	CORRECT	ERROR/ CAN'T DO/ REFUSE	HANDICAP	CAN'T READ (ENGLISH)
M15. <b>[SHOW WRIST WATCH]</b> What is this called? a. WATCH. . . . .	01	05	06	—
<b>[SHOW PENCIL]</b> What is this called? b. PENCIL . . . . .	01	05	06	—
M16. I'd like you to repeat a phrase after me. The phrase is . . . "No if's, and's or but's." . . . . .	01	05	06	—
<b>[ALLOW ONLY 1 TRIAL. CODE "01" REQUIRES AN ACCURATELY ARTICULATED REPETITION.]</b>				
M17. Read the words on this page and then do what it says. <b>[HAND "CLOSE YOUR EYES" CARD TO RESPONDENT. CODE "01" IF RESPONDENT CLOSES EYES.]</b> . . . . .	01	05	06	07

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

M18. **[READ FULL STATEMENT BEFORE HANDING PAPER. DO NOT REPEAT INSTRUCTIONS OR COACH.]**

I am going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap. **[HAND "CLOSE YOUR EYES" CARD TO RESPONDENT AGAIN.]**

	CORRECT	ERROR/CAN'T DO/ REFUSE	HANDICAP
a. TAKES PAPER IN RIGHT HAND . . . . .	01	05	06
b. FOLDS PAPER IN HALF . . . . .	01	05	06
c. PUTS PAPER DOWN ON LAP . . . . .	01	05	06

M19. Write any complete sentence on that piece of paper for me. **[SPELLING AND GRAMMATICAL ERRORS ARE ALLOWED.]**

- 01 CORRECT
- 05 ERROR/CAN'T DO
- 06 HANDICAP
- 07 CAN'T WRITE (ENGLISH)

**[TAKE BACK "CLOSE YOUR EYES" CARD.]**

M20. Here's a drawing. Please copy the drawing on the same paper. **[HAND RESPONDENT "PENTAGONS" CARD. CODE "01" IF RESPONDENT DRAWS 2 CONVEX 5-SIDED FIGURES, AND INTERSECTION MAKES A 4-SIDED FIGURE.]**

- 01 CORRECT
- 05 ERROR/CAN'T DO
- 06 HANDICAP

**[TAKE BACK "PENTAGONS" CARD.]**

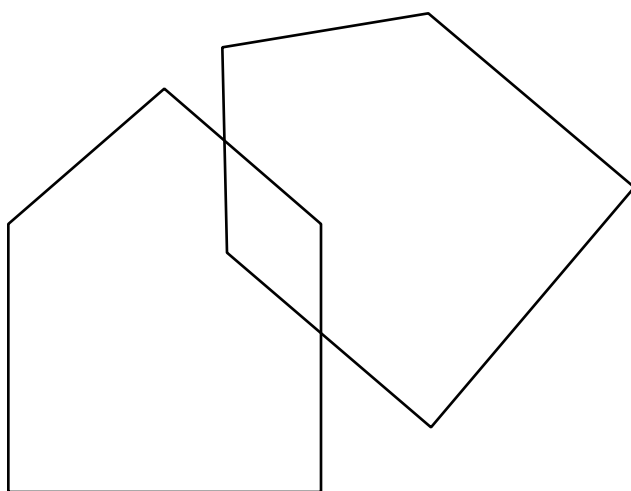
M21. ARE 12 OR MORE "05's" CODED IN M2-M11 AND M14-M20?

- 01 YES → **THANK RESPONDENT FOR DOING INTERVIEW → COMPLETE TIME CHECKPOINT BELOW.**
- 02 NO → **RETURN TO LAST QUESTION ASKED BEFORE SKIPPING AND CONTINUE, BUT NOT MORE THAN 3 HOURS TOTAL.**

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

**CLOSE YOUR  
EYES**







# **PENTAGONS**

SECTION N.  
INTERVIEWER OBSERVATIONS

--

[COMPLETE THIS SECTION AFTER THE INTERVIEW IS FINISHED.]

N1. DID THE RESPONDENT ANSWER ALL APPLICABLE QUESTIONS?

01 YES

02 NO

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

01 YES → **GO TO N4**

02 NO

N2a. HOW MANY QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?

--	--	--

QUESTIONS

N2b. WHICH QUESTIONS DID THE RESPONDENT NOT UNDERSTAND?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

N3. WHY DO YOU THINK THE RESPONDENT DID NOT UNDERSTAND THE QUESTIONS?  
**[CIRCLE ALL THAT APPLY.]**

- 01 INTELLECTUALLY UNABLE

HOW SEVERE WOULD YOU SAY THE INTELLECTUAL DIFFICULTY WAS?

- 01 MILD
- 02 MODERATE
- 03 EXTREME

- 02 LANGUAGE BARRIER

HOW SEVERE WOULD YOU SAY THE LANGUAGE BARRIER WAS?

- 01 MILD
- 02 MODERATE
- 03 EXTREME

- 03 PHYSICALLY UNABLE

HOW SEVERE WOULD YOU SAY THE PHYSICAL DIFFICULTY WAS?

- 01 MILD
- 02 MODERATE
- 03 EXTREME

- 04 OTHER (SPECIFY) \_\_\_\_\_

HOW SEVERE WOULD YOU SAY THIS DIFFICULTY WAS?

- 01 MILD
- 02 MODERATE
- 03 EXTREME

N4. WAS THE INTERVIEW A BREAK-OFF?

01 YES

02 NO → GO TO N5

N4a. WHAT WAS THE REASON FOR THE BREAK-OFF? **[CIRCLE ALL THAT APPLY.]**

- 01 INTERVIEWER EMERGENCY
- 02 RESPONDENT EMERGENCY
- 03 RESPONDENT TIRED, BORED
- 04 RESPONDENT ANGRY ABOUT QUESTIONS
- 05 RESPONDENT UPSET ABOUT QUESTIONS
- 06 OTHER (SPECIFY) \_\_\_\_\_

N4b. WHAT WAS LAST QUESTION ANSWERED BY THE RESPONDENT?

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

N5. WHAT WAS THE RESPONDENT'S RESPONSE TO A POSSIBLE FUTURE INTERVIEW?

- 01 EAGER
- 02 RECEPTIVE
- 03 NO REACTION
- 04 RELUCTANT
- 05 REFUSED
- 06 NOT DISCUSSED

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

- 01 YES
- 02 NO → **GO TO N7**

N6a. HOW LONG HAD THE INTERVIEW GONE ON BEFORE IT WAS INTERRUPTED THE FIRST TIME?

--	--

HOURS

--	--

MINUTES

N6b. AFTER WHAT QUESTION DID THE INTERRUPTION OCCUR?

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

N7. PLEASE DESCRIBE THE RESPONDENT AND INTERVIEW:

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## **ONSET/REGENCY**

Within the month before admission

Within the past 12 months

More than 1 year ago