

Health Evaluation & Linkage to Primary Care



P R O J E C T

BASELINE INSTRUMENT (2)

SUBJECT ID LABEL

DATE: _____ / _____ / _____

INTERVIEWER
INITIALS: _____

LOCATION: River Street Detox.

BMC/GCRC

Other _____

8/26/97

SECTION A DEMOGRAPHICS

A1. Patient's gender

Male	1
Female	2

A2. What is your date of birth? _____ / _____ / _____
m m d d y y y y

A3. What race do you consider yourself? (circle one)

African American or Black (not of Hispanic origin)	1
White (not of Hispanic origin)	2
Hispanic/Latino	
Which group best describes your ancestry?	
Dominican	3
Puerto Rican	4
Other _____	5
Asian or Pacific Islander	6
Native American	7
Other _____	8

A4. Where were you born?

U.S.A.	1
Puerto Rico	2
Other _____	3
(Specify)	

A5. In the last 10 years, how many years have you lived in the U.S.A.? _____ years
(enter 00 if less than 1 year)

A6. What is your first language?

English	1 →(SKIP TO A9.)
Spanish	2
French	3
Haitian Creole	4
Other _____	5

A7. In what language do you usually think?

English	1
Spanish	2
French	3
Haitian Creole	4
Other _____	5

A8. If you see a doctor, in what language would you prefer to speak to the doctor?

English	1
Spanish	2
French	3
Haitian Creole	4
Other _____	5

A9. How many years of education have you completed? _____ years
(enter 00 if no formal education; enter 01 if first grade or less)

A10. What is your current marital status?

Married	1
Remarried	2
Widowed	3
Separated	4
Divorced	5
Never Married	6

A11. Do you currently have:

	<u>NO</u>	<u>YES</u> <i>(YES = living)</i>	<u>DON'T KNOW</u>
A11a. a living mother	0	1	7
A11b. a living father	0	1	7
A11c. siblings	0	1	7
A11d. a partner (<i>spouse, boyfriend, girlfriend</i>)	0	1	7
A11e. children	0	1	7

A12a. What is your usual occupation? _____

A12b. Hollingshead Categories:

(Circle one)

1. Higher execs, major professionals, owners of large businesses.
2. Business managers if medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, little businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, policeman, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployment).
8. Homemaker.
9. Student, disabled, no occupation.

A13. What has been your usual employment pattern in the past six months?

Full time	1
Part time (< 35 hrs/wk)	2
Student (full time)	3
Unemployed	4
Controlled environment (jail, prison, or other institution)	5

A14. In the last six months, who did you usually live with?

NO YES

A14a. Alone	0	1
A14b. Partner	0	1
A14c. Parent(s)	0	1
A14d. Children	0	1
A14e. Other family	0	1
A14f. Friend(s)	0	1
A14g. Other _____	0	1

A15. In the last six months, how many nights have you spent in ?

(# of nights 000-180; 777 = don't know)

- | | |
|--------------------------------------|--------------|
| A15a. an overnight shelter | _____ nights |
| A15b. on the street, without shelter | _____ nights |
| A15c. a jail | _____ nights |

A16. In the past five years, how many months have you spent in ?

(> 2 weeks, round up; # of months 00-60)

- | | |
|--------------------------------------|--------------|
| A16a. an overnight shelter | _____ months |
| A16b. on the street, without shelter | _____ months |
| A16c. a jail | _____ months |

A17. In the past six months, have you received any of the following kinds of income:
(including income for dependents)

	<u>NO</u>	<u>YES</u>	<u>DON'T KNOW</u>
A17a. SSI or Supplemental Security Income	0	1	7
A17b. SSDI or Social Security Disability Income	0	1	7
A17c. AFDC or Aid to Families with Dependent Children	0	1	7
A17d. EAEDC (General Relief)	0	1	7
A17e. WIC or Women, Infants, and Children	0	1	7
A17f. Unemployment Benefits	0	1	7
A17g. Workman's Compensation	0	1	7
A17h. Child Support	0	1	7
A17i. Other _____	0	1	7

A18. What was the most money that you made from all sources (including benefits, unreported income, and illegal means) in any one year in the last five years?

(before taxes; round-up to the nearest 1,000))

Less than \$5,000	1
\$5,000 - \$10,000	2
\$11,000 - \$19,000	3
\$20,000 - \$29,000	4
\$30,000 - \$39,000	5
\$40,000 - \$49,000	6
\$50,000 or more	7
Don't know	8
Refused	9

SECTION B

SF-36 HEALTH SURVEY INTERVIEWER: *Read questions as written, no explanations.*

Instructions: This section asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

If you are unsure about how to answer a question, please give the best answer you can.

- B1. In general, would you say your health is: (Show Card 1)

Circle one

Excellent	1
Very Good	2
Good	3
Fair	4
Poor	5

- B2. Compared to one year ago, how would you rate your health in general now? (Show Card 2)

Much better now than one year ago	1
Somewhat better now than one year ago	2
About the same	3
Somewhat worse now than one year ago	4
Much worse now than one year ago	5

- B3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

(Show Card 3)

	Yes <u>Limited a lot</u>	Yes <u>Limited a little</u>	No <u>Not limited at all</u>
--	-----------------------------	--------------------------------	---------------------------------

B3a. Vigorous activities such as running, lifting heavy objects, participating in strenuous sports	1	2	3
B3b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
B3c. Lifting or carrying groceries	1	2	3
B3d. Climbing several flights of stairs	1	2	3
B3e. Climbing one flight of stairs	1	2	3

B3. (continued) Does your health now limit you in these activities? If so, how much?

	(Show Card 3)		
	Yes Limited a lot	Yes Limited a little	No Not limited at all
B3f. Bending, kneeling, or stooping	1	2	3
B3g. Walking more than a mile	1	2	3
B3h. Walking several blocks	1	2	3
B3i. Walking one block	1	2	3
B3j. Bathing or dressing yourself	1	2	3

B4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	<u>NO</u>	<u>YES</u>
B4a. Cut down on the amount of time you spent on work or other activities	0	1
B4b. Accomplished less than you would like	0	1
B4c. Were limited in the kind of work or other activities	0	1
B4d. Had difficulty performing the work or other activities (for example, it took extra effort)	0	1

B5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	<u>NO</u>	<u>YES</u>
B5a. Cut down the amount of time you spent on work or other activities	0	1
B5b. Accomplished less than you would like	0	1
B5c. Didn't do work or other activities as carefully as usual	0	1

B6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Show Card 4)

Not at all	1
Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

B7. How much bodily pain have you had during the past 4 weeks? (Show Card 5)

None	1
Very mild	2
Mild	3
Moderate	4
Severe	5
Very severe	6

B8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Show Card 6)

Not at all	1
A little bit	2
Moderately	3
Quite a bit	4
Extremely	5

B9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks....

(Show Card 7)						
All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	

- B9a. Did you feel full of pep?
"full of life", if subject doesn't understand
- B9b. Have you been a very nervous person?
- B9c. Have you felt so down in the dumps
that nothing could cheer you up?
- B9d. Have you felt calm and peaceful?

B9. (continued) How much of the time during the past 4 weeks....

(Show Card 7)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
B9e. Did you have a lot of energy?	1	2	3	4	5	6
B9f. Have you felt downhearted and blue?	1	2	3	4	5	6
B9g. Did you feel worn out?	1	2	3	4	5	6
B9h. Have you been a happy person?	1	2	3	4	5	6
B9i. Did you feel tired?	1	2	3	4	5	6

B10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
(Show Card 8)

All of the time	1
Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5

B11. How TRUE or FALSE is each of the following statements for you? (Show Card 9)

	Definitely <u>True</u>	Mostly <u>True</u>	Don't <u>Know</u>	Mostly <u>False</u>	Definitely <u>False</u>
B11a. I seem to get sick a little easier than other people	1	2	3	4	5
B11b. I am as healthy as anybody I know	1	2	3	4	5
B11c. I expect my health to get worse	1	2	3	4	5
B11d. My health is excellent	1	2	3	4	5

SECTION C
HEALTH/MEDICAL QUESTIONS
Chronic

C1. Now I'm going to ask you some questions about specific medical problems you may have had. Have you ever been told by a doctor that you had....?

	<u>NO</u>	<u>YES</u>
C1a. Seizures, epilepsy or convulsions	0	1
C1b. Asthma, emphysema or chronic lung disease	0	1
C1c. Heart attack (myocardial infarction)	0	1
C1d. Heart failure (congestive heart failure)	0	1
C1e. Other heart disease (requiring medication)	0	1
C1f. High blood pressure	0	1
C1g. Ongoing or chronic liver disease (for example: cirrhosis or "fatty liver"; chronic hepatitis B; C)	0	1
C1h. Kidney failure	0	1
C1i. Chronic arthritis or osteoarthritis (lasting more than 3 months; degenerative joint disease)	0	1
C1j. Peripheral neuropathy (constant numbness, tingling, or burning in the feet)	0	1
C1k. Cancer	0	1
C1l. Diabetes	0	1
C1m. Stroke (cerebrovascular accident)	0	1

HEALTH/MEDICAL QUESTIONS

Episodic

C2. Have you ever had.....?
If so, have you had it in the last 6 months?

	<u>NO</u>	<u>YES</u>	Last 6 Months	
			<u>NO</u>	<u>YES</u>
C2a. Skin infections like cellulitis or an abscess	0	1 →	0	1
C2b. Pneumonia (which includes PCP)	0	1 →	0	1
C2c. Septic arthritis (which is a joint infection requiring antibiotics)	0	1 →	0	1
C2d. TB (tuberculosis)	0	1 →	0	1
C2e. Endocarditis (which is a heart infection)	0	1 →	0	1
C2f. An ulcer (peptic, stomach, or intestinal/duodenal)	0	1 →	0	1
C2g. Pancreatitis	0	1 →	0	1
C2h. Abdominal or stomach pain requiring an overnight hospital stay	0	1 →	0	1
C2i. Vomiting (throwing up) blood	0	1 →	0	1
C2j. Hepatitis (which is acute liver disease, A or symptomatic B; C)	0	1 →	0	1
C2k. Blood clots in the legs or lungs	0	1 →	0	1
C2l. Osteomyelitis (which is a bone infection)	0	1 →	0	1
C2m. Chest pain while using cocaine resulting in an emergency room visit or hospital stay.	0	1 →	0	1
C2n. Jaundice (turning yellow)	0	1 →	0	1
C2o. Low back pain lasting more than 3 months that required medical attention.	0	1 →	0	1
C2p. Seizures or Convulsions	0	1 →	0	1

C2. (continued) Have you ever had.....?
If so, have you had it in the last 6 months?

					Last 6 Months	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
C2q. Drug or alcohol overdose requiring you to go to the emergency room (requiring medical attention right away)	0	1	→	0	1	
C2r. A gunshot wound (been shot)	0	1	→	0	1	
C2s. A stab wound (been stabbed or cut)	0	1	→	0	1	
C2t. <u>Any</u> accidents or falls requiring medical attention	0	1	→	0	1	
C2u. Fractures (broken) or dislocations to your bones or joints	0	1	→	0	1	
C2v. An injury from a road traffic accident such as a car or motorcycle	0	1	→	0	1	
C2w. A head injury	0	1	→	0	1	

HEALTH/MEDICAL QUESTIONS

Sexually-Transmitted Diseases

Now I'm going to ask you about sexually-transmitted diseases you may have had.

C3. Have you ever had any of the following sexually-transmitted diseases?

	<u>NO</u>	<u>YES</u>	→	HOW MANY <u>TIMES?</u>	LAST 6 MONTHS?	
					<u>NO</u>	<u>YES</u>
C3a1. Syphilis	0	1	→	_____ times	0	1
C3b1. Gonorrhea (Clap, Drip)	0	1	→	_____ times	0	1
C3c1. Chlamydia	0	1	→	_____ times	0	1
C3d. Genital Warts	0	1				
C3e. Genital Herpes	0	1				
C3f1. Other STD's (Crabs, Hepatitis B,etc. - not HIV) (specify _____)	0	1	→	_____ times	0	1

C3g1. Have you ever been 0 1 → _____ times 0 1

tested for HIV or AIDS?

If NO, skip to Page 14.



C3g4. What was the result of the last test?

Positive	1
Negative	2
Refused to answer	3
Never obtained result	4
Inconclusive	5

IF FEMALE, ASK #C3h1 - C3k:

(IF MALE LEAVE BLANK, GO TO PAGE 15)

			HOW MANY <u>TIMES?</u>	LAST 6 MONTHS	
	<u>NO</u>	<u>YES</u>		<u>NO</u>	<u>YES</u>
C3h1. Have you ever had Pelvic Inflammatory Disease (PID)	0	1	→ _____ times	0	1

C3i. Have you ever had a Pap test or Pap smear (a test for cervical cancer done by your doctor during a pelvic or women's exam)?

No	0
Yes	1
Don't know	7

C3j. Have you had a Pap test or Pap smear in the last 3 years?

No	0
Yes	1
Don't know	7

C3k. Are you now pregnant?

No	0
Yes	1
Don't know	7

of months _____

SECTION D MEDICAL STATUS - ASI

Now I would like to ask you general questions about medical care and medical problems that you may have had in your lifetime.

- D1. How many times in your life have you been hospitalized for medical problems? _____ times
(include O.D's, D.T.'s, exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.)

- D2. Are you taking any prescribed medication on a regular basis for a physical problem? _____
*(Medication prescribed by a MD for medical conditions; not psychiatric medicines.
Include medicines prescribed whether or not the patient is currently taking them.
The intent is to verify chronic medical problems.)*

NO YES
 0 1

- *D3. How many days have you experienced medical problems in the past 30 before _____ days detox.? _____
*(Do not include ailments directly caused by drugs/alcohol. Include flu, colds, etc.
Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g. cirrhosis of liver, abscesses from needles, etc.)*

For questions D4 & D5 ask the patient to use the Patient Rating Scale. (Show Card 10)

0. Not at All
1. Slightly
2. Moderately
3. Considerably
4. Extremely

- *D4. How troubled or bothered have you been by these medical problems in the _____ (0-4)
past 30 days before detox.? *(Restrict response to problem days of Question 3.)*

- *D5. How important to you now is treatment for these medical problems? _____ (0-4)
(Refers to the need for additional medical treatment by the patient.)

SECTION E

HEALTH CARE USE

Now, I'm going to ask about substance abuse services and health related services you may have received.

- E1. In the past six months, did you have any of the following types of health benefits that paid for your medical care expenses? Do you have that source of insurance now?
(this does not include free care)

*If YES to SSI, SSDI, AFDC, or EAEDC (Section A) probe about MassHealth or other Medicaid.

	<u>NO</u>	<u>YES, BUT NOT NOW</u>	<u>YES NOW</u>
E1a. MassHealth (Medicaid Managed Care)	0	1	2
E1b. Other Medicaid (CommonHealth, etc.)	0	1	2
E1c. Medicare	0	1	2
E1d. Health insurance from a job or a family member's job	0	1	2
(If yes, please specify _____)			
E1e. Any other program or plan	0	1	2
(If yes, please specify _____)			

In this next section I will ask about alcohol and/or drug treatment received in the last six months.

- E2a. In the last six months, have you been in a detoxification program for alcohol or drug problems? *(excluding current detox.)*

No 0 → (SKIP TO E3a.)
Yes 1

E2b. How many times in the last six months did you enter a **detox program**?

(enter total # of times) E2b. _____ times

E2c. How many nights all together in the last six months did you stay overnight in a **detox program**?

(enter total # of nights) E2c. _____ (0-180; enter 777 if don't know)

E2d. Please tell me the names of the **detoxification programs** in which you stayed overnight or longer in the last six months.

	<u>NO</u>	<u>YES</u>
E2d1. River Street Detoxification Center	0	1
E2d2. Andrew House Detoxification	0	1
E2d3. Beacon Detoxification	0	1
E2d4. Boston Detoxification Program	0	1
E2d5. CASPAR	0	1
E2d6. Catholic Charities	0	1
E2d7. Center for Addictive Behaviors (CAB)	0	1
E2d8. Dimock Detoxification	0	1
E2d9. Faulkner Hospital Detoxification	0	1
E2d10. Faxon - Quincy Detoxification	0	1
E2d11. Long Island Detoxification	0	1
E2d12. Marathon Detoxification	0	1
E2d13. Spectrum Addiction Services	0	1
E2d14. Other _____	0	1
E2d15. Other _____	0	1

E3a. In the last six months, have you been in a **holding unit** for alcohol or drug problems?

No 0 → (SKIP TO E4a.)
Yes 1

E3b. How many times in the last six months did you enter a **holding unit**?

(enter total # of times) E3b. _____ times

E3c. How many nights all together in the last six months did you stay in a **holding unit**?

(enter total # of nights) E3c. _____ (0-180; enter 777 if don't know)

E3d. Please tell me the names of the **holding units** in which you stayed overnight or longer in the last six months.

	<u>NO</u>	<u>YES</u>
E3d1. Boston Holding TCF	0	1
E3d2. Long Island Holding	0	1
E3d3. Shattuck Stabilization	0	1
E3d4. STAIR	0	1
E3d5. Middlesex (STIT)	0	1
E3d6. Women's Hope	0	1
E3d7. Other _____	0	1
E3d8. Other _____	0	1

E4a. In the last six months, have you been in a **halfway house or other residential facility** (*not a detoxification center*) for alcohol or drug problems?

No 0 → (SKIP TO E5a.)
Yes 1

E4b. How many times in the last six months did you enter a **halfway house or other residential facility**?

(enter total # of times) E4b. _____ times

E4c. How many nights all together in the last six months have you been in a **halfway house or other residential facility**?

(enter total # of nights) E4c. _____ (0-180; enter 777 if don't know)

E4d. Please tell me the names of the **halfway houses or other residential facilities** in which you have stayed overnight or longer in the last six months.

	<u>NO</u>	<u>YES</u>
E4d1. Casa Esperanza	0	1
E4d2. Hello House	0	1
E4d3. Victory House	0	1
E4d4. Harbor Lights	0	1
E4d5. Granada House	0	1
E4d6. Entre La Familia	0	1
E4d7. Shepard House	0	1
E4d8. Women's Inc.	0	1
E4d9. Womanplace/CASPAR	0	1
E4d10. Hope House	0	1
E4d11. Interim House	0	1
E4d12. Gavin House	0	1

	<u>NO</u>	<u>YES</u>
E4d13. Meridian House	0	1
E4d14. Other _____	0	1
E4d15. Other _____	0	1

E5a. In the last six months, have you been in a **day treatment program** for alcohol or drug problems?

No 0 → (SKIP TO E6.)
 Yes 1

E5b. How many days all together in the last six months did you attend a **day treatment program**?

(enter total # of days) E5b. _____ (0-180; enter 777 if don't know)

E5c. Please tell me the names of the **day treatment programs** that you have been to in the last six months.

E5c1. _____
 E5c2. _____
 E5c3. _____

E6. In the last six months, have you participated in any **methadone maintenance program**?

No 0
 Yes 1

E7a. In the last six months, have you been to a **substance abuse counselor** in an **outpatient program**? (*does not include residential programs, only outpatient*)

No 0 → (SKIP TO E8a.)
 Yes 1

E7b. How many visits all together in the last six months did you make to a **substance abuse counselor** in an **outpatient program**?

(enter total # of visits) E7b. _____ visits

E7c. Please tell me the names of the outpatient programs or clinics that you visited in the last six months for alcohol or drug problems?

E7cl.

E7c2.

E7c3.

E8a. In the last six months, have you received **counseling** for alcohol or drug problems from any of the following sources?

	<u>NO</u>	<u>YES</u>
E8a1. Doctor or Health Care Worker	0	1
E8a2. Priest/Minister/ Rabbi	0	1
E8a3. Employee Assistance Program	0	1
E8a4. Other	0	1

E9a. In the last six months (before detox.), did you attend any AA or NA meetings or self-help groups for alcohol, drug, or emotional problems?

No 0 → (SKIP TO E10a.)
Yes 1

E9b. Generally how often did you attend: (Show Card 11)
(excluding your time at any detox.)

Daily 2-3 times/week Weekly Every two weeks Once a month

This next section asks about **medical care** and **psychiatric care** received in the last six months.

E10a. In the last six months, have you been to a medical clinic, for example, a community clinic, a neighborhood health center, a mental health clinic, an outpatient clinic at a hospital or a private doctor's office?

No 0 → (SKIP TO E11a.)
Yes 1

E10b1. How many times in the last six months did you visit a **mental health clinic or mental health professional** (for example: a psychiatrist, psychologist, or counselor in an office or clinic setting)?

(enter total # of times) E10b1. _____ times

E10b2. How many times in the last six months did you visit a **medical clinic or private doctor?**

(enter total # of times) E10b2. _____ times

E10c. Please list the names of the **medical clinics, mental health clinics, or doctors** you visited in the last six months.

	<u>NO</u>	<u>YES</u>
E10c1. Boston Medical Center	0	1
E10c2. Bowdoin Street Health Center	0	1
E10c3. Brookside Community Health Center	0	1
E10c4. Bunker Hill Health Center	0	1
E10c5. Codman Square Health Center	0	1
E10c6. Dimock Community Health Center	0	1
E10c7. Dorchester House Multi-Service Center	0	1
E10c8. East Boston Neighborhood Health Center	0	1
E10c9. Geiger Gibson Community Health Center	0	1
E10c10. Harvard Street Neighborhood Health Center	0	1
E10c11. Martha Eliot Health Center	0	1
E10c12. Mattapan Community Health Center	0	1
E10c13. Neponset Health Center	0	1
E10c14. Roxbury Comprehensive Community Health Center	0	1
E10c15. South Boston Community Health Center	0	1
E10c16. South End Community Health Center	0	1
E10c17. Upham's Corner Health Center	0	1
E10c18. Whittier Street Neighborhood Health Center	0	1
E10c19. Private Doctor (_____)	0	1
E10c20. Private Doctor (_____)	0	1
E10c21. Private Doctor (_____)	0	1
E10c22. Other _____	0	1

E11a. In the last six months, have you been a patient in a **hospital**, overnight or longer?
(not including a detoxification program nor an emergency room stay only)

No 0 → (SKIP TO E12a.)
Yes 1

E11b. How many times in the last six months did you stay in a hospital overnight?

(enter total # of times) E11b. _____ times

E11c. How many nights all together in the last six months did you stay in a hospital?

(enter total # of nights) E11c. _____ (0-180; enter 777 if don't know)

E11d. Please tell me the names of the hospitals in which you have stayed overnight or longer in the last six months.

	<u>NO</u>	<u>YES</u>
E11d1. Beth Israel Deaconess Hospital	0	1
E11d2. Boston Medical Center	0	1
E11d3. Brigham and Women's Hospital	0	1
E11d4. Cambridge City Hospital	0	1
E11d5. Carney Hospital	0	1
E11d6. Solomon Carter Fuller Mental Health	0	1
E11d7. Mass. General Hospital	0	1
E11d8. Mt. Auburn Hospital	0	1
E11d9. New England Medical Center	0	1
E11d10. Shattuck Hospital	0	1
E11d11. Other _____	0	1

E12a. In the last six months, did you go to a hospital **emergency room** for medical care?

No 0 → (SKIP TO E13.)
Yes 1

E12b. How many times in the last six months did you go to a hospital **emergency room**?

(enter total # of times) E12b. _____ times

E12c. Please list the names of the hospital **emergency rooms** you went to in the last six months.

	<u>NO</u>	<u>YES</u>
E12d1. Beth Israel Deaconess Hospital	0	1
E12d2. Boston Medical Center	0	1
E12d3. Brigham and Women's Hospital	0	1
E12d4. Cambridge City Hospital	0	1
E12d5. Carney Hospital	0	1
E12d6. Solomon Carter Fuller Mental Health	0	1

	<u>NO</u>	<u>YES</u>
E12d7. Mass. General Hospital	0	1
E12d8. Mt. Auburn Hospital	0	1
E12d9. New England Medical Center	0	1
E12d10. Shattuck Hospital	0	1
E12d11. Other _____	0	1

E13. During the past two weeks, before this visit to detox., how many total visits to doctors did you make?

of visits _____

Now I'd like to ask you about your use of some other kinds of therapies and treatments.

E14. In the last six months, have you received any treatment from (Show Card 12)

	<u>NO</u>	<u>YES</u>
E14a. an acupuncturist	0	1
E14b. a chiropractor	0	1
E14c. a practitioner of holistic, herbal, or homeopathic medicine	0	1
E14d. a spiritual healer	0	1
E14e. have you had biofeedback	0	1
E14f. hypnosis	0	1
E14g. other _____	0	1

E15a. In the last six months before detox., did you ever try to get substance abuse services?

No 0 → (SKIP TO E16a.)

Yes 1 →

↓

E15b. Were you always able to get them?

No 0 → (CONTINUE TO E15c.)

Yes 1 → (SKIP TO E16a.)

E15c. What were the reasons? (Please tell me all that apply) (Show Card 13)

	<u>NO</u>	<u>YES</u>
E15c1. I could not pay for services.	0	1
E15c2. I did not know where to go for help.	0	1
E15c3. I could not get to services because of transportation problems.	0	1
E15c4. The office or clinic hours were inconvenient.	0	1
E15c5. I did not speak or understand English well enough.	0	1
E15c6. I was afraid others might find out about my problem.	0	1
E15c7. My substance abuse interfered (I chose to drink or drug instead).	0	1
E15c8. I did not have a babysitter or someone to watch my child/children.	0	1
E15c9. I did not want to lose my job.	0	1
E15c10. My insurance did not cover services.	0	1
E15c11. There were no beds available at the program.	0	1
E15c12. Other _____	0	1

E16a. Which of the following statements, if any, are reasons why you don't have a regular medical doctor? (Please tell me all that apply) (Show Card 14)

	<u>NO</u>	<u>YES</u>
E16a1. I cannot pay for services.	0	1
E16a2. I am not eligible for free care.	0	1
E16a3. I do not know where to go.	0	1
E16a4. I can't get to services because of transportation problems.	0	1
E16a5. The office or clinic hours are inconvenient.	0	1
E16a6. I do not speak or understand English well enough.	0	1
E16a7. I'm afraid others might find out about a health problem I have.	0	1
E16a8. My substance abuse interferes (I choose to drink or drug instead).	0	1
E16a9. I do not have a babysitter or someone to watch my child/children.	0	1
E16a10. I do not want to lose my job.	0	1
E16a11. My insurance does not cover services.	0	1
E16a12. I do not feel I need a regular doctor.	0	1
E16a13. Other _____	0	1

E17. Have you ever been a patient at Boston Medical Center (formerly Boston City Hospital)?

No	0
Yes	1
Don't know	7

SECTION F

THE CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION SCALE (CES-D) INTERVIEWER: *Read questions as written, no explanations.*

In this next section I will ask questions about emotional or psychological problems that you may have experienced.

- F1. First, I would like to read you a list of the ways you might have felt or behaved recently.
Please tell me how often you felt this way during the past week.

(Show Card 15)

	<i>Rarely or none of the time (less than 1 day)</i>	<i>Some or a little of the time (1-2 days)</i>	<i>Occasionally or a moderate amount of time (3-4 days)</i>	<i>Most or all of the time (5-7 days)</i>
--	---	--	---	---

During the past week...

F1a. I was bothered by things that usually don't bother me.	0	1	2	3
F1b. I did not feel like eating; my appetite was poor.	0	1	2	3
F1c. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
F1d. I felt that I was just as good as other people.	0	1	2	3
F1e. I had trouble keeping my mind on what I was doing.	0	1	2	3
F1f. I felt depressed.	0	1	2	3
F1g. I felt that everything I did was an effort.	0	1	2	3
F1h. I felt hopeful about the future.	0	1	2	3
F1i. I thought my life had been a failure.	0	1	2	3
F1j. I felt fearful.	0	1	2	3
F1k. My sleep was restless.	0	1	2	3

(Show Card 15)

	<i>Rarely or none of the time (less than 1 day)</i>	<i>Some or a little of the time (1-2 days)</i>	<i>Occasionally or a moderate amount of time (3-4 days)</i>	<i>Most or all of the time (5-7 days)</i>
<u>During the past week...</u>				
F11. I was happy.	0	1	2	3
F1m. I talked less than usual.	0	1	2	3
F1n. I felt lonely.	0	1	2	3
F1o. People were unfriendly.	0	1	2	3
F1p. I enjoyed life.	0	1	2	3
F1q. I had crying spells.	0	1	2	3
F1r. I felt sad.	0	1	2	3
F1s. I felt that people dislike me.	0	1	2	3
F1t. I could not get "going".	0	1	2	3

SECTION G
PSYCHOLOGICAL STATUS - (Questions from the ASI)

- G1. Now, I'm going to ask you some more questions about emotional experiences and feelings that you may have had.

	ask 1st		LIFETIME		PAST 30 DAYS	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
G1a. Have you had a significant period of time in which you have experienced trouble controlling violent behavior including episodes of rage, or violence? <i>(patient can be under the influence of alcohol/drugs.)</i>	0	1	→	0	1	
G1b. Have you experienced serious thoughts of suicide? <i>(patient seriously considered a plan for taking his/her life.)</i>	0	1	→	0	1	
G1c. Have you attempted suicide? <i>(Include actual suicidal gestures or attempts.)</i>	0	1	→	0	1	
G1d. Have you been prescribed medication for any psychological or emotional problems? <i>(Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.)</i>	0	1	→	0	1	

SECTION H DRUG/ALCOHOL USE - ASI

This next section will focus on questions about your alcohol and/or drug use.

Directions: How many days in the past 30 before detox., have you used.....?
How many years in your life have you regularly used.....? (3x/week or more)
How do you use it?

Route of Administration Types:

0. Not applicable
1. Oral
2. Nasal
3. Smoking
4. Non-IV Injection
5. IV

Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

	ask 1st (# of days) Past 30 Days	≥ 3x/week (# of years) Lifetime	Route of Admin
*H1. Alcohol (any use at all)	_____	_____	_____
*H2. Alcohol (to intoxication) (3 or more &/or 'feel the effects') (regular use can = 2 day binges/week)	_____	_____	_____
*H3. Heroin	_____	_____	_____
*H4. Methadone	_____	_____	_____
*H5. Other Opiates/Analgesics	_____	_____	_____
*H6. Barbiturates	_____	_____	_____
*H7. Sedatives/Hypnotics/Tranquilizers	_____	_____	_____
*H8. Cocaine (regular use can = 2 day binges/week)	_____	_____	_____

Directions: How many days in the past 30 before detox., have you used.....?
How many years in your life have you regularly used.....? (3x/week or more)
How do you use it?

Route of Administration Types:

0. Not applicable
1. Oral
2. Nasal
3. Smoking
4. Non-IV Injection
5. IV

Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

	ask 1st (# of days) Past 30 Days	≥ 3x/week (# of years) Lifetime	Route of Admin
*H9. Amphetamines	_____	_____	_____
*H10. Marijuana/Cannabis	_____	_____	_____
*H11. Hallucinogens	_____	_____	_____
*H12. Inhalants	_____	_____	_____
*H13. More than 1 substance per day (may include alcohol)	_____	_____	_____

H14. According to the interviewer, which substance is the major problem? _____ (00-16)
(Interviewer should determine the major drug of abuse. Code the number next to the drug in questions 01-12, "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug. Ask patient when not clear.)

H15. How many times have you had:

H15a. Alcohol DT's? _____ times
H15b. Overdosed on Drugs? _____ times

(Delirium Tremens (DT's): occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations: They usually require medical attention.)

(Overdoses (OD) : Requires intervention by someone to recover, not simply sleeping it off. Include suicide attempts by OD.)

*H16. How much money would you say you spent during the past 30 days (before detox.) on:

H16a. Alcohol? \$ _____
H16b. Drugs? \$ _____

(Only count actual money spent. What is the financial burden caused by drugs/alcohol?)

*H17. How many days in the past 30 (before detox.) have you experienced:

H17a. Alcohol Problems? _____ (0-30)
H17b. Drug Problems? _____ (0-30)

(Include only: craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.)

For questions H18 and H19, ask the patient to use the Patient Rating Scale. The patient is rating the need for additional substance abuse treatment.

(Show Card 16)

0. Not at All
1. Slightly
2. Moderately
3. Considerably
4. Extremely

*H18. How troubled or bothered have you been in the past 30 days (before detox.) by these:

H18a. Alcohol Problems? _____ (0-4)
H18b. Drug Problems? _____ (0-4)

*H19. How important to you now is treatment for these:

H19a. Alcohol Problems? _____ (0-4)
H19b. Drug Problems? _____ (0-4)

SECTION I

ALCOHOL QUANTITY QUESTIONS

INTERVIEWER: Refer to Page 28, Section H for use in the past 30 days.

Now I'd like to ask you a few more questions about your alcohol and drug use.

11. You said you drank ____ days out of the last 30 days before detox. On the _____ days that you drank, how many drinks on average did you have?
(What do you drink? How much?) _____ drinks

12. Was there any one day in the last 30 days before detox. that you drank more than the average? If yes, what was the most that you drank? _____ drinks

DRUG QUANTITY QUESTIONS

Heroin

13. You said you used heroin ____ days out of the last 30 days before detox. _____ bags
On the days that you used, on average, how many bags of heroin did you use?

14. Was there any one day in the last 30 days before detox. that you used more than the average number of bags? If yes, what was the highest number of bags? _____ bags

15. On average, how much money's worth do you use in a day? \$_____

Cocaine - Now I'm going to ask about your cocaine use, including bags and rocks.

- 16a. You said you used cocaine ____ days out of the last 30 days before detox. _____ bags
On the days that you used, on average, how many bags did you use?

- 16b. You said you used cocaine ____ days out of the last 30 days before detox. _____ rocks
On the days that you used, on average, how many rocks did you use?

- 17a. Was there any one day in the last 30 days before detox. that you used more than the average number of bags? If yes, what was the most that you used? _____ bags

- 17b. Was there any one day in the last 30 days before detox. that you used more than the average number of rocks? If yes, what was the most that you used? _____ rocks

18. On average, how much money's worth do you use in a day? \$_____

SECTION J
CUAD Physical Dependence Questions

INTERVIEWER: Ask these questions only if subject has used cocaine in the last 30 days.

SUBSTANCE #1: COCAINE

	<u>NO</u>	<u>YES</u>
J1. When you are using cocaine, do you ever feel that you don't stop when you want to or feel you should?	0	1
J2. Have you ever tried to cut down?	0	1
J3. Does cocaine take up a lot of your time?	0	1
J4. Do you need to use more cocaine to get the same feelings you used to by using less? <u>OR</u> Do you get less of a high by using the same amount?	0	1
J5a. Do you ever get physically sick when you stop using cocaine ?	0	1

IF YES:

J5b. Do you sometimes use in order to prevent this?

0 1

CUAD Physical Dependence Questions

INTERVIEWER: Ask these questions only if subject has used heroin in the last 30 days.

SUBSTANCE #2: HEROIN

	<u>NO</u>	<u>YES</u>
J6. When you are using heroin, do you ever feel that you don't stop when you want to or feel you should?	0	1
J7. Have you ever tried to cut down?	0	1
J8. Does heroin take up a lot of your time?	0	1
J9. Do you need to use more heroin to get the same feelings you used to by using less? <u>OR</u> Do you get less of a high by using the same amount?	0	1
J10a. Do you ever get physically sick when you stop using heroin ?	0	1

IF YES:

J10b. Do you sometimes use in order to prevent this?

0 1



SECTION K

SMOKING

K1. Do you currently smoke cigarettes?

- | | |
|--|-------------------------|
| Yes, every day | 1 |
| Yes, on some days | 2 |
| No, I am a former smoker; I have not smoked in more than 30 days | 3 → (SKIP TO SECTION L) |
| No, I have never smoked more than 100 cigarettes | 4 → (SKIP TO SECTION L) |

K2. On average, how many cigarettes do you smoke a day?

of cigarettes _____ (*1 pack = 20 cigarettes*)

K3. Are you seriously considering quitting cigarettes within the next 6 months?

No	0
Yes	1

SECTION L

ADS

Interviewer: Ask these questions only if subject has used alcohol in the last 30 days. Read questions as written, no explanations.

The word "drinking" in a question refers to "drinking of alcoholic beverages". These questions refer to the past 12 months.

L1. How much did you drink the last time you drank? (Show Card 17)

Enough to get high or less	1
Enough to get drunk	2
Enough to pass out	3

L2. Do you often have hangovers on Sunday or Monday mornings?

No	0
Yes	1

L3. Have you had the "shakes" when sobering up (hands tremble, shake inside)?

(Show Card 18)

No	0
Sometimes	1
Almost every time I drink	2

L4. Do you get physically sick (e.g. vomit, stomach cramps) as a result of drinking?

(Show Card 18)

No	0
Sometimes	1
Almost every time I drink	2

L5. Have you had the "DT's" (delirium tremens) - that is, seen, felt or heard things not really there; felt very anxious, restless, and over-excited? (Show Card 19)

No	0
Once	1
Several times	2

L6. When you drink, do you stumble about, stagger and weave? (Show Card 20)

No	0
Sometimes	1
Often	2

Please remember that this refers to the past 12 months.

L7. As a result of drinking, have you felt overly hot and sweaty (feverish)? (Show Card 21)

No	0
Once	1
Several times	2

L8. As a result of drinking, have you seen things that were not really there? (Show Card 21)

No	0
Once	1
Several times	2

L9. Do you panic because you fear you may not have a drink when you need it?

No	0
Yes	1

L10. Have you had blackouts ("loss of memory" without passing out) as a result of drinking?

(Show Card 22)

No, never	0
Sometimes	1
Often	2
Almost every time I drink	3

L11. Do you carry a bottle with you or keep one close at hand? (Show Card 23)

No	0
Some of the time	1
Most of the time	2

L12. After a period of abstinence (not drinking), do you end up drinking heavily again?

(Show Card 24)

No	0
Sometimes	1
Almost every time	2

L13. In the past 12 months, have you passed out as a result of drinking? (Show Card 25)

No	0
Once	1
More than once	2

Please remember that this refers to the past 12 months.

L14. Have you had a convulsion (fit) following a period of drinking? (Show Card 26)

No	0
Once	1
Several times	2

L15. Do you drink throughout the day?

No	0
Yes	1

L16. After drinking heavily, has your thinking been fuzzy or unclear? (Show Card 27)

No	0
Yes, but only for a few hours	1
Yes, for one or two days	2
Yes, for many days	3

L17. As a result of drinking have you felt your heart beating rapidly? (Show Card 28)

No	0
Once	1
Several times	2

L18. Do you almost constantly think about drinking and alcohol?

No	0
Yes	1

L19. As a result of drinking have you heard "things" that were not really there?

(Show Card 28)

No	0
Once	1
Several times	2

L20. Have you had weird and frightening sensations when drinking? (Show Card 29)

No	0
Once or twice	1
Often	2

Please remember that this refers to the past 12 months.

L21. As a result of drinking, have you "felt things" crawling on you that were not really there (e.g. bugs, spiders)? (Show Card 30)

No	0
Once	1
Several times	2

L22. With respect to blackouts (loss of memory): (Show Card 31)

Have never had a blackout	0
Have had blackouts that last less than an hour	1
Have had blackouts that last for several hours	2
Have had blackouts that last for a day or more	3

L23. Have you tried to cut down on your drinking and failed? (Show Card 32)

No	0
Once	1
Several times	2

L24. Do you gulp drinks (drink quickly)?

No	0
Yes	1

L25. After taking one or two drinks, can you usually stop?

No	0
Yes	1

SECTION M
INVENTORY OF DRUG USE CONSEQUENCES

(InDUC-2L) *INTERVIEWER: Read questions as written, no explanations.*

Instructions: Here are a number of events that people sometimes experience in relation to their use of alcohol and other drugs. Listen to each one carefully and tell me whether this has **EVER** happened to you. If any item does not apply to you, answer no.

Has this *EVER* happened to you?

Give one answer for each item.

NO **YES**

- | | | |
|---|---|---|
| M1. I have had a hangover or felt bad after drinking or using drugs. | 0 | 1 |
| M2. I have felt bad about myself because of my drinking or drug use. | 0 | 1 |
| M3. I have missed days of work or school because of my drinking or drug use. | 0 | 1 |
| M4. My family or friends have worried or complained about my drinking or drug use. | 0 | 1 |
| M5. I have enjoyed drinking or using drugs. | 0 | 1 |
| M6. The quality of my work has suffered because of my drinking or drug use. | 0 | 1 |
| M7. My ability to be a good parent has been harmed by my drinking or drug use. | 0 | 1 |
| M8. After drinking or using drugs, I have had trouble with sleeping, staying asleep, or nightmares. | 0 | 1 |
| M9. I have driven a motor vehicle while under the influence of alcohol or other drugs. | 0 | 1 |

Has this EVER happened to you?

Give one answer for each item.

NO

YES

M10. Drinking or using one drug has caused me to use other drugs more. 0 1

M11. I have been sick and vomited after drinking or using drugs. 0 1

M12. I have been unhappy because of my drinking or drug use. 0 1

M13. Because of my drinking or drug use, I have lost weight or not eaten properly. 0 1

M14. I have failed to do what is expected of me because of my drinking or drug use. 0 1

M15. Drinking or using drugs has helped me to relax. 0 1

M16. I have felt guilty or ashamed because of my drinking or drug use. 0 1

M17. While drinking or using drugs, I have said or done embarrassing things. 0 1

M18. When drinking or using drugs, my personality has changed for the worse. 0 1

M19. I have taken foolish risks when I have been drinking or using drugs. 0 1

M20. I have gotten into trouble because of drinking or drug use. 0 1

M21. While drinking or using drugs, I have said harsh or cruel things to someone. 0 1

M22. When drinking or using drugs, I have done impulsive things that I regretted later. 0 1

Has this *EVER* happened to you?

Give one answer for each item.

	<u>NO</u>	<u>YES</u>
M23. I have gotten into a physical fight while drinking or using drugs.	0	1
M24. My physical health has been harmed by my drinking or drug use.	0	1
M25. Drinking or using drugs has helped me to have a more positive outlook on life.	0	1
M26. I have had money problems because of my drinking or drug use.	0	1
M27. My marriage or love relationship has been harmed by my drinking or drug use.	0	1
M28. I have smoked tobacco more when I am drinking or using drugs.	0	1
M29. My physical appearance has been harmed by my drinking or drug use.	0	1
M30. My family has been hurt by my drinking or drug use.	0	1
M31. A friendship or close relationship has been damaged by my drinking or drug use.	0	1
M32. I have spent time in jail or prison because of my drinking or drug use.	0	1
M33. My sex life has suffered because of my drinking or drug use.	0	1
M34. I have lost interest in activities and hobbies because of my drinking or drug use.	0	1
M35. When drinking or using drugs, my social life has been more enjoyable.	0	1

Has this EVER happened to you?

Give one answer for each item.

NO YES

M36. My spiritual or moral life has been harmed by my drinking or drug use. 0 1

M37. Because of my drinking or drug use, I have not had the kind of life that I want. 0 1

M38. My drinking or drug use has gotten in the way of my growth as a person. 0 1

M39. My drinking or drug use has damaged my social life, popularity or reputation. 0 1

M40. I have spent too much or lost a lot of money because of my drinking or drug use. 0 1

M41. I have been arrested for driving under the influence of alcohol or other drugs. 0 1

M42. I have been arrested for other offenses (besides driving under the influence) related to my drinking or other drug use. 0 1

M43. I have lost a marriage or a close love relationship because of my drinking or drug use. 0 1

M44. I have been suspended/fired from or left a job or school because of my drinking or drug use. 0 1

M45. I have used drugs moderately, without having problems. 0 1

M46. I have lost a friend because of my drinking or drug use. 0 1

Has this *EVER* happened to you?

Give one answer for each item.

NO

YES

M47. I have had an accident while using or under the influence of alcohol or drugs. 0 1

M48. While using or under the influence of alcohol or drugs, I have been physically hurt, injured, or burned. 0 1

M49. While using or under the influence of alcohol or drugs, I have injured someone. 0 1

M50. I have broken things or damaged property while using or under the influence of alcohol or drugs. 0 1

**SECTION N
SOCIAL SUPPORT**

INTERVIEWER: Read questions as written, no explanations.

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with friends. For each statement there are three possible answers. Yes, No, Don't Know. Please use one answer for each question.

N1. Please think of your friends for these questions, I will ask about your family in the next section. If you have a partner (girlfriend or boyfriend) please decide whether this person will be considered your friend or your family.

		DON'T	
	NO	YES	KNOW
N1a. My friends give me the moral support I need.	0	1	7
N1b. Most other people are closer to their friends than I am.	0	1	7
N1c. My friends enjoy hearing about what I think.	0	1	7
N1d. I rely on my friends for emotional support.	0	1	7
N1e. There is a friend I could go to if I were just feeling down, without feeling funny about it later.	0	1	7
N1f. My friends and I are very open about what we <u>think</u> about things.	0	1	7
N1g. My friends are sensitive to my personal needs.	0	1	7
N1h. My friends are good at helping me solve problems.	0	1	7
N1i. I have a deep sharing relationship with a number of friends.	0	1	7
N1j. When I confide in friends, it makes me uncomfortable.	0	1	7
N1k. My friends seek me out for companionship.	0	1	7
N1l. I don't have a relationship with a friend that is as intimate as other people's relationship with friends.	0	1	7
N1m. I've recently gotten a good idea about how to do something from a friend.	0	1	7
N1n. I wish my friends were much different.	0	1	7

Directions: The next set of statements are similar to the last section, but will focus on your family. For each statement there are three possible answers: Yes, No, Don't Know. Please use one answer for each question.

N2. Please think of your family for these next questions.

	<u>NO</u>	<u>YES</u>	<u>DON'T KNOW</u>
N2a. My family gives me the moral support I need.	0	1	7
N2b. I get good ideas about how to do things or make things from my family.	0	1	7
N2c. Most other people are closer to their family than I am.	0	1	7
N2d. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.	0	1	7
N2e. My family enjoys hearing about what I <u>think</u> .	0	1	7
N2f. Members of my family share many of my interests.	0	1	7
N2g. I rely on my family for emotional support.	0	1	7
N2h. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.	0	1	7
N2i. My family and I are very open about what we think about things.	0	1	7
N2j. My family is sensitive to my personal needs.	0	1	7
N2k. Members of my family are good at helping me solve problems.	0	1	7
N2l. I have a deep sharing relationship with a number of members of my family.	0	1	7
N2m. When I confide in members of my family, it makes me feel uncomfortable.	0	1	7
N2n. I wish my family were much different.	0	1	7

SECTION O

SOCIAL NETWORK QUESTIONS

O1. Next, I will be asking you some more questions regarding your friends and family.

(Show Card 33)

	<u>None</u>	<u>A few</u>	<u>About Half</u>	<u>Most</u>	<u>All</u>
O1a. How many of the people that you spend time with drink alcohol?	1	2	3	4	5
O1b. How many of the people that you spend time with are heavy or problem drinkers?	1	2	3	4	5
O1c. How many of the people that you spend time with use drugs?	1	2	3	4	5
O1d. How many of the people that you spend time with support your sobriety or abstinence?	1	2	3	4	5
O2. If you have a live-in partner or spouse, does this person drink heavily or use drugs?					

No	0
Yes	1
No live-in partner (N/A)	2

SECTION P HELP PROJECT VICTIMIZATION QUESTIONS

The next set of questions are about some life events that are very distressing, specifically physical and sexual assault. I would like to remind that all your answers will be kept confidential. Please think about your whole lifetime when answering the questions. If you are uncertain whether the event occurred answer "I'm not sure".

First, I would like to ask you questions that have to do with physical or non-sexual assault.

P1a. Have you ever been physically abused or assaulted by a family member or someone you know (for example: kicked, hit, choked, shot, stabbed, burned, or held at gunpoint)?

No	0	→	(SKIP TO P2a.)
I'm not sure	7	→	(SKIP TO P2a.)
Yes	1		
	↓		

P1b. IF YES, how old were you the first time you were physically assaulted by someone you know?

Age _____ years (77 = if don't know)

P1c. Were you physically assaulted by someone you know in the last six months?

No	0
Yes	1

P2a. Have you ever been physically abused or assaulted by a stranger (for example: kicked, hit, choked, shot, stabbed, burned, or held at gunpoint)?

No	0	→	(SKIP TO P3.)
I'm not sure	7	→	(SKIP TO P3.)
Yes	1		
	↓		

P2b. IF YES, how old were you the first time a stranger physically assaulted you?

Age _____ years (77 = if don't know)

P2c. Were you physically assaulted by a stranger in the last six months?

No	0
Yes	1

P3. When you were physically assaulted were you using alcohol or drugs? (Show Card 34)

Never been assaulted	9
Don't know	1
Never	2
Some cases	3
Most cases	4
All cases	5

P4. When you were physically assaulted was the person who assaulted you using alcohol or drugs? (Show Card 34)

Never been assaulted	9
Don't know	1
Never	2
Some cases	3
Most cases	4
All cases	5

The next set of questions I would like to ask you are about sexual assault.

P5a. Have you ever been sexually assaulted by a family member or someone you know (for example: unwanted sexual touching anywhere on your body, touching of genitals and/or breasts, or made to have oral sex or vaginal or anal intercourse against your will by force or the threat of force)?

No	0	→	(SKIP TO P6a.)
I'm not sure	7	→	(SKIP TO P6a.)
Yes	1		

P5b. IF YES, how old were you the first time you were sexually assaulted by someone you know?

Age _____ years (77 = if don't know)

P5c. Were you sexually assaulted by someone you know in the last six months?

No	0
Yes	1

P6a. Have you ever been sexually assaulted by a stranger (for example: unwanted sexual touching anywhere on your body, touching of genitals and/or breasts, or made to have oral sex or vaginal or anal intercourse against your will by force or the threat of force)?

No	0	→	(SKIP TO P7.)
I'm not sure	7	→	(SKIP TO P7.)
Yes	1		
	↓		

P6b. IF YES, how old were you the first time a stranger sexually assaulted you?

Age _____ years (77 = if don't know)

P6c. Were you sexually assaulted by a stranger in the last six months?

No	0
Yes	1

P7. When you were sexually assaulted were you using alcohol or drugs? (Show Card 34)

Never been assaulted	9
Don't know	1
Never	2
Some cases	3
Most cases	4
All cases	5

P8. When you were sexually assaulted was the person who assaulted you using alcohol or drugs? (Show Card 34)

Never been assaulted	9
Don't know	1
Never	2
Some cases	3
Most cases	4
All cases	5

SECTION Q

RAB - SHORT VERSION

The next set of questions are very personal and so I would again like to remind you, like all the other questions, this is confidential and your name will not be used. The questions ask about your needle use, HIV risk behaviors, and sexual practices.

Needle Use

Q1a. In your lifetime, have you ever injected drugs?

No	0
Yes	1

Q1b. In the past six months, have you injected drugs?

No	0
Yes	1

Q2. In the past six months, have you shared needles or works?

No, or I have not shot up in the past six months	0
Yes	3

Q3. With how many different people did you share needles in the past six months? (Show Card 35)

0 or I have not shot up in the past six months	0
1 other person	1
2 or 3 different people	2
4 or more different people	3

Q4. In the past six months, how often have you been to a shooting gallery/house or other place where users go to shoot-up? (Show Card 36)

Never	0
A few times or less	1
A few times each month	2
Once or more each week	3

Q5. In the past six months, how often have you been to a Crack House or other place where people go to smoke crack? (Show Card 36)

Never	0
A few times or less	1
A few times each month	2
Once or more each week	3

Q6. In the past six months, how often have you shared rinse-water? (Show Card 37)

Never or I have not shot up in the past six months	0
A few times or less	1
A few times each month	2
Once or more each week	3

Q7. In the past six months, how often have you shared a cooker? (Show Card 37)

Never or I have not shot up in the past six months	0
A few times or less	1
A few times each month	2
Once or more each week	3

Q8. In the past six months, how often have you shared a cotton? (Show Card 37)

Never or I have not shot up in the past six months	0
A few times or less	1
A few times each month	2
Once or more each week	3

Q9. In the past six months, how often have you divided or shared drugs with others by using one syringe (yours or someone else's) to squirt or load the drugs into the other syringe(s), (backloading for example)? (Show Card 37)

Never or I have not shot up in the past six months	0
A few times or less	1
A few times each month	2
Once or more each week	3

Sexual Practices

Q10. How would you describe yourself?
(Show Card 38)

Straight	1
Gay or Homosexual	3
Bisexual	3

For the following questions, sex means any vaginal intercourse, anal intercourse (in the butt) or oral sex (blowjobs, for example).

Q11. With how many men have you had sex in the past six months?
(Show Card 39)

0 men	0
1 man	1
2 or 3 men	2
4 or more men	3

Q12. With how many women have you had sex in the past six months?
(Show Card 40)

0 women	0
1 woman	1
2 or 3 women	2
4 or more women	3

Q13. In the past six months, how often have you had sex?
(Show Card 41)

Never	0
A few times or less	1
A few times each month	2
Once or more each week	3

Q14. In the past six months, how often have you had sex so you could get drugs?
(Show Card 41)

Never	0
A few times or less	1
A few times each month	2
Once or more each week	3

Q15. In the past six months, how often have you given drugs to someone so you could have sex with them? (Show Card 41)

Never	0
A few times or less	1
A few times each month	2
Once or more each week	3

Q16. In the past six months, how often were you paid money to have sex with someone? (Show Card 41)

Never	0
A few times or less	1
A few times each month	2
Once or more each week	3

Q17. In the past six months, how often did you give money to someone so you could have sex with them? (Show Card 41)

Never	0
A few times or less	1
A few times each month	2
Once or more each week	3

Q18. In the past six months, how often did you use condoms when you had sex? (Show Card 42)

I have not had sex in the past 6 months	0
All the time	0
Most of the time	1
Some of the time	2
None of the time	3

For the next two questions please use card 43 to best describe your opinion.

(Show Card 43)

Strongly disagree Disagree Agree Strongly agree

Q19. Condoms are too much of a hassle to use. 1 2 3 4

Q20. Safer sex is always your responsibility. 1 2 3 4

SECTION R**SOCRATES 8AOD***INTERVIEWER: Read questions as written, no explanations.*

- R1. Please listen to the following statements carefully. Each one describes a way that you might (or might not) feel about your drinking or drug use. For each statement, tell me one number from 1 to 5, to indicate how much you agree or disagree with it right now. Please tell me only one number for every statement.

(Show Card 44)

	<i>NO!</i> <u>Strongly Disagree</u>	<i>No</i> <u>Disagree</u>	<i>? Undecided or Unsure</i>	<i>Yes</i> <u>Agree</u>	<i>YES!</i> <u>Strongly Agree</u>
R1a. I really want to make changes in my drinking or use of drugs.	1	2	3	4	5
R1b. Sometimes I wonder if I am an alcoholic or an addict.	1	2	3	4	5
R1c. If I don't change my drinking or drug use soon, my problems are going to get worse.	1	2	3	4	5
R1d. I have already started making some changes in my drinking or drug use.	1	2	3	4	5
R1e. I was drinking or using drugs too much at one time, but I've managed to change my drinking or drug use.	1	2	3	4	5
R1f. Sometimes I wonder if my drinking or drug use is hurting other people.	1	2	3	4	5
R1g. I am a problem drinker or I have a drug problem.	1	2	3	4	5
R1h. I'm not just thinking about changing my drinking or drug use, I'm already doing something about it.	1	2	3	4	5
R1i. I have already changed my drinking or my drug use and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
R1j. I have serious problems with drinking or with drugs.	1	2	3	4	5

R1. (continued)
 (Show Card 44)

	<i>NO!</i> <u>Strongly Disagree</u>	<i>No</i> <u>Disagree</u>	<i>? Undecided or Unsure</i>	<i>Yes</i> <u>Agree</u>	<i>YES!</i> <u>Strongly Agree</u>
R1k. Sometimes I wonder if I am in control of my drinking or drug use.	1	2	3	4	5
R1l. My drinking or drug use is causing a lot of harm.	1	2	3	4	5
R1m. I am actively doing things now to cut down or stop drinking or to cut down or stop using drugs.	1	2	3	4	5
R1n. I want help to keep from going back to the drinking problems or drug problems that I had before.	1	2	3	4	5
R1o. I know that I have a drinking or drug problem.	1	2	3	4	5
R1p. There are times when I wonder if I drink or use drugs too much.	1	2	3	4	5
R1q. I am an alcoholic or a drug addict.	1	2	3	4	5
R1r. I am working hard to change my drinking or drug use.	1	2	3	4	5
R1s. I have made some changes in my drinking or drug use, and I want some help to keep from going back to the way I used to drink or use drugs.	1	2	3	4	5

SECTION S

The following items are to be completed by the interviewer.

S1. <u>At the time of the interview, the patient was:</u>	<u>NO</u>	<u>YES</u>
S1a. Obviously depressed/withdrawn	0	1
S1b. Obviously hostile	0	1
S1c. Obviously anxious/nervous	0	1
S1d. Having trouble with reality testing, thought disorders, paranoid thinking	0	1
S1e. Having trouble comprehending, concentrating, remembering	0	1
S1f. Having suicidal thoughts.	0	1

QUALITY CONTROL

1. _____ / _____ / _____
Initials *Date*
2. _____ / _____ / _____
Initials *Date*
3. _____ / _____ / _____
Initials *Date*