RISK Interview Form

| PARTICIPANT INFORMATION | | | | |
|--|-------------------------------|--------------------------------------|--|--|
| Sub ID: | | | | |
| Interview Time: | | Interviewer/Staff: | | |
| Today's Date: | Mobile Number: | Interview Type: | | |
| Home address: | | ☐ Intake ☐ Follow-up 1 ☐ Follow-up 2 | | |
| City & State & Zip Code: | | | | |
| Questions: 1) Is your home a place where you used to spend time drinking? □ Yes □ No | | | | |
| 2) In the future, do you generally expect to have alcohol in your home? ☐ Yes ☐ No | | | | |
| 3) Would you categorize your home environment as Pleasant Unpleasant Mixed Neutral | | | | |
| 4) Does being in your home environment put you a *If no, then mark "No Risk." *If yes, indicate if the risk is high, medium, or low. □ High □ Medium □ Low □ No Risk | t any risk to begin drinking? | | | |

| RISKY LOCATIONS These are places participant is trying to avoid while in recovery because they are high risk. |
|--|
| Location name: |
| Address: |
| Type of Place: Home of Friend Liquor Store Coffee Shop/Cafe Restaurant Park Bar Other |
| Check If Applicable: \(\text{ I've drank alcohol here before.} \) \(\text{ Alcohol is available here.} \) |
| This place is Pleasant Unpleasant Mixed Neutral |
| Location name: |
| Address: |
| Type of Place: Home of Friend Home of Family Member Liquor Store Coffee Shop/Cafe Restaurant Park Bar Other Other Check If Applicable: Alcohol is available here. This place is Pleasant Unpleasant Mixed Neutral |
| Location name: |
| Address: |
| Type of Place: Home of Friend Home of Family Member Liquor Store Coffee Shop/Cafe Restaurant Park Bar Other |
| Check If Applicable: Uve drank alcohol here before. Alcohol is available here. |
| This place is Pleasant Unpleasant Mixed Neutral |

| Location name: |
|--|
| Address: |
| Type of Place: Home of Friend Home of Family Member Liquor Store Coffee Shop/Cafe Restaurant Park Bar Other |
| Check If Applicable: I've drank alcohol here before. Alcohol is available here. This place is |
| Pleasant Unpleasant Mixed Neutral |
| Location name: |
| Address: |
| Type of Place: Home of Friend Home of Family Member Liquor Store Coffee Shop/Cafe Restaurant Park Bar Other |
| Check If Applicable: □ I've drank alcohol here before. □ Alcohol is available here |
| This place is |
| Pleasant Unpleasant Mixed Neutral Location name: |
| Address: |
| Type of Place: Home of Friend Home of Family Member Liquor Store Coffee Shop/Cafe Restaurant Park Bar Other |
| Check If Applicable: Uve drank alcohol here before. Alcohol is available here. |
| This place is Pleasant Unpleasant Mixed Neutral |

EMOTIONALLY IMPORTANT DAYS-RECURRENT

Ask the participant to identify "emotionally important" days that put them at-risk to begin drinking again. The days participant identifies are recurrent days. Have participant identify days that will occur during their participation in the study (Next 90 Days).

Example Days:

- Holidays
- Birthdays
- Anniversaries (In particular, anniversaries that mark traumatic events-death of a loved one, major car accident, etc....)
- Sobriety Anniversary (milestones for alcohol or other drugs)

| List Type of Day and Date Identified by Participant Type: | | | | |
|---|--|--|--|--|
| | Holiday: | | | |
| | Birthday: | | | |
| | Anniversary: | | | |
| | Sobriety Anniversary | | | |
| | Financial | | | |
| | Other: | | | |
| Date: _ | | | | |
| List Ty | pe of Day and Date Identified by Participant | | | |
| Type: | Holiday: | | | |
| | Birthday: | | | |
| | Anniversary: | | | |
| | Sobriety Anniversary | | | |
| | Financial | | | |
| | Other: | | | |
| Date: _ | | | | |
| List Tv | pe of Day and Date Identified by Participant | | | |
| Type: | | | | |
| | | | | |
| | Birthday: | | | |
| | Anniversary: | | | |
| | Sobriety Anniversary | | | |
| | Financial | | | |
| | Other: | | | |
| Date: _ | | | | |

| List Type of Day and Date Identified by Participant Type: | | | |
|--|--|--|--|
| . i ype. □ | Holiday: | | |
| | Birthday: | | |
| | Anniversary: | | |
| | Sobriety Anniversary | | |
| | Financial | | |
| | Other: | | |
| Date: | | | |
| List Typ | pe of Day and Date Identified by Participant | | |
| | Holiday: | | |
| | Birthday: | | |
| | Anniversary: | | |
| | Sobriety Anniversary | | |
| | Financial | | |
| | Other: | | |
| Date: | | | |

WEEKLY TIME PERIODS

Ask the participant to think about their typical week. Have the participant list each time-period during the day that puts them at increased risk to drink. These times are "risky" time-periods. In turn, are there any specific time-periods during the participant's week that they can identify as protective, meaning they are confident that they would not drink during this time. Be sure to specify the time-period and day of the week that it occurs.

| _ | f Time-Period: | |
|-----------|--|---------------------------------|
| | Work Hours | |
| | After Work Hours | |
| | School Hours Weekends | |
| | Volunteer Activities | |
| | Fitness Activities | |
| | | y Religious or Spiritual Event |
| | Hobby | |
| | Other: | |
| Day of | the week: | |
| Time Po | eriod-Start: | End: |
| Is this t | ime-period | |
| | Risky | |
| | Protective | |
| Type o | f Time-Period: | |
| | Work Hours | |
| | After Work Hours | |
| | School Hours | |
| | Weekends | |
| | Volunteer Activities | |
| | Fitness Activities Church/Other Week | y Religious or Spiritual Event |
| | Hobby | y Kenglous of Opinidal Event |
| | | |
| Day of | the week: | |
| Time Po | eriod-Start: | End: |
| | | |
| Is this t | ime-period | |
| | Risky | |
| | Protective | |
| Type o | f Time-Period: | |
| | Work Hours | |
| | After Work Hours | |
| | School Hours | |
| ш | | |
| | Weekends | |
| | Volunteer Activities | |
| | Volunteer Activities Fitness Activities | h-Pallaiana an C. 17. 15. |
| | Volunteer Activities Fitness Activities Church/Other Week | y Religious or Spiritual Event |
| | Volunteer Activities Fitness Activities Church/Other Weekl Hobby | |
| | Volunteer Activities Fitness Activities Church/Other Weekl Hobby Other: | ly Religious or Spiritual Event |
| | Volunteer Activities Fitness Activities Church/Other Weekl Hobby | |
| Day of | Volunteer Activities Fitness Activities Church/Other Weekl Hobby Other: | |
| Day of | Volunteer Activities Fitness Activities Church/Other Weekl Hobby Other: the week: eriod-Start: | |
| Day of to | Volunteer Activities Fitness Activities Church/Other Weekl Hobby Other: the week: | |
| Day of to | Volunteer Activities Fitness Activities Church/Other Weekl Hobby Other: the week: eriod-Start: | |

| Type of | f Time-Period: | |
|---------------|---|------------------------------|
| | Work Hours | |
| | After Work Hours | |
| | School Hours | |
| | Weekends | |
| | Volunteer Activities | |
| | Fitness Activities | |
| | | Religious or Spiritual Event |
| | Hobby | |
| | Other: | |
| Day of t | the week: | |
| Time Pe | eriod-Start: | End: |
| le thie ti | ime-period | |
| | Risky | |
| | Protective | |
| | Tiolective | |
| | f Time-Period: | |
| | Work Hours | |
| | After Work Hours | |
| | School Hours | |
| | Weekends | |
| | Volunteer Activities | |
| | Fitness Activities | |
| | | Religious or Spiritual Event |
| | Hobby | |
| | Other: | |
| Day of t | the week: | |
| Time De | eriod-Start: | End: |
| Tillie F e | eriou-Start. | Liiu. |
| Is this ti | ime-period | |
| | Risky | |
| | Protective | |
| | 1 101001110 | |
| | | |
| Type of | Time-Period: | |
| | Work Hours | |
| | After Work Hours | |
| | School Hours | |
| | Weekends | |
| | Volunteer Activities | |
| | Fitness Activities | |
| | | Religious or Spiritual Event |
| | Hobby | |
| | | |
| | Other: | |
| | | |
| □ Day of t | the week: | |
| □ Day of t | | End: |
| Day of t | the week: eriod-Start: | |
| Day of to | the week: eriod-Start: .ime-period… | |
| Day of to | the week: eriod-Start: ime-period Risky | |
| Day of to | the week: eriod-Start: .ime-period… | |
| Day of to | the week: eriod-Start: ime-period Risky | |

Ask the participant if they have any vacations planned while they will be participating in the study. Record each vacation period below. Indicate the start and end date for each vacation period. Also indicate if the vacation is in town or out of town. If the location is out of town, indicate the city and state of the vacation location. **Start Date: End Date:** ☐ In Town ☐ Out of Town Out of Town Location: **Start Date: End Date:** ☐ In Town ☐ Out of Town **Out of Town Location: Start Date: End Date:** ☐ In Town ☐ Out of Town **Out of Town Location:** Start Date: **End Date:** ☐ In Town ☐ Out of Town **Out of Town Location:** Start Date: **End Date:** ☐ In Town ☐ Out of Town **Out of Town Location:**

PLANNED VACATIONS

RISK Interview-Updates

| PARTICIPANT INFORMATION | | | | |
|--|---|-----------------------------|--|--|
| Sub ID: | | | | |
| Interview Time: | Intervie | ewer/Staff: | | |
| Today's Date: | Mobile Number: | Interview Type: | | |
| Has the participant's residence changed since thei Yes-Complete information below No-Continue to next page (RISKY LOCA) | | □ Follow-up 1 □ Follow-up 2 | | |
| Home address: | | | | |
| City & State & Zip Code: | | | | |
| Questions: 1) Is your home a place where you used to spend to Yes No | 1) Is your home a place where you used to spend time drinking? □ Yes | | | |
| 2) In the future, do you generally expect to have all Yes No | cohol in your home? | | | |
| 3) Would you categorize your home environment as Pleasant Unpleasant Mixed Neutral | | | | |
| 4) Does being in your home environment put you a *If no, then mark "No Risk." *If yes, indicate if the risk is high, medium, or low. High Medium Low No Risk | at any risk to begin drinking? | | | |

RISKY LOCATIONS

These are locations the participant is trying to avoid while in recovery because they are high risk.

Does the participant need to make updates to their risky locations? If yes, complete necessary update below.

| Location name: | |
|--|--|
| Address: | |
| Type of Place: Home of Friend Home of Family Member Liquor Store Coffee Shop/Cafe Restaurant Park Bar Other | |
| Check If Applicable: ☐ I've drank alcohol here before. ☐ Alcohol is available here. | |
| This place is Pleasant Unpleasant Mixed Neutral | |
| Location name: | |
| Address: | |
| Type of Place: Home of Friend Home of Family Member Liquor Store Coffee Shop/Cafe Restaurant Park Bar Other | |
| Check If Applicable: ☐ I've drank alcohol here before. ☐ Alcohol is available here. | |
| This place is Pleasant Unpleasant Mixed Neutral Location name: | |
| | |
| Address: | |
| Type of Place: Home of Friend Home of Family Member Liquor Store Coffee Shop/Cafe Restaurant Park Bar Other | |
| Check If Applicable: ☐ I've drank alcohol here before. ☐ Alcohol is available here. | |
| This place is | |

EMOTIONALLY IMPORTANT DAYS-RECURRENT-Are there additional dates that the participant needs to report? If so, add these dates below.

Ask the participant to identify "emotionally important" days that put them at-risk to begin drinking again. The days participant identifies are recurrent days. Have participant identify days that will occur during their participation in the study only.

Example Days:

- Holidays
- Birthdays
- Anniversaries (In particular, anniversaries that mark traumatic events-death of a loved one, major car accident, etc....)
- Sobriety Anniversary (milestones for alcohol or other drugs)

| List Type: | ist Type of Day and Date Identified by Participant ype: | | | |
|------------|--|--|--|--|
| | Holiday: | | | |
| | Birthday: | | | |
| | Anniversary: | | | |
| | Sobriety Anniversary | | | |
| | Financial | | | |
| | Other: | | | |
| Date: _ | | | | |
| | | | | |
| | pe of Day and Date Identified by Participant | | | |
| List Type: | De of Day and Date Identified by Participant Holiday: | | | |
| Type: | | | | |
| Type: | Holiday: | | | |
| Type: | Holiday: Birthday: | | | |
| Type: | Holiday: Birthday: Anniversary: | | | |
| Type: | Holiday: Birthday: Anniversary: Sobriety Anniversary | | | |

WEEKLY TIME PERIODS-Has the participant had any changes to their weekly risky/protective time periods, or new risky/protective time periods? If so, add these times below.

Ask the participant to think about their typical week. Have the participant list each time-period during the day that puts them at increased risk to drink. These times are "risky" time-periods. In turn, are there any specific time-periods during the participant's week that they can identify as protective, meaning they are confident that they would not drink during this time. Be sure to specify the time-period and day of the week that it occurs.

| | Time-Period: | |
|--|--|--|
| | Work Hours | |
| | After Work Hours | |
| | School Hours | |
| | Weekends Volunteer Activities | |
| □ Volunteer Activities □ Fitness Activities □ Church/Other Weekly Religious or Spiritual Event | | |
| | | |
| ☐ Other: | | |
| Day of | the week: | |
| Time Po | eriod-Start: | End: |
| Is this t | ime-period | |
| | Risky | |
| | Protective | |
| Type o | f Time-Period: | |
| | Work Hours | |
| | After Work Hours | |
| | School Hours | |
| | Weekends | |
| | Volunteer Activities | |
| | Fitness Activities | |
| | Church/Other Weekl | y Religious or Spiritual Event |
| | Hobby | |
| | Other: | |
| | | |
| Day of | the week: | |
| | the week: eriod-Start: | End: |
| Time Po | eriod-Start: | End: |
| Time Po | eriod-Start: ime-period | End: |
| Time Po | eriod-Start: | End: |
| Time Po | eriod-Start: ime-period Risky Protective | End: |
| Time Po | eriod-Start: ime-period Risky | End: |
| Time Po | eriod-Start: ime-period Risky Protective f Time-Period: Work Hours | End: |
| Time Po | eriod-Start: ime-period Risky Protective f Time-Period: Work Hours After Work Hours | End: |
| Time Po | eriod-Start: ime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours | End: |
| Time Po | rime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends | End: |
| Time Po | eriod-Start: ime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities | End: |
| Time Po | rime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities | |
| Type o | riod-Start: ime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekl | End: y Religious or Spiritual Event |
| Time Po | eriod-Start: ime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekl | y Religious or Spiritual Event |
| Type o | eriod-Start: ime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekl | |
| Type o | eriod-Start: ime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekl | y Religious or Spiritual Event |
| Type o | rime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekl Hobby Other: | y Religious or Spiritual Event |
| Time Po | rime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekl Hobby Other: the week: | y Religious or Spiritual Event |
| Time Po | eriod-Start: ime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekl Hobby Other: the week: eriod-Start: | y Religious or Spiritual Event |
| Time Po | rime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekl Hobby Other: the week: | y Religious or Spiritual Event |

Ask the participant if they have any vacations planned while they will be participating in the study. Record each vacation period below. Indicate the start and end date for each vacation period. Also indicate if the vacation is in town or out of town. If the location is out of town, indicate the city and state of the vacation location. **End Date: Start Date:** ☐ In Town ☐ Out of Town **Out of Town Location: Start Date: End Date:** ☐ In Town ☐ Out of Town **Out of Town Location: Start Date: End Date:** ☐ In Town ☐ Out of Town **Out of Town Location: Start Date: End Date:** ☐ In Town ☐ Out of Town **Out of Town Location: Start Date: End Date:** ☐ In Town ☐ Out of Town Out of Town Location:

PLANNED VACATIONS-Does the participant need to update vacation dates? If yes, do so below.

RISK Updates Final Visit/Other Visit

| PARTICIPANT INFORMATION | | | | |
|---|--|-----------------------------------|--|--|
| Sub ID: | | | | |
| Interview Time: | Interv | riewer/Staff: | | |
| Today's Date: | Mobile Number: | Interview Type: | | |
| Has the participant's residence changed since thei Yes-Complete information below No-Continue to Unreported Contacts and | • | ☐ Final Visit/Follow Up 3 ☐ Other | | |
| Home address: | | | | |
| City & State & Zip Code: | | | | |
| Questions: 1) Is your home a place where you used to spend Pres No | 1) Is your home a place where you used to spend time drinking?Yes | | | |
| 2) In the future, do you generally expect to have al Yes No | cohol in your home? | | | |
| 3) Would you categorize your home environment a Pleasant Unpleasant Mixed Neutral | s | | | |
| 4) Does being in your home environment put you at any risk to begin drinking? *If no, then mark "No Risk." *If yes, indicate if the risk is high, medium, or low. High Medium Low | | | | |
| □ No Risk Check the boxes below to indicate updates to Contacts and Locations, ask follow-up questions, and attach updated forms to this cover sheet | | | | |
| ☐ Unreported Contacts | | | | |
| ☐ Unreported Locations | | | | |
| | | | | |
| | | | | |

Last Update: 02/08/2018

Monthly Contact Questions

1. Have you drank alcohol with this person?

Never/Almost Never Occasionally Almost Always/Always

2. What is their drinking status?

Drinker NonDrinker Dont Know

3. Would you expect them to drink in your presence?

Yes Uncertain No

4. Are they currently in recovery from alcohol/other substances?

Yes No Dont Know

5. Do they know about your recovery goals and if so are they supportive?

Supportive Unsupportive Mixed Neutral Dont Know

6. Are your experiences with this person typically...

Pleasant Unpleasant Mixed Neutral

Monthly Location Questions

1. Location emotion

Pleasant Unpleasant Mixed Neutral

2. Location risk

High Medium Low No

Monthly Contact Questions

1. Have you drank alcohol with this person?

Never/Almost Never Occasionally Almost Always/Always

2. What is their drinking status?

Drinker NonDrinker Dont Know

3. Would you expect them to drink in your presence?

Yes Uncertain No

4. Are they currently in recovery from alcohol/other substances?

Yes No Dont Know

5. Do they know about your recovery goals and if so are they supportive?

Supportive Unsupportive Mixed Neutral Dont Know

6. Are your experiences with this person typically...

Pleasant Unpleasant Mixed Neutral

Monthly Location Questions

1. Location emotion

Pleasant Unpleasant Mixed Neutral

2. Location risk

High Medium Low No

| LOCATION LOG Interview Type: | Date: | Time: | SubID: |
|--|----------|---|--|
| For Staff Only: Interviewer Initials Ent | | | |
| Addross | Addross | | |
| Address: | | | |
| City: Madison Other: | City: M | adison Other: | |
| Type: ☐ Work | Type: | Work | |
| ☐ School | | School | |
| ☐ Volunteer | | Volunteer | |
| ☐ Health Care | | | |
| ☐ Home of Friend☐ Home of Family Member | | Home of Friend Home of Family M | lombor |
| ☐ Liquor Store | | Liquor Store | lember |
| ☐ Errands (Ex: Grocery Store, Post Office, etc.) | | | ery Store, Post Office, etc.) |
| ☐ Coffee Shop/Cafe | | Coffee Shop/Cafe | • • • |
| ☐ Restaurant | | Restaurant | |
| ☐ Park | | Park | |
| ☐ Bar ☐ Gym/Fitness center | | Bar Gym/Fitness cente | or. |
| ☐ AA/Recovery Meeting | | AA/Recovery Mee | |
| ☐ Church (Any religious location ex: Mosque, Tel | | · · | ous location ex: Mosque, Temple, etc.) |
| □ Other | | | |
| Check If Applicable: | Check If | Applicable: | |
| ☐ I've drank alcohol here before. | | I've drank alcohol | |
| ☐ Alcohol is available here. | | Alcohol is available | e here. |
| For Staff Only: | For Staf | f Only: | |
| E: P U M N | E: P U | | |
| R: H M L N | R: H M | L N | |
| | Address | : | |
| Address: | Citv: M | adison Other: | |
| City: Madison Other: | | | |
| Type: | Type: | Work | |
| □ Work | | School | |
| ☐ School | | Volunteer | |
| ☐ Volunteer | | Health Care | |
| ☐ Health Care | | Home of Friend | |
| ☐ Home of Friend ☐ Home of Family Member | | Home of Family M | lember |
| ☐ Home of Family Member ☐ Liquor Store | | Liquor Store | ery Store, Post Office, etc.) |
| ☐ Errands (Ex: Grocery Store, Post Office, etc.) | | Coffee Shop/Cafe | ery Store, Fost Office, etc.) |
| ☐ Coffee Shop/Cafe | | Restaurant | |
| ☐ Restaurant | | Park | |
| ☐ Park | | Bar | |
| ☐ Bar ☐ Gym/Fitness conter | | Gym/Fitness cente | |
| ☐ Gym/Fitness center ☐ AA/Recovery Meeting | | AA/Recovery Mee | ous location ex: Mosque, Temple, etc.) |
| ☐ Church (Any religious location ex: Mosque, Tel | | | |
| Other | | | |
| Check If Applicable: | | Applicable: | have hefere |
| ☐ I've drank alcohol here before. | | I've drank alcohol Alcohol is available | |
| ☐ Alcohol is available here. | | AICOHOLIS AVAIIADII | C HCIG. |
| For Stoff Only | For Staf | | |
| For Staff Only: E: P U M N | E: P U | | |
| D. H. M. L. M. | R: H M | L IV | |

| LOCATION LOG Interview Type: | Date: | Time: | SubID: |
|--|----------|---|--|
| For Staff Only: Interviewer Initials Ent | | | |
| Addross | Addross | | |
| Address: | | | |
| City: Madison Other: | City: M | adison Other: | |
| Type: ☐ Work | Type: | Work | |
| ☐ School | | School | |
| ☐ Volunteer | | Volunteer | |
| ☐ Health Care | | | |
| ☐ Home of Friend☐ Home of Family Member | | Home of Friend Home of Family M | lombor |
| ☐ Liquor Store | | Liquor Store | lember |
| ☐ Errands (Ex: Grocery Store, Post Office, etc.) | | | ery Store, Post Office, etc.) |
| ☐ Coffee Shop/Cafe | | Coffee Shop/Cafe | • • • |
| ☐ Restaurant | | Restaurant | |
| ☐ Park | | Park | |
| ☐ Bar ☐ Gym/Fitness center | | Bar Gym/Fitness cente | or. |
| ☐ AA/Recovery Meeting | | AA/Recovery Mee | |
| ☐ Church (Any religious location ex: Mosque, Tel | | · · | ous location ex: Mosque, Temple, etc.) |
| □ Other | | | |
| Check If Applicable: | Check If | Applicable: | |
| ☐ I've drank alcohol here before. | | I've drank alcohol | |
| ☐ Alcohol is available here. | | Alcohol is available | e here. |
| For Staff Only: | For Staf | f Only: | |
| E: P U M N | E: P U | | |
| R: H M L N | R: H M | L N | |
| | Address | : | |
| Address: | Citv: M | adison Other: | |
| City: Madison Other: | | | |
| Type: | Type: | Work | |
| □ Work | | School | |
| ☐ School | | Volunteer | |
| ☐ Volunteer | | Health Care | |
| ☐ Health Care | | Home of Friend | |
| ☐ Home of Friend ☐ Home of Family Member | | Home of Family M | lember |
| ☐ Home of Family Member ☐ Liquor Store | | Liquor Store | ery Store, Post Office, etc.) |
| ☐ Errands (Ex: Grocery Store, Post Office, etc.) | | Coffee Shop/Cafe | ery Store, Fost Office, etc.) |
| ☐ Coffee Shop/Cafe | | Restaurant | |
| ☐ Restaurant | | Park | |
| ☐ Park | | Bar | |
| ☐ Bar ☐ Gym/Fitness conter | | Gym/Fitness cente | |
| ☐ Gym/Fitness center ☐ AA/Recovery Meeting | | AA/Recovery Mee | ous location ex: Mosque, Temple, etc.) |
| ☐ Church (Any religious location ex: Mosque, Tel | | | |
| Other | | | |
| Check If Applicable: | | Applicable: | have hefere |
| ☐ I've drank alcohol here before. | | I've drank alcohol Alcohol is available | |
| ☐ Alcohol is available here. | | AICOHOLIS AVAIIADII | C HCIG. |
| For Stoff Only | For Staf | | |
| For Staff Only: E: P U M N | E: P U | | |
| D. H. M. L. M. | R: H M | L IV | |

| LOCATION LOG Interview Type: | Date: | Time: | SubID: |
|--------------------------------------|------------|-----------------|--------|
| For Staff Only: Interviewer Initials | Entered By | Data Entry Date | |