RISK Interview Form

PARTICIPANT INFORMATION		
Sub ID:		
Interview Time:	Intervi	ewer/Staff:
Today's Date:	Mobile Number:	Interview Type:
Home address:		☐ Intake ☐ Follow-up 1 ☐ Follow-up 2
nome address.		
City & State & Zip Code:		
Questions: 1) Is your home a place where you used to spend to a yes No	ime drinking?	
2) In the future, do you generally expect to have ald ☐ 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 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 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 Other 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	
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	

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 Ty Type:	pe of Day and Date Identified by Participant
	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 Typ	oe of Day and Date Identified by Participant
. 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	
Day of the week:		
Time P	eriod-Start:	End:
Is this	time-period	
	Risky	
	Protective	
Type o	f Time-Period:	
	Work Hours	
	After Work Hours	
	School Hours	
	Weekends	
	Volunteer Activities	
	Fitness Activities	y Poligiaus or Spiritual Event
	Hobby	y Religious or Spiritual Event
	41	
Day of	the week:	
	the week: eriod-Start:	End:
		End:
Time P		End:
Time P	eriod-Start: time-period Risky	End:
Time P	eriod-Start: time-period…	End:
Time P	eriod-Start: time-period Risky Protective	End:
Time P	eriod-Start: time-period Risky Protective of Time-Period:	End:
Time P	eriod-Start: time-period Risky Protective f Time-Period: Work Hours	End:
Time P	eriod-Start: time-period Risky Protective of Time-Period:	End:
Time P	eriod-Start: time-period Risky Protective of Time-Period: Work Hours After Work Hours School Hours Weekends	End:
Time P	eriod-Start: time-period Risky Protective of Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities	End:
Time P	eriod-Start: time-period Risky Protective of Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities	
Time P	eriod-Start: time-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekly	End: y Religious or Spiritual Event
Time P	eriod-Start: time-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekly	y Religious or Spiritual Event
Type o	eriod-Start: time-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekly Hobby Other:	
Type o	eriod-Start: time-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekly	y Religious or Spiritual Event
Type of	eriod-Start: time-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekly Hobby Other:	y Religious or Spiritual Event
Time P Is this to the second of the point of the pickers of the p	eriod-Start: time-period Risky Protective of Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekly Hobby Other: the week: eriod-Start:	y Religious or Spiritual Event
Time P Is this to the period of the period	eriod-Start: time-period Risky Protective of Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekly Hobby Other: the week: eriod-Start: time-period	y Religious or Spiritual Event
Time P Is this to the second of the point of the pickers of the p	eriod-Start: time-period Risky Protective of Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Weekly Hobby Other: the week: eriod-Start: time-period	y Religious or Spiritual Event

f Time-Period:	
Work Hours	
After Work Hours	
School Hours	
Weekends	
Volunteer Activities	
Fitness Activities	
Church/Other Weekly	y Religious or Spiritual Event
Hobby	
Other:	
the week:	
oriod-Start:	End:
eriou-Start.	Elia.
ime-period	
=	
Protective	
f Time Devices	
	. Delinious on Crisis el E
	y Keligious or Spiritual Event
Otner:	
the week:	
eriod-Start:	End:
ime-period	
Time-Period:	
	v Religious or Spiritual Event
	y itongious of Opiniual Everit
Outer	
the week:	
eriod-Start:	End:
ime-period	
	Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Week! Hobby Other: the week: eriod-Start: ime-period Risky Protective f Time-Period: Work Hours After Work Hours School Hours Weekends Volunteer Activities Fitness Activities Church/Other Week! Hobby Other: the week: eriod-Start: ime-period Risky Protective

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