

RISK Interview Form

PARTICIPANT INFORMATION

Sub ID:

Interview Time:

Interviewer/Staff:

Today's Date:

Mobile Number:

Interview Type:

☐ Intake ☐ Follow-up 1 ☐ Follow-up 2

Home address:

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 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

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
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- ☐ Restaurant
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- ☐ 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 Type of Day and Date Identified by Participant

Type:

- ☐ Holiday:
- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: _____

List Type of Day and Date Identified by Participant

Type:

- ☐ Holiday:
- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: _____

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- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: _____

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- ☐ Holiday:
- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: _____

List Type of Day and Date Identified by Participant

Type:

- ☐ 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.

Type of Time-Period:

- ☐ Work Hours
- ☐ After Work Hours
- ☐ School Hours
- ☐ Weekends
- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: _____

Day of the week:

Time Period-Start:

End:

Is this time-period...

- ☐ Risky
- ☐ Protective

Type of Time-Period:

- ☐ Work Hours
- ☐ After Work Hours
- ☐ School Hours
- ☐ Weekends
- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: _____

Day of the week:

Time Period-Start:

End:

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- ☐ Weekends
- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: _____

Day of the week:

Time Period-Start:

End:

Is this time-period...

- ☐ Risky
- ☐ Protective

Type of Time-Period:

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Day of the week:**Time Period-Start:****End:****Is this time-period...**

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- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: _____

Day of the week:**Time Period-Start:****End:****Is this time-period...**

- ☐ Risky
- ☐ Protective

PLANNED VACATIONS

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: