

Health Evaluation & Linkage to Primary Care



P R O J E C T

FOLLOW-UP INSTRUMENT (1)

SUBJECT ID LABEL: _____

DATE: ____ / ____ / ____

INTERVIEWER
INITIALS: _____

LOCATION: River Street Detox.
BMC/GCRC
Other _____

12/02/97

6 Month

12 Month

18 Month

24 Month

HELP DATA Sections

Section A: Demographics

Section B: SF-36 Health Survey

Section C: Health/Medical Questions

Section D: Medical Status

Section E: Health Care Use

Section F: The Center for Epidemiologic Studies Depression Scale

Section G: Psychological Status

Section H: Drug/Alcohol Use- ASI

Section I: Alcohol Quantity Questions

Section J:

Section K: Smoking

Section L:

Section M: Inventory of Drug Use Consequences

Section N: Social Support

Section O: Social Network Questions

Section P: HELP Project Victimization Questions

Section Q: RAB Short Version

Section R: Socrates 8AOD

Section S: Interviewer Observation

Section T: Relapse

Section U: Primary Care Assessment

Section V: Alcohol Tolerance

**SECTION A
DEMOGRAPHICS**

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>	<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

A13. What has been your usual employment pattern in the past six months/since the last time we met?

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/since the last time we met, who did you usually live with?

	<u>NO</u>	<u>YES</u>
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/since the last time we met, 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

A17. In the past six months/since the last time we met, 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 _____ (specify)	0	1	7

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

	<u>All of the time</u>	<u>Most of the time</u>	<u>A good bit of the time</u>	<u>Some of the time</u>	<u>A little of the time</u>	<u>None of the time</u>
B9a. Did you feel full of pep? <i>"full of life", if subject doesn't understand</i>	1	2	3	4	5	6
B9b. Have you been a very nervous person?	1	2	3	4	5	6
B9c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
B9d. Have you felt calm and peaceful?	1	2	3	4	5	6

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

(Show Card 7)

	<u>All of the time</u>	<u>Most of the time</u>	<u>A good bit of the time</u>	<u>Some of the time</u>	<u>A little of the time</u>	<u>None of the time</u>
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)

	<u>Definitely True</u>	<u>Mostly True</u>	<u>Don't Know</u>	<u>Mostly False</u>	<u>Definitely 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. Have you been told by a doctor in the last six months/since the last time we met 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 had any of the following conditions in the last 6 months/since the last time we met?

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

C2. (continued) Have you had any of the following conditions in the last 6 months/since the last time we met?

	<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
C2r. A gunshot wound (been shot)	0	1
C2s. A stab wound (been stabbed or cut)	0	1
C2t. <u>Any</u> accidents or falls requiring medical attention	0	1
C2u. Fractures (broken) or dislocations to your bones or joints	0	1
C2v. An injury from a road traffic accident such as a car or motorcycle	0	1
C2w. A head injury	0	1

HEALTH/MEDICAL QUESTIONS
Sexually-Transmitted Diseases

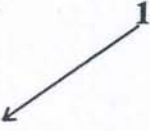
Now I'm going to ask you about sexually-transmitted diseases.

C3. Have you had any of the following sexually-transmitted diseases in the last six months/since the last time we met?

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

C3g1. Have you been tested for HIV or AIDS in the last six months/ since the last time we met? 0
If NO, skip to Page 11.

1 → _____ times



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 12)

	<u>NO</u>	<u>YES</u>	<u>HOW MANY TIMES?</u>
C3h1. In the last 6 months/since the last time we met, have you had Pelvic Inflammatory Disease (PID)	0	1	→ _____ <i>times</i>

C3i. Have you had a Pap test or Pap smear in the last 6 months/since the last time we met?

No	0
Yes	1
Don't know	7

C3k. Are you now pregnant?

No	0	
Yes	1	# of months _____
Don't know	7	

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 the last six months/since the last time we met.

D2. Are you taking any prescribed medication on a regular basis for a physical problem? NO YES
0 **1**
(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.)

*D3. How many days have you experienced medical problems in the past 30? _____ days
(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 past 30 days? *(Restrict response to problem days of Question 3.)* _____ (0-4)

*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/since the last time we met, 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?

***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 (Neighborhood Health Plan, CommonHealth, BMC Health Net, etc.)	0	1	2
E1c. Medicare	0	1	2
E1d. Health insurance from a job or a family member's job (If yes, please specify _____)	0	1	2
E1f. Free Care	0	1	2
E1e. Any other program or plan (If yes, please specify _____)	0	1	2

If subject answered Yes to ANY of the above:

E1g. Is your medical care coverage a managed care plan such as an HMO, Harvard Pilgrim, Tufts, BMC Health Net, etc.?

No	0
Yes	1
Don't Know	9

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

E2e. Are you currently in a treatment program for alcohol or drug problems?

No	0	(SKIP TO QUESTION E2a)
Yes	1	

E2f. What kind of treatment program are you currently in?

	<u>NO</u>	<u>YES</u>
E2f1. Detoxification Program	0	1
E2f2. Holding Unit	0	1
E2f3. Halfway House or other residential facility	0	1
E2f4. Day treatment program	0	1
E2f5. Methadone maintenance program	0	1
E2f6. Outpatient program	0	1
E2f7. Other _____ (specify)	0	1

E2g. Please tell me the name of the program you are currently in.

_____ (name of program)

E2h. How many days have you been in the program so far? _____ days

E2a. In the last six months/since the last time we met, have you been in a **detoxification program** for alcohol or drug problems?

(This does not include the time at River Street when the first interview took place.)

No 0 → (SKIP TO E3a.)

Yes 1

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

(Not including the time at River Street when the first interview took place.)

(enter total # of times) E2b. _____ times

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

(Not including the time at River Street when the first interview took place.)

(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/since the last time we met.

	<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/since the last time we met, 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/since we last met did you enter a **holding unit**?

(enter total # of times) E3b. _____ times

E3c. How many nights all together in the last six months/since we last met 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/since we last met.

	<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/since the last time we met, 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/since we last met 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/since we last met 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/since we last met.

	<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

E4d. (Con't.)	<u>NO</u>	<u>YES</u>
E4d12. Gavin House	0	1
E4d13. Meridian House	0	1
E4d14. Other _____	0	1
E4d15. Other _____	0	1

E5a. In the last six months/since the last time we met, 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/since we last met 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/since we last met.

E5c1. _____
 E5c2. _____
 E5c3. _____

E6. In the last six months/since the last time we met, have you participated in any **methadone maintenance program**?

No 0
 Yes 1

E7a. In the last six months/since we last met, 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/since the last time we met 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/since the last time we met for alcohol or drug problems?

E7c1. _____
 E7c2. _____
 E7c3. _____

E8a. In the last six months/since the last time we met, have you received **counseling** (including advice or a discussion) 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/since the last time we met, 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.)

	<u>Daily</u>	<u>2-3 times/week</u>	<u>Weekly</u>	<u>Every two weeks</u>	<u>Once a month</u>
AA/NA/Other	1	2	3	4	5

This next section asks about medical care and psychiatric care received in the last six months/since the last time we met.

E10a. In the last six months/since we last met, 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/since we last met 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/since we last met 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/since we last met.

	<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
E10c23. Massachusetts General Hospital	0	1
E10c12. Mattapan Community Health Center	0	1
E10c13. Neponset Health Center	0	1
E10c24. New England Medical 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
E10c22. Other _____	0	1
E10c25. Other _____	0	1

E11a. In the last six months/since the last time we met, 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/since we last met did you stay in a hospital overnight?

(enter total # of times) E11b. _____ times

E11c. How many nights all together in the last six months/since we last met 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/since the last time we met.

	<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/since the last time we met, 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/since the last time we met 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/since the last time we met.

	<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

E12c. (Con't)	<u>NO</u>	<u>YES</u>
E12d6. Solomon Carter Fuller Mental Health	0	1
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, 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/since the last time we met, 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

E18. In the last six months/since the last time we met, which of the following reasons has made it hard for you to get substance abuse services?
 (Please tell me all that apply) (Show Card 13)

	<u>NO</u>	<u>YES</u>
E18a. I could not pay for services.	0	1
E18b. I did not know where to go for help.	0	1
E18c. I could not get to services because of transportation problems.	0	1
E18d. The office or clinic hours were inconvenient.	0	1
E18e. I did not speak or understand English well enough.	0	1
E18f. I was afraid others might find out about my problem.	0	1
E18g. My substance abuse interfered (I chose to drink or drug instead).	0	1
E18h. I did not have a babysitter or someone to watch my child/children.	0	1
E18i. I did not want to lose my job.	0	1
E18j. My insurance did not cover services.	0	1
E18k. There were no beds available at the program.	0	1
E18l. I do not need substance abuse services.	0	1
E18m. Other _____	0	1

**SECTION U
PRIMARY CARE ASSESSMENT**

I will now ask you some questions regarding medical care you receive.

Please use Card 14 to indicate how much you agree or disagree with this statement:

U1. I think it's important to have a regular medical doctor.

Strongly Agree	1
Agree	2
Uncertain	3
Disagree	4
Strongly Disagree	5

U2. Which of the following reasons make it hard for you to get regular medical care? (Please tell me all that apply) (Show Card 15)

	<u>NO</u>	<u>YES</u>
U2a. I cannot pay for services.	0	1
U2b. I am not eligible for free care.	0	1
U2c. I do not know where to go.	0	1
U2d. I can't get to services because of transportation problems.	0	1
U2e. The office or clinic hours are inconvenient.	0	1
U2f. I do not speak or understand English well enough.	0	1
U2g. I'm afraid others might find out about a health problem I have.	0	1
U2h. My substance abuse interferes (I choose to drink or drug instead).	0	1
U2i. I do not have a babysitter or someone to watch my child/children.	0	1
U2j. I do not want to lose my job.	0	1
U2k. My insurance does not cover services.	0	1
U2l. Medical care is not important to me.	0	1
U2m. I do not have time.	0	1
U2n. Medical staff (like doctors, nurses) do not treat me with respect.	0	1
U2o. I do not trust doctors or nurses.	0	1
U2p. I have often been unsatisfied with my medical care.	0	1
U2q. Other _____	0	1

U2r. Out of the answers that you chose, what is the most important reason that it is hard for you to get regular medical care?

_____ (Enter letter of the reason given by subject, i.e. a, b, etc.)

U3a. Has a doctor ever talked to you about drug use?

No	0
Yes	1

U3b. Has a doctor ever talked to you about alcohol use?

No	0
Yes	1

U4. Is there one particular doctor that you consider to be your **regular personal doctor**?

No	0
Yes	1

U5. Have you seen **any** doctors in the last six months/since the last time we met?

No	0
Yes	1

IF U4 AND U5 ARE BOTH NO, SKIP TO SECTION F

IF U4 IS YES - REGARDLESS OF U5 - GO TO U7a

IF U4 IS NO AND U5 IS YES, GO TO U6a

U6a. Would you call or go to one of these/this doctor if you had a medical problem that was not an emergency?

No	0
Yes	1 (SKIP TO QUESTION U7a)

U6b. Do you think one of these doctors could be your regular doctor?

No	0 (SKIP TO SECTION F)
Yes	1

U7a. What type of doctor is your regular personal/this doctor? (Circle only one)

<u>IN</u>		<u>OUT</u>	
Ob/Gyn	1	Psychiatrist	13
Family Medicine	2	Dentist	14
Pediatrician	3	Dermatologist	15
Adolescent Medicine	4	Orthopedic or bone doctor	16
Internal Medicine	5	ER doctor	17
AIDS doctor	6	Surgeon	18
Asthma doctor	7	Eye doctor or ophthalmologist	19
Pulmonary doctor	8	Foot doctor or podiatrist	20
Cardiologist	9	Other _____	21
Gastroenterologist	10		
Unknown	11		
Other _____	12		

(For RA:

For subjects who have a "regular" doctor, continue with this section regardless of doctor's specialty.)

U7b. What is the name of this/your regular doctor?

(first)

(last)

U8. How long has this person been your doctor? (Circle all that apply)

(Show card 16)

Only saw this person once	0
Less than 6 months	1
Between 6 months and 1 year	2
1 to 2 years	3
3 to 5 years	4
More than 5 years	5

U9. Where is this doctor's office located?

U10a. How many times have you been to this/your regular doctor's office in the last six months/since the last time we met?

U10a. ____ (total number of times)

U10b. In the last six months/since the last time we met, how many times have you been to this/your regular doctor's office and saw the doctor?

U10b. ____ (number of times saw MD)

U10c. In the last six months/since the last time we met, how many times have you been to this/your regular doctor's office and did not see the doctor, but saw a physician's assistant, nurse practitioner, registered nurse, social worker, or counselor?

U10c. ____ (number of times did not see the doctor, but saw physician's assistant, nurse practitioner, registered nurse, social worker, or counselor)

(U10b and U10c should add up to U10a)

U11. How would you rate the convenience of this/your regular doctor's office location?
(Show card 17)

Very Poor	1
Poor	2
Fair	3
Good	4
Very Good	5
Excellent	6

U12. How would you rate the hours that this/your doctor's office is open for medical appointments?
(Show card 17)

Very Poor	1
Poor	2
Fair	3
Good	4
Very Good	5
Excellent	6

U13. How would you rate the usual wait for an appointment when you are sick and call the doctor's office asking to be seen? (Show card 17)

Very Poor	1
Poor	2
Fair	3
Good	4
Very Good	5
Excellent	6
N/A	9

U14. How would you rate the amount of time you wait at this/your doctor's office for your appointment to start? (Show card 17)

Very Poor	1
Poor	2
Fair	3
Good	4
Very Good	5
Excellent	6

U15a. Do you pay for any part or for all of these doctor visits (like \$5 per visit)?

No	0
Yes	1

U15b. How would you rate the amount of money you pay for doctor visits? (Show card 17)

Very Poor	1
Poor	2
Fair	3
Good	4
Very Good	5
Excellent	6

U16a. Do you pay for any part or for all of your prescription medication?

No	0
Yes	1
N/A	9

U16b. How would you rate the amount of money you pay for medication and other prescribed treatments? (Show card 17)

Very Poor	1
Poor	2
Fair	3
Good	4
Very Good	5
Excellent	6
N/A	9

U17. Do you ever skip medication or treatments because they are too expensive? (Show card 18)

Yes, often	1
Yes, occasionally	2
No, never	3
N/A	9

U18. Thinking about the times you have needed to see or talk to this/your doctor, how would you rate the following: (Show card 19)

	<u>Very Poor</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
U18a. Ability to get through to the doctor's office by phone	1	2	3	4	5	6
N/A						9
U18b. Ability to speak to your doctor by phone when you have a question or need medical advice	1	2	3	4	5	6
N/A						9

U19. When you go for a check-up or routine care, how often do you see this/your regular doctor (not an assistant or partner)? (Show card 20)

Always	1
Almost always	2
A lot of the time	3
Some of the time	4
Almost never	5
Never	6
N/A	9

U20. When you are sick and go to the doctor, how often do you see this/your regular doctor (not an assistant or partner)? (Show card 20)

- | | |
|-------------------|---|
| Always | 1 |
| Almost always | 2 |
| A lot of the time | 3 |
| Some of the time | 4 |
| Almost never | 5 |
| Never | 6 |
| N/A | 9 |

U21. Thinking about the technical aspects of your care, how would you rate the following:

U21a. Thoroughness of doctor's physical examination of you to check a health problem you have? (Show card 19)

- | | |
|-----------|---|
| Very poor | 1 |
| Poor | 2 |
| Fair | 3 |
| Good | 4 |
| Very Good | 5 |
| Excellent | 6 |

U21b. How often do you question whether this/your doctor's diagnosis of your health problem is right? (Show card 20)

- | | |
|-------------------|---|
| Always | 1 |
| Almost always | 2 |
| A lot of the time | 3 |
| Some of the time | 4 |
| Almost never | 5 |
| Never | 6 |

U22. Thinking about talking with this/you regular doctor, how would you rate the following: (Show card 19)

	Very <u>Poor</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	Very <u>Good</u>	<u>Excellent</u>
U22a. Thoroughness of your doctor's questions about your symptoms and how you are feeling	1	2	3	4	5	6

U22. Con't. (Show card 19)	Very				Very	
	<u>Poor</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Good</u>	<u>Excellent</u>
U22b. Attention your doctor gives to what you have to say	1	2	3	4	5	6
U22c. Doctor's explanations of your health problems or treatments you need	1	2	3	4	5	6
U22d. Doctor's instructions about symptoms to report and when to seek further care	1	2	3	4	5	6
U22e. Doctor's advice and help in making decisions about your care	1	2	3	4	5	6

U23. How often do you leave this/your doctor's office with unanswered questions?
(Show card 20)

Always	1
Almost always	2
A lot of the time	3
Some of the time	4
Almost never	5
Never	6

U24. Thinking about the personal aspects of the care you receive from this/your regular doctor, how would you rate the following: (Show card 19)

	Very				Very	
	<u>Poor</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Good</u>	<u>Excellent</u>
U24a. Amount of time your doctor spends with you	1	2	3	4	5	6
U24b. Doctor's patience with your questions or worries	1	2	3	4	5	6
U24c. Doctor's friendliness and warmth toward you	1	2	3	4	5	6
U24d. Doctor's caring and concern for you	1	2	3	4	5	6
U24e. Doctor's respect for you	1	2	3	4	5	6

U25. Which of the following has this/your regular doctor ever talked to you about?

(answer each line)

	<u>NO</u>	<u>YES</u>
U25a. Smoking	0	1
U25b. Alcohol use	0	1
U25c. Seat belt use	0	1
U25d. Diet	0	1
U25e. Exercise	0	1
U25f. Stress	0	1
U25g. Safe sex	0	1
U25h. Drug Use	0	1
U25i. HIV testing	0	1

U26. Which of the following have you ever done because of this/your doctor's advice?

(answer each line)

	<u>NO</u>	<u>YES</u>
U26a. Tried to cut down or quit smoking	0	1
U26b. Tried to drink less alcohol	0	1
U26c. Wore your seat belt more	0	1
U26d. Changed your diet in any way	0	1
U26e. Done more exercise	0	1
U26f. Tried to relax or reduce your stress	0	1
U26g. Practiced safer sex	0	1
U26h. Tried to cut down or quit drugs	0	1
U26i. Got HIV tested	0	1

U27. Thinking about how much you TRUST this/your doctor, how strongly do you agree or disagree with the following statements: (Show card 21)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Not Sure</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
U27a. I can tell my doctor anything, even things that I might not tell anyone else.	1	2	3	4	5
U27b. My doctor sometimes pretends to know things when he/she is really not sure.	1	2	3	4	5
U27c. I completely trust my doctor's judgements about my medical care.	1	2	3	4	5

U27. Con't. (Show card 21)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Not Sure</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
U27d. My doctor cares more about holding down costs than about doing what is needed for my health.	1	2	3	4	5
U27e. My doctor would always tell me the truth about my health, even if there was bad news.	1	2	3	4	5
U27f. My doctor cares as much as I do about my health.	1	2	3	4	5
U27g. If a mistake was made in my treatment, my doctor would try to hide it from me.	1	2	3	4	5

U28. All things considered, how much do you trust this/your doctor? (Show card 22)

Not at all											Completely
0	1	2	3	4	5	6	7	8	9	10	

U29. Thinking about how well this/your doctor knows you, how would you rate the following: (Show card 23)

	<u>Very Poor</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
U29a. Doctor's knowledge of your entire medical history	1	2	3	4	5	6
U29b. Doctor's knowledge of your responsibilities at work, home, or school	1	2	3	4	5	6
U29c. Doctor's knowledge of what worries you most about your health.	1	2	3	4	5	6
U29d. Doctor's knowledge of you as a person (your values and beliefs)	1	2	3	4	5	6

Please use **Card 24** to indicate how much you agree or disagree with this statement.

U30. If I were unconscious or in a coma, this/my doctor would know what I would want done for me. (Show card 24)

- Strongly agree 1
- Agree 2
- Not sure 3
- Disagree 4
- Strongly disagree 5

U31. Are there other doctors or nurses who work in this/your doctor's office, who play an important role in your care?

- Yes 1
- No 0 (SKIP TO QUESTION U34)

U32. Thinking about these other doctors or nurses who play an important role in your care, how would you rate: (Show card 25)

	<u>Very</u> <u>Poor</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Very</u> <u>Good</u>	<u>Excellent</u>
U32a. Their knowledge of you as a person (your values and beliefs)	1	2	3	4	5	6
U32b. The quality of care they provide	1	2	3	4	5	6
U32c. The coordination between them and your regular doctor	1	2	3	4	5	6
U32d. Their explanations of your health problems or treatments that you need	1	2	3	4	5	6
Not applicable, only my regular doctor does this _____						

U33. How much would you say this/your regular doctor knows about the care you receive from these other doctors or nurses? (for example: visits that you make, treatments recommended?) (Show card 26)

- Knows absolutely everything 1
- Knows almost everything 2
- Knows some things 3
- Knows very little 4
- Knows nothing at all 5

U34. Has this/your doctor ever recommended that you see a different doctor for a specific health problem?

Yes 1
 No 0 (SKIP TO QUESTION U36)

U35. Thinking about the times this/your doctor has recommended you see a different doctor for a specific health problem, how would you rate the following? (Show card 27)

	Very <u>Poor</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	Very <u>Good</u>	<u>Excellent</u>
U35a. Help this/your regular doctor gave you in deciding who to see for specialty care	1	2	3	4	5	6
U35b. Help this/your regular doctor gave you in getting an appointment for specialty care you needed	1	2	3	4	5	6
U35c. This/regular doctor's involvement in your care when you were being treated by a specialist or were hospitalized	1	2	3	4	5	6
U35d. This/regular doctor's communication with specialists or other doctors who saw you	1	2	3	4	5	6
U35e. Help this/your regular doctor gave you in understanding what the specialist or other doctor said about you	1	2	3	4	5	6
U35f. Quality of specialists or other doctors this/your regular doctor sent you to	1	2	3	4	5	6

I will now ask you some questions regarding the convenience of this/your doctor's office.

U36. How many minutes does it usually take you to get to this/your regular doctor's office?
 (Show card 28)

Less than 15 1
 16 to 30 2
 31 to 60 3
 More than 60 4

U37. When you are sick and call the doctor's office for an appointment, how quickly do they usually see you? (Show card 29)

The same day	1
The next day	2
In 2 to 3 days	3
In 4 to 5 days	4
In more than 5 days	5
N/A	9

U38. How many minutes late do your appointments at this/your doctor's office usually begin? (Show card 30)

None, they begin on time	1
Less than 5 minutes	2
6 to 10 minutes	3
11 to 20 minutes	4
21 to 30 minutes	5
31 to 45 minutes	6
More than 45 minutes	7

U39. All things considered, how satisfied are you with this/your regular doctor? (Show card 31)

Completely satisfied, couldn't be better	1
Very satisfied	2
Somewhat satisfied	3
Neither satisfied nor dissatisfied	4
Somewhat dissatisfied	5
Very dissatisfied	6
Completely dissatisfied, couldn't be worse	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 32)

	<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>				
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 32)

	<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>				
F1l. 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.

	<u>SINCE WE LAST MET/</u>			<u>PAST 30 DAYS</u>	
	<u>PAST 6 MONTHS</u>			<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 T
RELAPSE**

T1. Have you used alcohol since the last time we met?

Yes 1
No 0 (SKIP TO QUESTION T2)

T1c. What is your longest period of abstinence since leaving River Street Detox?

_____ (# days)

T2. Have you used heroin since the last time we met?

Yes 1
No 0 (SKIP TO QUESTION T3)

T2c. What is your longest period of abstinence since leaving River Street Detox?

_____ (# days)

T3. Have you used cocaine since the last time we met?

Yes 1
No 0 (SKIP TO SECTION H)

T3c. What is your longest period of abstinence since leaving River Street Detox?

_____ (# days)

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 have you used.....?

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.

	(# of days) Past 30 Days	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 have you used.....?

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.

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

H15. How many times in the last 6 months/since we last met 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 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 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 33)

- 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 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 Section H for use in the past 30 days. Only ask these questions if subject has used alcohol or drugs in the last 30 days.

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

- I1. You said you drank ___ days out of the last 30 days. On the _____ drinks
days that you drank, how many drinks on average did you have?
(What do you drink? How much?)
- I2. Was there any one day in the last 30 days that you drank _____ drinks
more than the average? If yes, what was the most that you drank?

DRUG QUANTITY QUESTIONS

Heroin

- I3. You said you used heroin ___ days out of the last 30 days. _____ bags
On the days that you used, on average, how many bags of heroin did
you use?
- I4. Was there any one day in the last 30 days that you used _____ bags
more than the average number of bags? If yes, what was the highest
number of bags?
- I5. On average, how much money's worth do you use in a day? \$ _____

Cocaine - Now I'm going to ask about your cocaine use.

- I8. On average, how much money's worth do you use in a day? \$ _____

SECTION V
ALCOHOL TOLERANCE

Please think about your whole lifetime when answering these questions.

V1. Was there *ever* a time when you had to drink much more than you used to to get the effect you wanted?

No	0
Yes	1

V2. Did you ever find that the same amount of alcohol had less effect on you than it once did?

No	0
Yes	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 M) |
| No, I have never smoked more than 100 cigarettes | 4 → (SKIP TO SECTION M) |

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 M
INVENTORY OF DRUG USE CONSEQUENCES**

(InDUC-2R) *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 how often this has happened to you during the last six months/since the last time we met. If any item does not apply to you, answer never.

During the past 6 months/since the last time we met, about how often has this happened to you? (Show card 34)

Give one answer for each item.	<u>Never</u>	<u>Once or a few times</u>	<u>Once or twice a week</u>	<u>Daily or almost daily</u>
M1. I have had a hangover or felt bad after drinking or using drugs.	0	1	2	3
M2. I have felt bad about myself because of my drinking or drug use.	0	1	2	3
M3. I have missed days of work or school because of my drinking or drug use.	0	1	2	3
M4. My family or friends have worried or complained about my drinking or drug use.	0	1	2	3
M5. I have enjoyed drinking or using drugs.	0	1	2	3
M6. The quality of my work has suffered because of my drinking or drug use.	0	1	2	3
M7. My ability to be a good parent has been harmed by my drinking or drug use.	0	1	2	3

During the past 6 months/since the last time we met, about how often has this happened to you? (Show card 34)

Give one answer for each item.	<u>Never</u>	<u>Once or a few times</u>	<u>Once or twice a week</u>	<u>Daily or almost daily</u>
M8. After drinking or using drugs, I have had trouble with sleeping, staying asleep, or nightmares.	0	1	2	3
M9. I have driven a motor vehicle while under the influence of alcohol or other drugs.	0	1	2	3
M10. Drinking or using one drug has caused me to use other drugs more.	0	1	2	3
M11. I have been sick and vomited after drinking or using drugs.	0	1	2	3
M12. I have been unhappy because of my drinking or drug use.	0	1	2	3
M13. Because of my drinking or drug use, I have lost weight or not eaten properly.	0	1	2	3
M14. I have failed to do what is expected of me because of my drinking or drug use.	0	1	2	3
M15. Drinking or using drugs has helped me to relax.	0	1	2	3
M16. I have felt guilty or ashamed because of my drinking or drug use.	0	1	2	3
M17. While drinking or using drugs, I have said or done embarrassing things.	0	1	2	3

During the past 6 months/since the last time we met, about how often has this happened to you? (Show card 34)

Give one answer for each item.	<u>Never</u>	<u>Once or a few times</u>	<u>Once or twice a week</u>	<u>Daily or almost daily</u>
M18. When drinking or using drugs, my personality has changed for the worse.	0	1	2	3
M19. I have taken foolish risks when I have been drinking or using drugs.	0	1	2	3
M20. I have gotten into trouble because of drinking or drug use.	0	1	2	3
M21. While drinking or using drugs, I have said harsh or cruel things to someone.	0	1	2	3
M22. When drinking or using drugs, I have done impulsive things that I regretted later.	0	1	2	3
M23. I have gotten into a physical fight while drinking or using drugs.	0	1	2	3

Now answer these questions about things that may have happened to you.

During the past six months/since the last time we met, how much has this happened? (Show card 34A)

Circle one answer for each item.	<u>Not at all</u>	<u>A little</u>	<u>Some-what</u>	<u>Very much</u>
M24. My physical health has been harmed by my drinking or drug use.	0	1	2	3
M25. Drinking or using drugs has helped me to have a more positive outlook on life.	0	1	2	3
M26. I have had money problems because of my drinking or drug use.	0	1	2	3

**During the past six months/since the last time we met, how much has this happened?
(Show card 34A)**

Circle one answer for each item.	<u>Not at all</u>	<u>A little</u>	<u>Some- what</u>	<u>Very much</u>
M27. My marriage or love relationship has been harmed by my drinking or drug use.	0	1	2	3
M28. I have smoked tobacco more when I am drinking or using drugs.	0	1	2	3
M29. My physical appearance has been harmed by my drinking or drug use.	0	1	2	3
M30. My family has been hurt by my drinking or drug use.	0	1	2	3
M31. A friendship or close relationship has been damaged by my drinking or drug use.	0	1	2	3
M32. I have spent time in jail or prison because of my drinking or drug use.	0	1	2	3
M33. My sex life has suffered because of my drinking or drug use.	0	1	2	3
M34. I have lost interest in activities and hobbies because of my drinking or drug use.	0	1	2	3
M35. When drinking or using drugs, my social life has been more enjoyable.	0	1	2	3
M36. My spiritual or moral life has been harmed by my drinking or drug use.	0	1	2	3
M37. Because of my drinking or drug use, I have not had the kind of life that I want.	0	1	2	3

**During the past six months/since the last time we met, how much has this happened?
(Show card 34A)**

Circle one answer for each item.	<u>Not at all</u>	<u>A little</u>	<u>Some- what</u>	<u>Very much</u>
M38. My drinking or drug use has gotten in the way of my growth as a person.	0	1	2	3
M39. My drinking or drug use has damaged my social life, popularity or reputation.	0	1	2	3
M40. I have spent too much or lost a lot of money because of my drinking or drug use.	0	1	2	3

Now please indicate whether these things have happened to you during the last six months/since the last time we met.

**Has this happened to you during the last six months/since the last time we met?
(Show card 34B)**

Circle one answer for each item.	<u>No</u>	<u>Almost</u>	<u>Yes, once</u>	<u>Yes, more than once</u>
M41. I have been arrested for driving under the influence of alcohol or other drugs.	0	1	2	3
M42. I have been arrested for other offenses (besides driving under the influence) related to my drinking or other drug use.	0	1	2	3
M43. I have lost a marriage or a close love relationship because of my drinking or drug use.	0	1	2	3
M44. I have been suspended/fired from or left a job or school because of my drinking or drug use.	0	1	2	3
M45. I have used drugs moderately, without having problems.	0	1	2	3
M46. I have lost a friend because of my drinking or drug use.	0	1	2	3

Has this happened to you during the last six months/since the last time we met?
 (Show card 34B)

Circle one answer for each item.	<u>No</u>	<u>Almost</u>	<u>Yes, once</u>	<u>Yes, more than once</u>
M47. I have had an accident while using or under the influence of alcohol or drugs.	0	1	2	3
M48. While using or under the influence of alcohol or drugs, I have been physically hurt, injured, or burned.	0	1	2	3
M49. While using or under the influence of alcohol or drugs, I have injured someone.	0	1	2	3
M50. I have broken things or damaged property while using or under the influence of alcohol or drugs.	0	1	2	3

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.

	<u>NO</u>	<u>YES</u>	<u>DON'T KNOW</u>
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 35)

	<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 you that all your answers will be kept confidential. Please think about the last six months/the time period since we last met 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 (for example: being kicked, hit, choked, shot, stabbed, burned, or held at gunpoint).

P1c. Have you been physically abused or assaulted by a family member or someone you know in the last six months/since we last met?

No	0
Yes	1

P2c. Have you been physically abused or assaulted by a stranger in the last six months/since we last met?

No	0
Yes	1

P3. When you were physically assaulted were you using alcohol or drugs? (Show Card 36)

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 36)

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 (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).

P5c. Have you been sexually assaulted by a family member or someone you know in the last six months/since the last time we met?

No	0
Yes	1

P6c. Have you been sexually assaulted by a stranger in the last six months/since the last time we met?

No	0
Yes	1

P7. When you were sexually assaulted were you using alcohol or drugs? (Show Card 36)

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 36)

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

Q1b. In the past six months/since the last time we met, have you injected drugs?

No	0
Yes	1

Q2. In the past six months/since the last time we met, have you shared needles or works?

No, or I have not shot up in the past six months/ since the last time we met	0
Yes	3

Q3. With how many different people did you share needles in the past six months/since the last time we met? (Show Card 37)

0 or I have not shot up in the past six months/ since the last time we met	0
1 other person	1
2 or 3 different people	2
4 or more different people	3

Q4. In the past six months/since the last time we met, how often have you been to a shooting gallery/house or other place where users go to shoot-up? (Show Card 38)

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/since the last time we met, how often have you been to a Crack House or other place where people go to smoke crack? (Show Card 38)

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/since the last time we met, how often have you shared rinse-water? (Show Card 39)

Never or I have not shot up in the past six months/ since the last time we met	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/since the last time we met, how often have you shared a cooker? (Show Card 39)

Never or I have not shot up in the past six months/ since the last time we met	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/since the last time we met, how often have you shared a cotton? (Show Card 39)

Never or I have not shot up in the past six months/ since the last time we met	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/since the last time we met, 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 39)

Never or I have not shot up in the past six months/ since the last time we met	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 40)

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/since the last time we met?
(Show Card 41)

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/since the last time we met?
(Show Card 42)

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

Q13. In the past six months/since the last time we met, how often have you had sex?
(Show Card 43)

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/since we last met, how often have you had sex so you could get drugs? (Show Card 43)

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/since we last met, how often have you given drugs to someone so you could have sex with them? (Show Card 43)

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/since the last time we met, how often were you paid money to have sex with someone? (Show Card 43)

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/since we last met, how often did you give money to someone so you could have sex with them? (Show Card 43)

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/since we last met, how often did you use condoms when you had sex? (Show Card 44)

I have not had sex in the past 6 months/ since the last time we met	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 45 to best describe your opinion.

(Show Card 45)

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
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 46)

	<i>NO!</i> <i>Strongly</i> <i>Disagree</i>	<i>No</i> <i>Disagree</i>	<i>? Undecided</i> <i>or Unsure</i>	<i>Yes</i> <i>Agree</i>	<i>YES!</i> <i>Strongly</i> <i>Agree</i>
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 46)

	<i><u>NO!</u></i> <i><u>Strongly</u></i> <i><u>Disagree</u></i>	<i><u>No</u></i> <i><u>Disagree</u></i>	<i><u>? Undecided</u></i> <i><u>or Unsure</u></i>	<i><u>Yes</u></i> <i><u>Agree</u></i>	<i><u>YES!</u></i> <i><u>Strongly</u></i> <i><u>Agree</u></i>
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.

<u>S1. 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