



- E11. How many days were you paid for working in the past 30 days? \_\_\_ \_\_\_  
 ❖ Include “under the table” work, paid sick days and vacation
- E12. How much money did you receive from employment income in the past 30 days? \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 ❖ Net or “take home” pay, include any “under the table” money
- E17. How much money did you receive from illegal income in the past 30 days? \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 ❖ **Cash** obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc.

**DRUG /ALCOHOL USE**

**In the past 30 days, how many days have you used**

Days

- D1. Alcohol-any use at all \_\_\_ \_\_\_
- D2. Alcohol-to intoxication \_\_\_ \_\_\_
- D3. Heroin \_\_\_ \_\_\_
- D4. Methadone \_\_\_ \_\_\_
- D5. Other opiates/analgesics \_\_\_ \_\_\_
- D6. Barbiturates \_\_\_ \_\_\_
- D7. Other sedatives/hypnotics/tranquilizers \_\_\_ \_\_\_
- D8. Cocaine \_\_\_ \_\_\_
- D9. Amphetamines \_\_\_ \_\_\_
- D10. Cannabis \_\_\_ \_\_\_
- D11. Hallucinogens \_\_\_ \_\_\_
- D12. Inhalants \_\_\_ \_\_\_
- D13. More than one substance per day (including alcohol) \_\_\_ \_\_\_

❖ Alcohol – to intoxication include feel the effects, “got a buzz”, “high”, 5+drinks in one setting, or within a brief period of time, etc.

- ❖ Alcohol: Beer, wine, liquor
- ❖ Methadone: Dolophine, LAAM
- ❖ Opiates: Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups=Robitussin, Fentanyl
- ❖ Barbiturates: Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
- ❖ Sed/Hyp/Tranq: Benzodiazepines=Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
- ❖ Cocaine: Cocaine Crystal, Free-Base Cocaine or “Crack, and Rock Cocaine”
- ❖ Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
- ❖ Cannabis: Marijuana, Hashish
- ❖ Hallucinogens: LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
- ❖ Inhalants: Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, etc.

- D19. Since your last interview, how many times have you been treated for alcohol abuse? \_\_\_ \_\_\_
- D23. How much money would you say you spent during the past 30 days on alcohol? \_\_\_ \_\_\_ \_\_\_ \_\_\_
- D26. How many days in the past 30 days have you experienced alcohol problems? \_\_\_ \_\_\_
- D28. How troubled or bothered have you been in the past 30 days by these alcohol problems?  
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
- D30. How important to you now is treatment for these alcohol problems?  
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

- D20. Since your last interview, how many times have you been treated for drug abuse? \_\_\_ \_\_\_  
❖ Include detox., halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).
- D27. How many days in the past 30 days have you experienced drug problems? \_\_\_ \_\_\_  
❖ Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to
- D29. How troubled or bothered have you been in the past 30 days by these drug problems?  
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
- D31. How important to you now is treatment for these drug problems?  
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

### LEGAL STATUS

- L24. Are you presently awaiting charges, trial, or sentence?  
0-No 1-Yes
- L27. How many days in the past 30 days were you engaged in illegal activities for profit? \_\_\_ \_\_\_  
❖ Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc.
- L28. How serious do you feel your present legal problems are?  
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely  
❖ Exclude civil problems
- L29. How important to you now is counseling or referral for these legal problems?  
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely  
❖ Rating a need for additional referral to legal counsel for defense against criminal charges

### FAMILY/SOCIAL RELATIONSHIPS

- F1. Marital Status  
1- Married 2-Remarried 3-Widowed 4-Separated 5-Divorced 6 –Never Married
- F3. Are you satisfied with this situation?  
0-No 1-Indifferent 2-Yes  
❖ Satisfied = generally liking the situation

In the past 30 days, have you had significant periods in which you have experienced serious problems getting along with the following:

- ❖ “Serious problems” mean those that endangered the relationship  
❖ 0-No 1-Yes X- uncertain or don’t now N- where there never was someone from the category

- F18. Mother \_\_\_\_\_  
F19. Father \_\_\_\_\_  
F20. Brothers/Sisters \_\_\_\_\_  
F21. Sexual Partner/Spouse \_\_\_\_\_  
F22. Children \_\_\_\_\_  
F23. Other significant family members \_\_\_\_\_

- F24. Close friends \_\_\_\_\_
- F25. Neighbors \_\_\_\_\_
- F26. Co-workers \_\_\_\_\_

F30. How many days in the past 30 days have you had serious conflicts with your family? \_\_\_\_\_

F31. How many days in the past 30 days have you had serious conflicts with other people?  
 (excluding family) \_\_\_\_\_

F32. How troubled or bothered have you been in the past 30 days by these family problems?  
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

F34. How important to you now is treatment for these family problems?  
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

**PSYCHIATRIC STATUS**

In the past 30 days, have you had a significant period of time, (that was not a direct result of drug/alcohol use), in which you have:

❖	Items P8-P10 Patient can be under the influence of alcohol/drugs	❖ 0-No <u>1-Yes</u>
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P4. Experienced serious depression? \_\_\_\_\_

P5. Experienced serious anxiety or tension? \_\_\_\_\_

P6. Experienced hallucinations? \_\_\_\_\_

P7. Experienced trouble understanding, concentrating or remembering? \_\_\_\_\_

P8. Experienced trouble controlling violent behavior? \_\_\_\_\_

P9. Experienced serious thoughts of suicide? (e.g., Patient seriously considered a plan for taking his/her life) \_\_\_\_\_

P10. Attempted suicide? (e.g., Include suicidal gestures or attempts) \_\_\_\_\_

P11. Been prescribed medication for any psychological or emotional problems? (prescribed for the patient by MD; e.g., a medication was prescribed even if the patient is not taking it) \_\_\_\_\_

P12. How many days in the past 30 have you experienced these psychological or emotional problems ? \_\_\_\_\_

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?  
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

P14. How important to you now is treatment for these psychological or emotional problems?  
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely