

RESPONDENT ID# _____

STUDY _____ 28 _____

**NHI-2 FORM 6
INCARCERATIONS AT LEAST 30 DAYS**

SEGMENT# _____ FROM _____ 19 _____ THROUGH _____ 19 _____

IF SEGMENT #0 OR 1, DATE OF INTERVIEW _____ / _____ / _____

- | 1. | Where were you incarcerated during this period? | NEVER INCARCERATED (SKIP OUT OF FORM).....0
CRC1
JAIL3
PRISON (ANSWER Q2).....4
CYA.....5
OTHER.....7
SPECIFY _____ | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|---|--|----|-----|--------------|---|---|---------------------|---|---|----------------|---|---|--------------|---|---|---------------------------|---|---|--------------------------|---|---|-------------------------|---|---|
| 2. | Which prison? | SPECIFY _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Was your incarceration due to a parole/probation violation? | NO (SKIP TO Q5)0
YES1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | What was the most important reason for the violation? | DRUG USE, DIRTY TESTS1
NEW ARREST.....2
PAL/RAL NOT REPORTING3
ASSOCIATION4
CONFLICTS WITH P.O.....5
ABUSE OF ALCOHOL.....6
OTHER.....7
SPECIFY: _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | While you were incarcerated, did you use any drugs to get high? | NO ACCESS TO DRUGS...(SKIP TO Q15).....0
ACCESS BUT NO USE...(SKIP TO Q15)1
YES, USED2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 6-7. | NULL | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8-14. | IF YES, which drugs? | <table border="0"> <thead> <tr> <th></th> <th align="right">NO</th> <th align="right">YES</th> </tr> </thead> <tbody> <tr> <td>ALCOHOL.....</td> <td align="right">0</td> <td align="right">1</td> </tr> <tr> <td>POT, INHALANTS.....</td> <td align="right">0</td> <td align="right">1</td> </tr> <tr> <td>NARCOTICS.....</td> <td align="right">0</td> <td align="right">1</td> </tr> <tr> <td>COCAINE.....</td> <td align="right">0</td> <td align="right">1</td> </tr> <tr> <td>AMPH/METHAMPHETAMINE.....</td> <td align="right">0</td> <td align="right">1</td> </tr> <tr> <td>OTHER ILLEGAL DRUGS.....</td> <td align="right">0</td> <td align="right">1</td> </tr> <tr> <td>PRESCRIPTION DRUGS.....</td> <td align="right">0</td> <td align="right">1</td> </tr> </tbody> </table> | | NO | YES | ALCOHOL..... | 0 | 1 | POT, INHALANTS..... | 0 | 1 | NARCOTICS..... | 0 | 1 | COCAINE..... | 0 | 1 | AMPH/METHAMPHETAMINE..... | 0 | 1 | OTHER ILLEGAL DRUGS..... | 0 | 1 | PRESCRIPTION DRUGS..... | 0 | 1 |
| | NO | YES | | | | | | | | | | | | | | | | | | | | | | | | |
| ALCOHOL..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| POT, INHALANTS..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| NARCOTICS..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| COCAINE..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| AMPH/METHAMPHETAMINE..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER ILLEGAL DRUGS..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| PRESCRIPTION DRUGS..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | Did you receive any drug education or drug treatment while incarcerated? | NO (SKIP TO Q19).....0
YES, EDUCATION ONLY (SKIP TO Q19).....1
YES, TREATMENT2 | | | | | | | | | | | | | | | | | | | | | | | | |

16-17. What kind of treatment?
(CODE UP TO 2)

SELF-HELP GROUPS (AA,CA,NA)1
INDIVIDUAL OR GROUP COUNSELING2
RESIDENTIAL/THERAPEUTIC COMMUNITY4
OTHER.....3
SPECIFY: _____

_____ CODE

18. How many days did you attend treatment?

DAYS: _____

19. WHY DOES THIS SEGMENT END?

END OF INTERVIEW0
RELEASED/PAROLED (ASK Q25)2
CHANGED TYPE OF INCARCERATION3
(GO TO NEXT SEGMENT)

20-24. Null.

25-27. NON-INCARCERATED SEGMENT FROM: _____ 19 _____ THROUGH: _____ 19 _____

STUDY 28

RESPONDENT ID # _____

**NHI-2 FORM 9
MEDICAL/PSYCHIATRIC TREATMENT
(≥ 21 DAYS)**

SEGMENT# _____ FROM 19 _____ THROUGH 19 _____

IF SEGMENT #0 OR 1, DATE OF INTERVIEW ____/____/____

1. Were you receiving any medical or psychiatric treatment?
- | | |
|--|-------------------------------------|
| | NEVER (SKIP OUT OF FORM)0 |
| | MEDICAL.....1 |
| | PSYCHIATRIC.....2 |
| | BOTH MEDICAL AND PSYCHIATRIC3 |

2-4. What was the diagnosis/reason? _____

(CODE UP TO 3) _____

CODE

5. NULL

6. How many days did you stay? DAYS: _____

7. IF PSYCHIATRIC ON Q1, Did you receive any psychiatric medications?
- | | |
|-----------|---|
| NO | 0 |
| YES | 1 |

8-10. NULL

11. WHY DOES THIS SEGMENT END?
- | | |
|--|---|
| END OF INTERVIEW | 0 |
| INCARCERATED (GO TO Q18)..... | 1 |
| END MED/PSY TX..... | 2 |
| TRANSFERRED (GO TO NEXT SEGMENT) | 4 |

12-17. NULL

18-21. NO TREATMENT SEGMENT FROM: _____ 19 _____ THROUGH: _____ 19 _____

RESPONDENT ID# _____

STUDY 28

NHI-2 FORM 10
LEGAL STATUS

SEGMENT# _____ FROM 19 THROUGH 19

IF SEGMENT #0 OR 1, DATE OF INTERVIEW ____/____/____

1. During this period, your legal status was: (CIRCLE ONE)

- NEVER UNDER LEGAL SUPERVISION (SKIP OUT OF FORM).....0
- PROBATION (not summary)1
- PRISON PAROLE2
- CYA/JUV INST PAROLE3
- OUTPATIENT PROGRAM FROM CRC4
- PROBATION ABSCONDENCE (SKIP TO Q7).....6
- PAROLE ABSCONDENCE (SKIP TO Q7).....7
- CYA ABSCONDENCE (SKIP TO Q7).....8
- OUTPATIENT ABSCONDENCE FROM CRC (SKIP TO Q7).....9
- DRUG COURT.....10
- OTHER (Specify: _____).....5

2-5. NULL

6. How many times were urine tests given to you? TOTAL #TIMES IN SEGMENT _____
(0=NONE DURING PERIOD)

7. WHY DOES THIS SEGMENT END?
- END OF INTERVIEW0
 - INCARCERATED (SKIP TO Q18)1
 - BEGAN ABSCONDENCE (ASK Q8).....2
 - ENDED PROBATION (SKIP TO Q9).....3
 - ENDED PAROLE (SKIP TO Q9).....4
 - ENDED OUTPATIENT STATUS (SKIP TO Q9).....5
 - ENDED ABSCONDENCE (ASK Q8).....6
 - ENDED DRUG COURT (SKIP TO Q9).....8
 - OTHER CHANGES (SKIP TO Q9).....7

8. Why did you begin/end abscondence? _____
[CODE _____]

9. DOES THIS SIGNIFY THE BEGINNING OF A "NO LEGAL STATUS" SEGMENT?
- NO (SKIP TO NEXT SEGMENT)0
 - YES (FILL OUT DATES OF "NO LEGAL STATUS SEGMENT" AT Q. 18-21)1

10-17. NULL

18-21. NO LEGAL STATUS SEGMENT FROM: _____ 19 _____ THROUGH: _____ 19 _____

RESPONDENT ID# _____

STUDY _____ 28 _____

**NHI-2 FORM 11
DRUG TREATMENT**

SEGMENT# _____ FROM (MO/YR) _____ / _____ THROUGH _____ / _____

IF SEGMENT #0 OR 1, DATE OF INTERVIEW ____ / ____ / ____

- 1. IN TREATMENT.....1
- 2. Was there any legal pressure on you to enter treatment from drug court, other court, probation/parole agent, or child protective services?
 - NO (SKIP TO Q4).....0
 - YES1
- 3. IF YES, what agency was most of the pressure from?
 - DRUG COURT1
 - OTHER COURT2
 - PROBATION/PAROLE3
 - CHILD PROTECTIVE SERVICES.....4

TREATMENT CODES

- HOSPITAL INPATIENT1
- RESIDENTIAL/THERAPEUTIC COMMUNITY2
- DAY TREATMENT3
- OUTPATIENT METHADONE MAINTENANCE/OTHER MEDS4
- OUTPATIENT DETOX (INCLUDES OUTPATIENT METHADONE DETOX)5
- OUTPATIENT DRUG-FREE6
- OTHER OUTPATIENT (PRIVATE COUNSELOR/MH, PSYCH CLINIC)7
- SELF-HELP (e.g. AA, NA, OTHER 12-STEP).....8
- SOBER LIVING9
- OTHER10

SPECIFY: _____

TREATMENT #1 (PRIMARY TX)

4. Type of treatment (USE CODES FROM ABOVE) 4. _____
5. Did you receive the treatment in jail or prison? NO.....0
YES.....1

- 6-8. Substance treated for (USE MASTER CODES – UP TO 3) 6. _____ 7. _____ 8. _____
- IF "OTHER", SPECIFY _____

- 9-11. Why did you enter treatment at this time? (CODE 0 ON Q9 IF TX CONTINUES FROM PREVIOUS SEGMENT)
- Most important reason: _____ 9. _____
- 2nd reason: _____ 10. _____
- 3rd reason: _____ 11. _____

- 12-14. TREATMENT FREQUENCY
- IF LESS THAN 1 MO., how many days were you in this program? DAYS _____
- IF 1 MO. OR MORE, how many days per week were you in this program? DAYS/WK _____
- How many hours per day? HRS/DAY _____
15. CODER, CALCULATE HOURS/MONTH HRS/MO _____

IF TX #1 IS AA, CA, NA AND/OR ANY OTHER SELF HELP GROUP SKIP TO Q24.

16. Was detox required before entering this program? NO..... (SKIP TO Q18)0
YES1

17. How many days were you in detox? DAYS _____

18. How was treatment paid for?
- All or mostly cash.....1
 - All or mostly private insurance2
 - Medi-Cal.....3
 - GR4
 - Other public funding (TANF, GAIN, ETC.).....5
 - Other.....6
 - Don't know.....-8

19. How much did you pay out-of-pocket per month? \$ _____
[INCLUDING CO-PAYMENTS]

20. Did you receive any medication as part of this treatment program? (INCLUDE METHADONE) NO..... (SKIP TO Q24)0
YES1

- 21-23. SPECIFY MEDICATION, IF KNOWN (CODE UP TO 3) (INCLUDE METHADONE)
21. _____
22. _____
23. _____
- CODE

24. How satisfied were you with this program?
- NOT AT ALL SATISFIED.....1
 - SOMEWHAT SATISFIED.....2
 - VERY SATISFIED.....3
 - DON'T KNOW.....-8

25-30. NULL

Treatment #2

- 25-28. Dates of treatment (if shorter than treatment#1) FROM _____ / _____ THROUGH _____ / _____
29. Type of treatment (USE CODES FROM ABOVE) 29. _____
30. Did you receive the treatment in jail or prison? NO.....0
YES.....1
- 31-33. Substance treated for (USE MASTER CODES – UP TO 3) 31 _____ 32. _____ 33. _____
IF “OTHER”, SPECIFY _____
- 34-35. Why did you enter this program at this time ? SPECIFY IF DIFFERENT FROM REASONS FOR TX #1
Most important reason: _____ 34. _____
2nd reason: _____ 35. _____
- 36-38. TREATMENT FREQUENCY
IF LESS THAN 1 MO., how many days were you in this program? DAYS _____
IF 1 MO. OR MORE, how many days per week were you in this program? DAYS/WK _____
How many hours per day? HRS/DAY _____
39. CODER, CALCULATE HOURS/MONTH HRS/MO _____

IF TX #2 IS AA, CA, NA AND/OR ANY OTHER SELF HELP GROUP SKIP TO Q48.

40. Was detox required before entering this program? NO (SKIP TO Q42)0
YES1
41. How many days were you in detox? DAYS _____
42. How was treatment paid for?
All or mostly cash.....1
All or mostly private insurance2
Medi-Cal.....3
GR4
Other public funding (TANF, GAIN, ETC.).....5
Other.....6
Don't know.....-8
43. How much did you pay out-of-pocket per month? \$ _____
[INCLUDING CO-PAYMENTS]
44. Did you receive any medication as part of this treatment program? (INCLUDE METHADONE) NO (SKIP TO Q48)0
YES1
- 45-47. SPECIFY MEDICATION, IF KNOWN (CODE UP TO 3) (INCLUDE METHADONE)
45. _____
46. _____
47. _____
CODE
48. How satisfied were you with this program?
NOT AT ALL SATISFIED.....1
SOMEWHAT SATISFIED.....2
VERY SATISFIED3
DON'T KNOW-8
- 49-50. NULL

Treatment #3

51-54. Dates of treatment (if shorter than treatment#1) FROM _____ / _____ THROUGH _____ / _____

55. Type of treatment (USE CODES FROM ABOVE) 55. _____

56. Did you receive the treatment in jail or prison? NO.....0
YES.....1

57-59. Substance treated for (USE MASTER CODES – UP TO 3) 57 _____ 58. _____ 59. _____

IF "OTHER", SPECIFY _____

60-61. Why did you enter this program at this time? SPECIFY IF DIFFERENT FROM REASONS FOR TX #1

Most important reason: _____ 60. _____

2nd reason: _____ 61. _____

62-64. TREATMENT FREQUENCY
IF LESS THAN 1 MO., how many days were you in this program? DAYS _____

IF 1 MO. OR MORE, how many days per week were you in this program? DAYS/WK _____

How many hours per day? HRS/DAY _____

65. CODER, CALCULATE HOURS/MONTH HRS/MO _____
I

IF TX #3 IS AA, CA, NA AND/OR ANY OTHER SELF HELP GROUP SKIP TO Q72.

66. Was detox required before entering this program? NO..... (SKIP TO Q68)0
YES1

67. How many days were you in detox? DAYS _____

68. How was treatment paid for? All or mostly cash.....1
All or mostly private insurance2
Medi-Cal.....3
GR4
Other public funding (TANF, GAIN, ETC.).....5
Other.....6
Don't know.....-8

69. How much did you pay out-of-pocket per month? \$ _____
[INCLUDING CO-PAYMENTS]

70. Did you receive any medication as part of this treatment program? (INCLUDE METHADONE) NO..... (SKIP TO Q74)0
YES1

71-73. SPECIFY MEDICATION, IF KNOWN 71. _____
(CODE UP TO 3) 72. _____
(INCLUDE METHADONE) 73. _____
CODE

74. How satisfied were you with this program? NOT AT ALL SATISFIED.....1
SOMEWHAT SATISFIED2
VERY SATISFIED3
DON'T KNOW.....-8

75-76 NULL

77. WHY DOES THIS SEGMENT END?
- END OF INTERVIEW0
 - INCARCERATED (SKIP TO Q85).....1
 - END OF ONE OR ALL TREATMENTS (ASK Q78-83)2
 - MAJOR CHANGE IN ATTENDANCE (SKIP TO NEXT SEGMENT)3
 - ADDITION OF TX (SKIP TO NEXT SEGMENT)4
 - ALL OTHER CHANGES IN TREATMENT (SKIP TO NEXT SEGMENT)5

78-83. Why did you end this treatment?
 (CODE UP TO 2 FOR EACH ENDING TREATMENT, USING CODES BELOW)

	Treatment 1	Treatment 2	Treatment 3
COMPLETED THE PROGRAM.....1			
COMPLETED THIS PHASE OF PROG/CHANGED TX MODE.....2 (BUT SAME PROGRAM)	78 _____	80 _____	82 _____
PROGRAM CLOSED3			
MOVED AWAY/TOO FAR TO GO4	79 _____	81 _____	83 _____
TOO EXPENSIVE/NO MONEY5			
LEGAL SUPERVISION NEEDED6			
KICKED OUT FOR DRUG USE7			
KICKED OUT (OTHER REASON).....8			
DIDN'T LIKE PROGRAM.....9			
OTHER10			
SPECIFY:			
TX1: _____			
TX2: _____			
TX3: _____			
	CODE		

84. DOES THIS SIGNIFY THE BEGINNING OF A "NO TREATMENT" SEGMENT?
- NO (SKIP TO NEXT SEGMENT).....0
 - YES (FILL OUT DATES OF "NO TX SEGMENT" AT Q85-88).1

85-88. IF ALL TREATMENT ENDS, ENTER DATES OF NO TREATMENT SEGMENT.

FROM (MO/YR) : _____ / _____ THROUGH: _____ / _____

RESPONDENT ID# _____

STUDY _____ 28 _____

NHI-2 FORM 13
COCAINE/CRACK USE

SEGMENT# _____ FROM _____ 19 _____ THROUGH _____ 19 _____

IF SEGMENT #0 OR 1, DATE OF INTERVIEW ____ / ____ / ____

1. NULL

2-3. Why did you start/change use? (CODE UP TO 2)
(IF NEVER USED, CODE 0 AND SKIP OUT OF FORM)

SPECIFY: _____

2. _____

3. _____

4-9. How often did you use cocaine during this period and what was the street value?
(CODE UP TO 2)

INFO TO CALCULATE Q11
I: RECORD VALUE/DAY
OR /MO

- 1 30 DAILY (6 DAYS/WEEK) _____
- 2 _____ DAYS/WEEK _____
- 3 _____ WEEKENDS/MONTH _____
- 4 _____ DAYS/MONTH _____
- 5 _____ DAYS/YEAR _____
- 6 _____ DAYS/SEGMENT _____

Value per Day	Value per Month
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. NULL

11. CODER: CALCULATE TOTAL STREET VALUE PER MONTH.....\$ _____

12-13. Which best describes your method of cocaine use during this period?

- INHALE (SNORT) 1
 - SMOKE CRACK/ROCK 2
 - SMOKE FREEBASE 3
 - SMOKE "PRIMO" (MJ+COCAINE)..... 4
 - INJECTION 5
 - OTHER 8
13. SPECIFY _____

14. NULL

15. WHY DOES THIS SEGMENT END?

- END OF INTERVIEW..... 0
- INCARCERATED (SKIP TO Q18)..... 1
- STOPPED USING (ASK Q16)..... 2
- CHANGED AMOUNT/FREQUENCY/METHOD (GO TO NEXT SEGMENT) 3

16-17. Why did you stop using? (CODE UP TO 2)
(IF NEVER USED, CODE 0 AND SKIP OUT OF FORM)

SPECIFY: _____

CODE
16. _____

17. _____

18-21. NO USE SEGMENT FROM: _____ 19 _____ THROUGH: _____ 19 _____

RESPONDENT ID# _____

STUDY _____ 28 _____

**NHI-2 FORM 14
NARCOTICS USE**

SEGMENT# _____ FROM _____ 19 _____ THROUGH _____ 19 _____

IF SEGMENT #0 OR 1, DATE OF INTERVIEW ____/____/____

1. What was the main narcotic drug you used? _____
(IF R NEVER USED NARCOTICS ENTER 0 AND SKIP OUT OF FORM) CODE

2-3. Why did you start/change use? (CODE UP TO 2)

SPECIFY: _____ 2. _____
 _____ 3. _____

4-9. How often did you use (DRUG NAME) during this period
(CODE UP TO 2)

INFO TO CALCULATE Q11
I: RECORD VAL/DAY OR /MO

- 1 30 DAILY (6 DAYS/WEEK) _____
- 2 _____ DAYS/WEEK _____
- 3 _____ WEEKENDS/MONTH _____
- 4 _____ DAYS/MONTH _____
- 5 _____ DAYS/YEAR _____
- 6 _____ DAYS/SEGMENT _____

Value per day	Value per month
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. CODER: CALCULATE TOTAL TIMES PER MONTH..... _____

11. CODER: CALCULATE TOTAL STREET VALUE OF THE DRUG USED PER MONTH \$ _____

12-13. Which best describes your method of narcotic use ?

- INHALE (SNORT)..... 1
 - SMOKE 2
 - INJECTION..... 5
 - ORAL 6
 - SPEEDBALL (HEROIN + COCAINE)..... 7
 - OTHER 8
13. SPECIFY _____ CODE

14. NULL

15. WHY DOES THIS SEGMENT END?

- END OF INTERVIEW 0
- INCARCERATED (SKIP TO Q18)..... 1
- STOPPED USING (ASK Q16) 2
- CHANGED AMOUNT/FREQUENCY/METHOD (GO TO NEXT SEGMENT) 3

16-17. Why did you stop using? (CODE UP TO 2) CODE

SPECIFY: _____ 16. _____
 _____ 17. _____

18-21. NO USE SEGMENT FROM: _____ 19 _____ THROUGH: _____ 19 _____

RESPONDENT ID# _____

STUDY _____ 28 _____

NHI-2 FORM 15
AMPHETAMINE/SPEED/CRYSTAL/METHAMPHETAMINE USE

SEGMENT# _____ FROM _____ 19 _____ THROUGH _____ 19 _____

IF SEGMENT #0 OR 1, DATE OF INTERVIEW ____/____/____

- 1. What kind of amphetamine did you use?
(IF NEVER USED, CODE 0 AND SKIP OUT OF FORM)
SPECIFY TYPE/FORM IF R KNOWS

- | | |
|--|-----------------------------------|
| | NEVER USED0 |
| | METHAMPHETAMINE (MOSTLY)1 |
| | OTHER AMPHETAMINE (MOSTLY)2 |
| | BOTH METH/AMPH.3 |
| | DON'T KNOW4 |

2-3. Why did you start/change use? (CODE UP TO 2)

SPECIFY: _____ 2. _____

_____ 3. _____

4-9. How often did you use [meth]amphetamines during this period?
(CODE UP TO 2)

**I: RECORD VALUE/DAY OR /MO
RECORD GRAMS IF R KNOWS**

	Times per day	Grams per day	Value per day	Value per month
1 <u>30</u> DAILY (6 DAYS/WEEK)	_____	_____	_____	_____
2 _____ DAYS/WEEK	_____	_____	_____	_____
3 _____ WEEKENDS/MONTH	_____	_____	_____	_____
4 _____ DAYS/MONTH	_____	_____	_____	_____
5 _____ DAYS/YEAR	_____	_____	_____	_____
6 _____ DAYS/SEGMENT	_____	_____	_____	_____

10. CODER: CALCULATE TOTAL GRAMS PER MONTH..... GRAMS _____

11. CODER: CALCULATE TOTAL STREET VALUE PER MONTH..... \$ _____

12. Which best describes your [meth]amphetamine use?

- INHALE (SNORT)1
- SMOKE2
- SMOKE MIXTURE (WITH EG. COCAINE)4
- INJECTION.....5
- "SPEEDBALL"(INJECT METH/AMPH + HEROIN).....7
- ORAL6
- OTHER.....8

13. SPECIFY _____ CODE

14. During this segment, what is the longest continuous period that you did not use [meth]amphetamines? DAYS _____

15. WHY DOES THIS SEGMENT END?

- END OF INTERVIEW.....0
- INCARCERATED (SKIP TO Q18).....1
- STOPPED USING (ASK Q16).....2
- CHANGED AMOUNT/FREQUENCY/METHOD (GO TO NEXT SEGMENT)3

16-17. Why did you stop using? (CODE UP TO 2)
(IF NEVER USED, CODE 0 AND SKIP OUT OF FORM)

SPECIFY: _____ CODE

_____ 16. _____

_____ 17. _____

18-21. NO USE SEGMENT FROM: _____ 19 _____ THROUGH: _____ 19 _____

RESPONDENT ID# _____

STUDY _____ 28 _____

**NHI-2 FORM 16
MARIJUANA USE**

SEGMENT# _____ FROM _____ 19 _____ THROUGH _____ 19 _____

IF SEGMENT #0 OR 1, DATE OF INTERVIEW ____/____/____

1. NULL

2-3. Why did you start/change use? (CODE UP TO 2)
(IF NEVER USED, CODE 0 AND SKIP OUT OF FORM)

SPECIFY: _____

CODE
2. _____
3. _____

4-9. How often did you use marijuana during this period?
(CODE UP TO 2)

**INFO TO CALCULATE Q10-Q11
I: RECORD VALUE/DAY OR /MO**

		Joints per day
1	<u>30</u> DAILY (6 DAYS/WEEK)	_____
2	_____ DAYS/WEEK	_____
3	_____ WEEKENDS/MONTH	_____
4	_____ DAYS/MONTH	_____
5	_____ DAYS/YEAR	_____
6	_____ DAYS/SEGMENT	_____

Value per day	JOINTS/ MO.(CODER)	Value per month
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. CODER: CALCULATE JOINTS PER MONTHJOINTS _____

11. CODER: CALCULATE TOTAL STREET VALUE PER MONTH.....\$ _____

12-14. NULL

15. WHY DOES THIS SEGMENT END? END OF INTERVIEW0
 INCARCERATED (SKIP TO Q18).....1
 STOPPED USING (ASK Q16).....2
 CHANGED AMOUNT/FREQUENCY (GO TO NEXT SEGMENT).....3

16-17. Why did you stop using? (CODE UP TO 2)
(IF NEVER USED, CODE 0 AND SKIP OUT OF FORM)

SPECIFY: _____

CODE
16. _____
17. _____

18-21. NO USE SEGMENT FROM: _____ 19 _____ THROUGH: _____ 19 _____

RESPONDENT ID# _____

STUDY# 28

**NHI-2 FORM 17
ALCOHOL USE**

SEGMENT# _____ FROM 19 THROUGH 19

IF SEGMENT #0 OR 1, DATE OF INTERVIEW / /

1. NULL

2-3. Why did you start/change use? (CODE UP TO 2)
(IF NEVER USED, CODE 0 AND SKIP OUT OF FORM)

SPECIFY: _____

CODE
2. _____
3. _____

4-5. How often did you use alcohol during this period? (CODE UP TO 2)
(IF LESS THAN ONCE-A-MONTH, CIRCLE 0 AND SKIP TO Q15)

- 1 30 DAILY (6 DAYS/WEEK)
- 2 DAYS/WEEK
- 3 WEEKENDS/MONTH
- 4 DAYS/MONTH
- 0 0 LESS THAN ONCE-A-MONTH

How often did you dring beer/wine/liquor? How much?

	Days/month	Amt/day (glasses/cans/bottles)	TOTAL OZ (CODER)
Beer			
Wine			
Liquor			

6-9. NULL

10. CODER: CALCULATE TOTAL DAYS PER MONTH (FROM Q4-5)..... DAYS _____

11. CODER: CALCULATE TOTAL OZ. PER MONTHOZ. _____

12-14. NULL

15. WHY DOES THIS SEGMENT END?

- END OF INTERVIEW.....0
- INCARCERATED (SKIP TO Q18).....1
- STOPPED USING (ASK Q16).....2
- CHANGED AMOUNT/FREQUENCY/METHOD (GO TO NEXT SEGMENT)3

16-17. Why did you stop using? (CODE UP TO 2)
(IF NEVER USED, CODE 0 AND SKIP OUT OF FORM)

SPECIFY: _____

CODE
16. _____
17. _____

18-21. NO USE SEGMENT FROM: _____ 19 _____ THROUGH: _____ 19 _____

RESPONDENT ID# _____

STUDY _____ 28 _____

**NHI-2 FORM 18
LEGAL EMPLOYMENT**

SEGMENT# _____ FROM _____ 19 _____ THROUGH _____ 19 _____

IF SEGMENT #0 OR 1, DATE OF INTERVIEW ____ / ____ / ____

1. Were you working or a full-time student during this period?

- NEVER WORKED AND NEVER FULL-TIME STUDENT (SKIP OUT OF FORM)..... 0
- WORKING..... 1
- FULL-TIME STUDENT/NOT WORKING (SKIP TO Q3) 2
- BOTH WORKING AND FULL TIME STUDENT 3

2. How many hours a week did you work? _____

3. Why does this segment end?

- END OF INTERVIEW 0
- INCARCERATED (SKIP TO Q18)..... 1
- STOPPED WORKING (SKIP TO Q18)..... 2
- STARTED WORKING (GO TO NEXT SEGMENT) 3
- ENDED STUDENT STATUS (SKIP TO Q18) 4
- STOPPED WORKING AND STARTED STUDENT STATUS 5
- (GO TO NEXT SEGMENT)

4-17. NULL

18-21. NO WORK SEGMENT FROM: _____ 19 _____ THROUGH: _____ 19 _____

RESPONDENT ID# _____

STUDY _____ 28 _____

**NHI-2 FORM 19
CRIME/DEALING**

SEGMENT# _____ FROM _____ 19 _____ THROUGH _____ 19 _____

IF SEGMENT #0 OR 1, DATE OF INTERVIEW ____/____/____

1. Were you involved in any criminal activities?
(other than illegal drug use/possession) NEVER..... (SKIP TO NEXT FORM) . 0
YES..... 1

2-13. What crimes were you involved in and how often did you do them?
(I: READ CRIMES ON FIRST SEGMENT, BUT DON'T REREAD)

- 1 - Dealing
- 2 - Forgery (checks, bad/stolen credit card)
- 3 - Forged Prescriptions
- 4 - Burglary (house, building, car)
- 5 - Robbery (business)
- 6 - Robbery (person)
- 7 - Auto theft
- 8 - Non-auto theft, shoplifting
- 10 - Con, scam
- 12 - Prostitution, pimping
- 9 - Other (Specify _____)

CODE UP TO 4

	ACTIVITY (USE CODES)	No. months you did it?	Days/mo.
2-4. CRIME 1	_____	_____	_____
5-7. CRIME 2	_____	_____	_____
8-10. CRIME 3	_____	_____	_____
11-13. CRIME 4	_____	_____	_____

14. IF DEALING, did you make a profit from dealing? NO..... 0
YES..... 1

15. WHY DOES THIS SEGMENT END?

- END OF INTERVIEW 0
- INCARCERATED (SKIP TO Q18)..... 1
- END OF CRIME ACTIVITY (ASK Q16)..... 2
- CHANGE IN FREQUENCY/CRIME (GO TO NEXT SEGMENT)..... 4

16-17. Why did you stop all crimes?
(CODE UP TO 2)

SPECIFY _____

(CODE)

18-21. NO CRIME SEGMENT FROM: _____ 19 _____ THROUGH: _____ 19 _____