



Form 666—LET TSI (CONT.)

Approved 10/20/05

ID #:

Form for ID # with four input boxes.

SSN last 4 digits:

Form for SSN last 4 digits with four input boxes.

Age of R. & year assessed:

Form for age of R. with two input boxes.

Form for year assessed with two input boxes.

Page #: Of: Form with two input boxes for page and of.

Serial Number:

Form for serial number with two input boxes.

Form for serial number with two input boxes.

6917

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Criminal Activity (A) | | | | | | | | | | | | |
| 2. Criminal Activity (A) | | | | | | | | | | | | |
| 3. Incarcerated (B) | | | | | | | | | | | | |
| 4. Drug TX (C) | | | | | | | | | | | | |
| 5. Attendance (C) | | | | | | | | | | | | |
| 6. Self-help (D) | | | | | | | | | | | | |
| 7. Medical hosp (E) | | | | | | | | | | | | |
| 8. Med/psych meds (F) | | | | | | | | | | | | |
| 9. Cigarette use (G) | | | | | | | | | | | | |
| 10. Alcohol use (H) | | | | | | | | | | | | |
| 11. MJ (I) | | | | | | | | | | | | |
| 12. Meth/Amp (J) | | | | | | | | | | | | |
| 13. Cocaine (K) | | | | | | | | | | | | |
| 14. Heroin (L) | | | | | | | | | | | | |
| 15. Employment (M) | | | | | | | | | | | | |
| 16. Psych hosp (N) | | | | | | | | | | | | |
| 17. Dirty needle (O) | | | | | | | | | | | | |
| 18. Sex no condom (P) | | | | | | | | | | | | |

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Criminal Activity (A) | | | | | | | | | | | | |
| 2. Criminal Activity (A) | | | | | | | | | | | | |
| 3. Incarcerated (B) | | | | | | | | | | | | |
| 4. Drug TX (C) | | | | | | | | | | | | |
| 5. Attendance (C) | | | | | | | | | | | | |
| 6. Self-help (D) | | | | | | | | | | | | |
| 7. Medical hosp (E) | | | | | | | | | | | | |
| 8. Med/psych meds (F) | | | | | | | | | | | | |
| 9. Cigarette use (G) | | | | | | | | | | | | |
| 10. Alcohol use (H) | | | | | | | | | | | | |
| 11. MJ (I) | | | | | | | | | | | | |
| 12. Meth/Amp (J) | | | | | | | | | | | | |
| 13. Cocaine (K) | | | | | | | | | | | | |
| 14. Heroin (L) | | | | | | | | | | | | |
| 15. Employment (M) | | | | | | | | | | | | |
| 16. Psych hosp (N) | | | | | | | | | | | | |
| 17. Dirty needle (O) | | | | | | | | | | | | |
| 18. Sex no condom (P) | | | | | | | | | | | | |

19a. Specify for #14:

Empty rectangular box for specifying information for item 14.

19b. Specify for #14:

Empty rectangular box for specifying information for item 14.



CARD A

Items 1 and 2: CJ Activities

Did you ever engage in any of the activities listed, even if you were not caught for it?

If yes, For Column 2:

How old were you the first time that you engaged in any of these activities, even if you were not caught for it?

For month/year column(s):

What and when did you engage in any of these activities, even if you were not caught for it?

- A) Shoplifting, vandalism
- B) Drug sales, manufacturing, possession (but not use)
- C) Prostitution
- D) Forgery
- E) Burglary, larceny, breaking and entering, theft, car theft
- F) Robbery, car jacking
- G) Assault
- H) Arson
- I) Rape
- J) Homicide, manslaughter
- K) Other

Decision Rule: Only two activities can be documented at any one point in time. If more than two actually occurred at any one time, document the two most "severe" activities listed in order of least to most severe above (except for "other"). Include attempted crime.

CARD B

Item 3: Incarceration

Were you ever incarcerated?

If yes, for Column 2:

How old were you the first time you were incarcerated (that is, in a criminal justice lock-down facility, including incarceration as a juvenile)?

For month/year column(s):

When and for how long were you incarcerated?

- A. Less than a week
- B. From one week up to two weeks
- C. From two weeks up to three weeks
- D. From three weeks up to the entire month

Decision Rule: Code whether the participant was ever incarcerated for a period of at least 24 hours. Any type of lock-down, limited freedom, limited privileges is not considered incarceration (i.e., house arrest is not considered incarceration; although pre-release programs in Montana are).

CARD C

Item 4: Treatment Participation

Did you ever participate in any formal drug treatment (like Ebony Counseling Center or Sun Ray Addictions, not just 12-step self-help groups like AA or NA)?

If Yes, for Column 2:

How old were you the first time you participated in formal drug treatment?

For month/year column(s):

When and what type of formal treatment did you participate in?

- A. Inpatient detox only
- B. Outpatient drug free
- C. Residential/therapeutic community
- D. Private drug counseling
- E. Outpatient methadone maintenance
- F. Outpatient detox (including methadone detox)
- G. Prison Program
- H. Aftercare, Support Services

Item 5: Attendance at Treatment Program

How often did you attend formal treatment during this month? Did you go every day or a couple times a week/month?

Enter the duration of formal treatment attended for each month.

- A. Less than 1 week
- B. From one to two weeks
- C. From two to three weeks
- D. From three weeks to the entire month

CARD D

For Item 6: Self-Help Participation

Did you ever participate in any drug recovery activity for yourself (not to support others in recovery) that wasn't a formal treatment program? (such as a 12-Step program, Rational Recovery, SMART, AA, NA, etc.)

If yes, for Column 2:

How old were you the first time you participated in any of these activities/programs?

For month/year column(s):

When and how often did you participate in these activities?

Enter the average number of times attended treatment/self-help during each appropriate month.

- A. Less than once a week
- B. Once a week
- C. Twice a week
- D. More than twice a week

CARD E

Item 7: Medical Hospitalization

Were you ever hospitalized overnight (not just a one-day ER visit) for a medical condition(s) (like for surgery from a car accident, or a tonsillectomy, or because of another non-routine condition)?

If yes, For Column 2:

How old were you the first time that you were hospitalized?

For month/year column(s):

What kind of hospitalization was it, and when did it occur?

- A. Medical hospitalization for an alcohol or drug-related problem
- B. Medical hospitalization for non-alcohol/drug related problem

Decision Rule: Do not include hospitalizations for routine and/or usual procedures such as childbirth.

CARD F

Item 8: Medical and/or Psychiatric Medications

Did you ever receive medication(s) for a medical and/or psychiatric condition(s), even as a child, like for asthma or a thyroid problem or for depression or ADD/ADHD etc?

If yes, For Column 2:

How old were you the first time that you received medical and/or psychiatric medication?

For month/year column(s):

For what was the medication received, and when was it received?

- A. Medication administered for medical problems
- B. Medication administered for psychiatric problems
- C. Medication administered for both medical and psychiatric problems

Decision Rules: Code only medication taken for 2 weeks or more and was not antibiotics or for common ailments like the flu or a cold. Code meds only if they were actually taken; do not code meds that were prescribed but not taken. Do not code over-the-counter medication.

CARD H

Items 10: Alcohol Use

Did you ever use alcohol, even if it was just once or you just tried it?

If yes, For Column 2:

How old were you the first time that you used alcohol?

For month/year column(s):

How much and when did you use alcohol (on average)?

- A. Two or fewer drinks/day.
- B. To intoxication once or twice a week.
- C. To intoxication more than twice a week.
- D. To intoxication almost every day each week.

CARD G

Item 9: Cigarette Use

Did you ever smoke cigarettes, even if it was just once or you just tried it?

If yes, For Column 2:

How old were you the first time that you smoked cigarettes?

For month/year column(s):

How much and when did you smoke cigarettes?

- A. Less than 10 cigarettes a day
- B. Ten cigarettes to 20 cigarettes (one pack) a day
- C. From One to Two packs a day
- D. More than two packs a day

Decision Rule: Do not code other tobacco products like chewing tobacco or cigars.

CARD 1

Item 11: Marijuana Use

Did you ever use marijuana, even if it was just once or you just tried it?

If yes, For Column 2:

How old were you the first time that you used marijuana?

For month/year column(s):

How much and when did you use marijuana (on average)?

- A. 1-3 days a month
- B. 1-2 days a week
- C. 3-5 days a week
- D. Daily

CARD J

Item 12: Methamphetamine/Amphetamine Use

Did you ever use methamphetamine/amphetamines, even if it was just once or you just tried it?

If yes, For Column 2:

How old were you the first time that you used methamphetamine/ amphetamines?

For month/year column(s):

How, how much and when did you use methamphetamine/amphetamines?

1-3 times a month.

- A. Nasal
- B. Smoke
- C. Inject
- D. Oral

Weekly

- E. Nasal
- F. Smoke
- G. Inject
- H. Oral

3-5 days a week

- I. Nasal
- J. Smoke
- K. Inject
- L. Oral

Daily

- M. Nasal
- N. Smoke
- O. Inject
- P. Oral

Decision Rule: If using drug two or more ways in same time period, choose the more severe method (least to most severe= oral, smoke, nasal, inject).

CARD K

Item 13: Cocaine Use

Did you ever use cocaine, even if it was just once or you just tried it?

If yes, For Column 2:

How old were you the first time that you used cocaine?

For month/year column(s):

How, how much and when did you use cocaine?

1-3 times a month

- A. Nasal
- B. Smoke
- C. Inject
- D. Oral

Weekly

- E. Nasal
- F. Smoke
- G. Inject
- H. Oral

3-5 days a week

- I. Nasal
- J. Smoke
- K. Inject
- L. Oral

Daily

- M. Nasal
- N. Smoke
- O. Inject
- P. Oral

Decision Rule: If using drug two or more ways in same time period, choose the more severe method (least to most severe= oral, smoke, nasal, inject).

CARD L

Item 14: Heroin Use

Did you ever use heroin, even if it was just once or you just tried it?

If yes, For Column 2:

How old were you the first time that you used heroin?

For month/year column(s):

How, how much and when did you use heroin?

1-3 times a month

- A. Nasal
- B. Smoke
- C. Inject
- D. Oral

Weekly

- E. Nasal
- F. Smoke
- G. Inject
- H. Oral

3-5 days a week

- I. Nasal
- J. Smoke
- K. Inject
- L. Oral

Daily

- M. Nasal
- N. Smoke
- O. Inject
- P. Oral

Decision Rule: If using drug two or more ways in same time period, choose the more severe method (least to most severe= oral, smoke, nasal, inject).

CARD M

Item 15: Employment

Have you ever been employed?

If yes, For Column 2:

How old were you the first time that you were employed?

For month/year column(s):

How often and when were you employed?

- A. Employed Full time (35 or more hours a week, includes Armed Forces)
- B. Employed Part time (less than 35 hours a week)
- C. Unemployed but looking for work, or on lay-off from job
- D. Not in the Labor Force (not looking for work: student, stay-at-home parent, SSI, retiree)

Decision Rule: Follow the ASI guidelines for coding employment. Leave it up to the R to choose appropriate employment category. "Under-the-table" employment is coded. If multiple employment categories apply, code the one that has been the case for most of the time period being coded. In the case of a tie, code the one that is the most recent.

CARD N

Item 16: Psychiatric Hospitalization

Were you ever hospitalized overnight (not just a one-day visit) for a psychiatric condition(s) (like depression or schizophrenia), even as a child?

If yes, For Column 2:

How old were you the first time that you were hospitalized?

For month/year column(s):

What kind of hospitalization was it, and when did it occur?

- A. Psychiatric hospitalization for an alcohol or drug-related problem
- B. Psychiatric hospitalization for non-alcohol/drug related problem

Card O

Item 17: Dirty needles

Have you ever injected drugs with a needle/syringe that was "dirty"? By dirty, I mean someone else had used it and it wasn't sterilized or cleaned with bleach before you used it.

If yes, For Column 2:

How old were you the first time that you either injected drugs with a dirty needle?

For month/year column(S):

What other times have you injected drugs with dirty needles and how frequently.

- A. 1-3 times a month
- B. Weekly
- C. 3-5 days a week
- D. Daily

Card P

Item 17: Sex without condom

Have you ever had sex without a condom?

If yes, For Column 2:

How old were you the first time that you had sex without a condom?

For month/year column(S):

What other times have had sex without a condom.

- A. With main sexual partner (spouse, steady or casual boy or girlfriend)
- B. Not with main sexual partner

Decision Rule: If respondent is having sex with multiple people (main sexual partner and not main sexual partner) in the same time period, code "B. Not with main sexual partner."