

(METH FORM 1)  
BACKGROUND

Respondent ID# \_\_\_\_\_

1-3. Date of Interview (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Interviewer ID# \_\_\_\_\_

5. Is R incarcerated? NO ..... 0  
YES ..... 1

6. R's sex MALE..... 1  
FEMALE..... 2

7. R's current/last home zip code \_\_\_\_\_

8. Interview start time \_\_\_\_\_ : \_\_\_\_\_  
(USE MILITARY TIME)

11-13. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

14. How would you describe your ethnic background?
- BLACK/AFRICAN-AMERICAN ..... 1
  - MEXICAN/MEX-AMERICAN ..... 2
  - OTHER HISPANIC ..... 3
  - WHITE NON-HISPANIC ..... 4
  - NATIVE AMERICAN/ALASKAN ..... 5
  - ASIAN/PACIFIC ISLANDER ..... 6
  - MULTI-ETHNIC ..... 7
  - OTHER ..... 8

15. Specify \_\_\_\_\_

16. In what country were you born?
- USA ..... (SKIP TO Q19) ..... 1
  - OTHER ..... 2

17. Specify \_\_\_\_\_

18. How many years have you been in the U.S.? \_\_\_\_\_  
YEARS

19. What was your first language?
- ENGLISH → (SKIP TO Q22) ..... 1
  - OTHER ..... 2

20. Specify \_\_\_\_\_

21. How comfortable are you in speaking English compared to your first language?  
(SHOW CARD #1) CIRCLE ONE

1	2	3	4	5	6	7
Not at all--prefer first language			Equally comfortable in English and my language			Very comfortable -- prefer English

22. Would you say that you socialize with people who are... (CIRCLE ONE):

- Only from your own ethnic group? ..... 1
- Mostly from your own ethnic group? ..... 2
- About half and half from within and outside of your own ethnic group? ..... 3
- Mostly from a different ethnic group? ..... 4
- Only from a different ethnic group? ..... 5

23. How many times have you been legally married? TOTAL TIMES \_\_\_\_\_

- 24-25. How many times have you ever "lived as married" for over 6 months?  
\_\_\_\_\_

With opposite sex partner

\_\_\_\_\_

With same sex partner



41-55. For your biological children, starting with the youngest, what is their... (LIST UP TO 5)

	Age Now (0 FOR <6MO, 99 FOR DIED)	Total years lived with you (ROUND TO NEAREST YR)	Lives with you now?	
			No	Yes
Child 1	_____	_____	0	1
	41	42	43	
Child 2	_____	_____	0	1
	44	45	46	
Child 3	_____	_____	0	1
	47	48	49	
Child 4	_____	_____	0	1
	50	51	52	
Child 5	_____	_____	0	1
	53	54	55	

56. Have any of your biological children had physical, mental, or learning disabilities? NO ..... 0  
YES ..... 1

SPECIFY \_\_\_\_\_

57. How many children (UNDER 18) have you raised for one year or more? \_\_\_\_\_

58. How many children (UNDER 18) live with you now? \_\_\_\_\_

59. Are you currently employed? (IN LEGAL JOB) NO ..... 0  
YES .....(SKIP TO Q61)..... 1

60. Are you actively seeking employment? NO ..... 0  
YES ..... 1

61. How many days did you work for pay in the past 30 days? ....  
(IF 0, SKIP TO Q63 BUT FILL IN 0 FOR Q62 IF 0 ON 61) \_\_\_\_\_  
NOTE: if regular full-time work =>20 days; DAYS  
If contract work/day work/really worked every day=>30 days

62. How many hours a week did you typically work?  
(NOTE: PUT 0 FOR Q62 IF 0 ON Q61) \_\_\_\_\_  
HRS/WK

63. IF EMPLOYED: What is your job? NEVER EMPLOYED(SKIP TO 64) ..... 0  
 IF UNEMPLOYED: What was your job UNSKILLED ..... 1  
 when you were last employed? SEMI-SKILLED ..... 2  
 SKILLED ..... 3  
 (CIRCLE THE APPROPRIATE SALES/SERVICES..... 4  
 CATEGORY AND SPECIFY JOB TITLE) MID-LEVEL MANAGER/EXECUTIVE ..... 5  
 PROFESSIONAL ..... 6  
 \_\_\_\_\_ ARTIST ..... 7  
 SPECIFY \_\_\_\_\_ HOMEMAKER/UNPAID CHILDCARE..... 8  
 FARMER ..... 9  
 STUDENT ..... 12  
 OTHER ..... 10

64. How many people depend on you for the majority of their food, shelter, etc.? \_\_\_\_\_

65. Do you have a current, valid driver's license? NO ..... 0  
 YES ..... (SKIP TO Q67) ..... 1

66. Did you ever have a valid driver's license? NO ..... 0  
 YES ..... 1

67. Do you have an automobile available for use? NO ..... 0  
 (ANSWER NO IF NO VALID DRIVERS LICENSE) YES ..... 1

68-70. What is the highest level education you have obtained?  
 LESS THAN HIGH SCHOOL GRADUATION..... 0  
 69. Highest grade completed \_\_\_\_\_  
 HIGH SCHOOL GRADUATION/GED..... 1  
 TRADE OR TECHNICAL TRAINING ..... 2  
 SOME COLLEGE (NO DEGREE)..... 3  
 2 YR COLLEGE (AA) ..... 4  
 4 YR COLLEGE (BA, BS) ..... 5  
 MASTERS..... 6  
 PH.D. OR SIMILAR ..... 7  
 OTHER..... 8  
 70. Specify \_\_\_\_\_

71. What kind of grades did you mostly get in high school? F..... 0  
 (IF NO HIGH SCHOOL, ASK ABOUT D ..... 1  
 HIGHEST LEVEL SCHOOL) C ..... 2  
 B ..... 3  
 A ..... 4

72. Did you like going to high school? Disliked a lot ..... 0  
 (IF NO HIGH SCHOOL, ASK ABOUT Disliked a little ..... 1  
 HIGHEST LEVEL SCHOOL) Liked a little ..... 2  
 Liked a lot..... 3



89-97. Has anyone in your family (not including yourself) ever had a drug- or alcohol-related problem which negatively affected finances, home life, legal status, relationships, etc.? Who? (USE RELATION CODES BELOW – ENTER 0 FOR “NO ONE, OR NO USE”.)

	RELATIVE #1	RELATIVE #2	RELATIVE #3
Alcohol problems	_____	_____	_____
	89	90	91
Methamphetamine problems	_____	_____	_____
	92	93	94
Other drugs problems (including prescription drugs)	_____	_____	_____
	95	96	97

**RELATIONSHIP CODES FOR Q89-97**

0 NO ONE, NO USE  
 1 PARENT, STEPPARENT, PARENT'S PARTNER, FOSTER PARENTS  
 2 SIBLING  
 3 SPOUSE, PARTNER  
 4 CHILD  
 5 OTHER RELATIVE

98. Where you live now, is there anyone who uses illegal drugs? (IF R IS INSTITUTIONALIZED, ASK ABOUT THE PLACE R LIVED PREVIOUSLY)

NO ..... 0  
 YES ..... 1  
 LIVES ALONE ..... 2

99. How many of your close friends have ever had a drug problem? (SHOW CARD #2)

None ..... 0  
 A few ..... 1  
 About ½ ..... 2  
 Most ..... 3  
 All ..... 4

100-101. How many of your relatives and close friends have ever been arrested? (SHOW CARD #2)

100. Relatives

NONE ..... 0  
 A FEW ..... 1  
 ABOUT ½ ..... 2  
 MOST ..... 3  
 ALL ..... 4

101. Close friends

NONE ..... 0  
 A FEW ..... 1  
 ABOUT ½ ..... 2  
 MOST ..... 3  
 ALL ..... 4

102. How important is religion/spirituality in your life?
   
Not important at all ..... 0
   
A little important ..... 1
   
Important ..... 2
   
Very important ..... 3

103-104. How would you describe your religious preference? (CODE ONE)
   
NONE .... (SKIP TO NEXT FORM) ..... 0
   
CATHOLIC ..... 1
   
BORN-AGAIN CHRISTIAN ..... 2
   
OTHER PROTESTANT/CHRISTIAN .. 3
   
JEWISH ..... 4
   
MUSLIM ..... 5
   
OTHER ..... 6
   
104. Specify \_\_\_\_\_

105. How often have you gone to religious services in the past year ?
   
NEVER ..... 0
   
SELDOM ..... 1
   
MONTHLY ..... 2
   
WEEKLY OR MORE OFTEN ..... 3

RESPONDENT ID \_\_\_\_\_

**(METH FORM 2)  
PHYSICAL HEALTH**

1. Would you say your health is...? Excellent..... 1  
Very Good..... 2  
Good..... 3  
Fair..... 4  
Poor..... 5
2. Comparing your general health to that of other people your age, would you say your health is...? Much better..... 1  
Better..... 2  
The same..... 3  
Worse..... 4  
Much worse..... 5
3. Would you say your health now is [READ CHOICES] than it was during the 12 months before you were admitted to treatment at \_\_\_\_\_ in [1996]? [1: FILL IN TX PROGRAM NAME/YEAR] Much better..... 1  
Better..... 2  
The same..... 3  
Worse..... 4  
Much worse..... 5
- 4-5. Have any major health problems ever kept you from working at a job, working around the house or going to school? NO.....(SKIP TO Q7)..... 0  
YES..... 1  
IF YES, SPECIFY \_\_\_\_\_
6. In the past 12 months how many months did a major health problem keep you from working at a job, working around the house or going to school? [IF NONE OR <=1/2 MO., ENTER 0] MONTHS \_\_\_\_\_
7. In the past 12 months, how many days were you hospitalized for medical problems? (DON'T COUNT DETOX) DAYS \_\_\_\_\_
8. How many days did you have medical problems in the past 30 days? (IF NONE, CODE 0 TO Q8-11 AND SKIP TO Q12) DAYS \_\_\_\_\_
9. Overall, how troubled or bothered were you by medical problems in the past 30 days (SHOW RESPONSE CARD #3) Not at all..... 0  
A little..... 1  
Somewhat..... 2  
Very..... 3  
Extremely..... 4

10. How important is it to you now to get treatment or advice for these medical problems?  
(SHOW RESPONSE CARD #3)
- NOT AT ALL..... 0  
A LITTLE ..... 1  
SOMEWHAT..... 2  
VERY ..... 3  
EXTREMELY..... 4
11. In your opinion, to what extent were any of these physical health problems caused by your drug or alcohol use?  
(SHOW RESPONSE CARD #3)
- NOT AT ALL..... 0  
A LITTLE ..... 1  
SOMEWHAT..... 2  
VERY ..... 3  
EXTREMELY..... 4
12. Have you ever overdosed on any drug to the point of becoming unconscious?  
If so, how many times?(IF NONE, ENTER 0)
- TOTAL # OF TIMES \_\_\_\_\_

13-21. Have you ever had an emergency room treatment for an overdose of any drug? If so, which drugs, how many times, and how many times in last 12 mo.? (IF NONE, ENTER 0 AT Q14)

DRUG (SPECIFY)	CODE	TOTAL # OF TIMES	ANY OF THESE IN LAST 12 MONTHS	
			NO	YES
	13.	14.	15. 0	1
	16.	17.	18. 0	1
	19.	20.	21. 0	1

22. Have you ever tested HIV+?
- NO...(SKIP TO Q25)..... 0  
YES ..... 1

23-24. IF YES, when (month/year)?

\_\_\_\_\_/\_\_\_\_\_  
MO YR

25. Have you ever been diagnosed as having AIDS?
- NO...(SKIP TO Q28)..... 0  
YES ..... 1

26-27. IF YES, when (month/year)?

\_\_\_\_\_/\_\_\_\_\_  
MO YR

**FOR MEN ASK:**

28-30. Is your current (or past) sexual partner currently expecting your child?

NO.....(SKIP TO Q35)..... 0  
 YES ..... 1  
 (IF YES, due date..... \_\_\_\_/\_\_\_\_)  
 MO YR

(FOR MEN, SKIP TO Q35)

**FOR WOMEN ASK:**

28-30 Are you currently pregnant?

NO.....(SKIP TO Q31)..... 0  
 YES ..... 1  
 (IF YES, due date..... \_\_\_\_/\_\_\_\_)  
 MO YR

31. How many times have you been pregnant?  
 (IF NONE, ENTER '0' SKIP TO Q35)

# TIMES \_\_\_\_\_

32. How many pregnancies resulted in live births?  
 (IF Q31=Q32, SKIP TO Q34)

# LIVE BIRTHS \_\_\_\_\_

33. How many pregnancies terminated before 6 months?

#EARLY ABORT \_\_\_\_\_

34. Did being pregnant ever affect your decision to enter drug treatment? IF YES, to go into treatment or to stay out?

NO ..... 0  
 YES, TO GO INTO TX ..... 1  
 YES, TO STAY OUT ..... 2

35-88. Now I want to ask some questions about health problems you may have had. In the past 12 months, 1) was your health affected by any of these conditions? 2) was the condition diagnosed by a doctor? 3) did you have the condition before you started using illegal drugs? (I: **CHECK SPECS FOR POSSIBLE SKIPS**)

	1) HEALTH AFFECTED BY		2) DOCTOR DIAGNOSED		3) DID YOU HAVE THIS CONDITION BEFORE YOU STARTED USING ILLEGAL DRUGS	
	NO	YES	NO	YES	NO	YES
35-37. Tuberculosis (Ever had TB? ____)	0	1	0	1	0	1
38-40. Respiratory (or breathing) problems such as bronchitis, asthma, hay fever, pneumonia, emphysema, shortness of breath, or wheezing...	0	1	0	1	0	1
41-42. Extreme weight loss, anorexia	0	1	0	1	0	1
44-46. Digestive/stomach problems such as ulcers, colitis, nausea, vomiting, persistent diarrhea, or heartburn	0	1	0	1	0	1
47-49. Heart or circulatory system problems including high blood pressure, irregular heartbeats, palpitations, heart murmur, or heart disease	0	1	0	1	0	1

		1) HEALTH AFFECTED BY		2) DOCTOR DIAGNOSED		3) DID YOU HAVE THIS CONDITION BEFORE YOU STARTED USING ILLEGAL DRUGS	
50-52	Hepatitis, cirrhosis of the liver, jaundice, or kidney/liver problems (Hep B/C?__)	0	1	0	1	0	1
53-55.	Diabetes	0	1	0	1	0	1
56-58.	Bone and muscle problems such as teeth rotting, paralysis, bursitis, arthritis, permanent stiffness.	0	1	0	1	0	1
59-61.	Nervous system problems such as seizures, epilepsy, migraines, convulsions, blackouts, whiteouts	0	1	0	1	0	1
62-64.	Skin problems, rashes, itching	0	1	0	1	0	1
65-67.	[IF FEMALE] A female or gynecological problem like ovarian cysts, severe bleeding or severe cramps, endometriosis, fibroids, pre-menstrual syndrome, menopause, breast lumps, or breast pain	0	1	0	1	0	1
68-70.	[IF MALE] A prostate problem, problems with urinating, impotence	0	1	0	1	0	1
71-73.	Venereal or sexually transmitted disease (STD) such as gonorrhea, syphilis, chlamydia, or herpes	0	1	0	1	0	1
74-76	Physical injuries from accidents or fights	0	1	0	1	0	1
77-79.	Immune disorder such as chronic fatigue syndrome, lupus, HIV, AIDS	0	1	0	1	0	1
80-82	Any other physical health problem or illness that seriously affected health	0	1	0	1	0	1
83-85.	(SPECIFY) _____	0	1	0	1	0	1
86-88.	_____	0	1	0	1	0	1

**IF NO PROBLEMS Q35-88, CODE 0 ON Q89-90 AND SKIP TO Q91**  
 89-90. When you've had physical health problems in the past 12 months:

89. how many times did you see or talk with a medical doctor about your problems? \_\_\_\_\_  
 # TIMES

90. how many times did you talk with another health professional? \_\_\_\_\_  
 # TIMES

91. Do you have health insurance? IF YES, is it through MediCal? NO ..... 0  
 YES (MEDI-CAL) ..... 1  
 YES (OTHER) ..... 2

RESPONDENT ID \_\_\_\_\_

**(METH FORM 3)  
MENTAL HEALTH**

1. In your entire life, how many different times have you seen a counselor, psychologist or psychiatrist that was not part of any drug treatment program? (IF 0, SKIP TO Q7) \_\_\_\_\_

3-5. Specify main reason(s) [CODE UP TO 3]:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CODE

6. Did any of these reasons have anything to do with using drugs or alcohol? NO ..... 0  
YES ..... 1

7. In your entire life, how many times have you been admitted to a psychiatric ward? (IF 0, SKIP TO Q11) \_\_\_\_\_

8. Of these, how many had anything to do with using drugs or alcohol? \_\_\_\_\_

9. What age were you the first time? AGE \_\_\_\_\_

10. What age were you the last time? AGE \_\_\_\_\_

11. Have you ever had thoughts about suicide? (LEAD-IN Q)  
IF NO, CODE 0 ON Q11-12 AND SKIP TO Q13  
IF YES, ASK .....  
How many times in your life have you seriously considered suicide? (IF 0, SKIP TO Q13) \_\_\_\_\_

12. How many times have you attempted suicide? \_\_\_\_\_

13. Have you ever been diagnosed by a psychiatrist as having schizophrenia, mania, or bi-polar disorder? NO.....0  
YES ..... 1

14. In general, would you say your emotional state is.... Poor ..... 0  
Fair ..... 1  
Good ..... 2  
Very good..... 3  
Excellent..... 4

15-30. In the 12 months before your treatment admission to \_\_\_\_\_ in [1996] [I: FILL IN TX PROGRAM AND YEAR], did you have significant periods in which you experienced the following problems that were not a direct result of drug or alcohol use? Has this happened during the past 30 days?

	12 MONTHS BEFORE ADMISSION		HAS THIS HAPPENED IN THE PAST 30 DAYS?	
	NO	YES	NO	YES
15-16. Serious depression that lasted at least 2 weeks	0	1	0	1
17-18. Serious anxiety that lasted at least 2 weeks	0	1	0	1
19-20. Hallucinations (visual or auditory)	0	1	0	1
21-22. Trouble understanding, concentrating, or remembering that lasted at least 2 weeks	0	1	0	1
23-24. Trouble controlling violent behavior	0	1	0	1
25-26. Serious thoughts of suicide (IF 0 ON Q11 CODE 0 ON Q25-26)	0	1	0	1
27-28. Attempted suicide (IF 0 ON Q12 CODE 0 ON Q27-28)	0	1	0	1
29-30. Had medicine prescribed or taken medicine for any psychological or emotional problem	0	1	0	1

**IF NO PROBLEMS IN LAST 30 DAYS, CODE 0 FOR Q31-33 AND SKIP TO Q34**

31. How many days in the past 30 have you experienced these kinds of problems. \_\_\_\_\_  
(IF 0, CODE 0 ON Q32-33 AND SKIP TO Q34) DAYS

32. Overall, how troubled or bothered were you by psychological or emotional problems in the past 30 days? (SHOW RESPONSE CARD #3) Not at all..... 0  
A little..... 1  
Somewhat ..... 2  
Very ..... 3  
Extremely ..... 4

33. How important is it to you now to get treatment for these psychological problems? (SHOW RESPONSE CARD #3) NOT AT ALL..... 0  
A LITTLE ..... 1  
SOMEWHAT ..... 2  
VERY ..... 3  
EXTREMELY..... 4

Now, I want you to think back over your whole lifetime.

34. Has anyone ever forced you or pressured you to do any sexual acts against your will? NO ..... (GO TO Q39) ..... 0  
 YES ..... 1

		<u>NO</u>	<u>YES</u>
35-37. Was it...	35. A family member.....	0	1
	36. Someone else you knew ..	0	1
	37. A stranger .....	0	1

38. How many times did this happen before you were 15? \_\_\_\_\_  
 # TIMES

39. Has anyone ever physically abused you, that is hit or beaten you so hard that you had cuts or bruises, had to stay in bed, or had to see a doctor? NO . (SKIP TO NEXT FORM) ..... 0  
 YES ..... 1

		<u>NO</u>	<u>YES</u>
40-42. Was it...	40. A family member.....	0	1
	41. Someone else you knew ..	0	1
	42. A stranger .....	0	1

43. How many times did this happen before you were 15? \_\_\_\_\_  
 # TIMES

RESPONDENT ID \_\_\_\_\_

(METH FORM 4)  
CRIME/DEVIANT BEHAVIOR

1. How many times have you been arrested in your life, including detained as a juvenile? \_\_\_\_\_  
(IF NEVER ARRESTED, ENTER 0 AND SKIP TO Q9)
2. How old were you the first time you were arrested? \_\_\_\_\_
3. What was the charge against you? \_\_\_\_\_  
(CODE)
4. How many of these (total) arrests were before age 18? \_\_\_\_\_
5. How many of these (total) arrests were before you first began using illegal drugs? \_\_\_\_\_
6. How many times have you been convicted in your life? (IF 0, SKIP TO Q9) \_\_\_\_\_
7. How many times in your life have you been incarcerated following a conviction? (IF 0, SKIP TO Q9) \_\_\_\_\_
8. Have you ever been incarcerated for more than 30 days at a time? NO ..... 0  
YES ..... 1

9-80. Did you ever (ACTIVITY), whether you were arrested or not? (ENTER 0, IF NEVER) IF YES: total number of times ever done; age first time; age when last done. (SHOW CARD #4)  
**USE CODES:** 0 = NONE  
 1 = 1-4 TIMES  
 2 = 5-20 TIMES  
 3 = MORE THAN 20 TIMES

ACTIVITY	# TIMES EVER DONE	AGE 1ST TIME	AGE LAST TIME
Run away overnight	9.	10.	11.
Get expelled/suspended from school	12.	13.	14.
Skip school without an excuse	15.	16.	17.
Get drunk/high in school	18.	19.	20.
Drive while high/drunken	21.	22.	23.
Drive without a license or permit	24.	25.	26.
Threaten an adult when you were under 18	27.	28.	29.
Hit an adult when you were under 18	30.	31.	32.
Avoid paying for a bus ride, food, movie, or something else	33.	34.	35.
Damage or set fire to <u>school</u> property	36.	37.	38.
Damage or set fire to <u>other</u> property	39.	40.	41.
Break into a house, building, or car in order to take something	42.	43.	44.
Rob a place of business (STORE, GAS STATION, BANK, TAXI, ETC.)	45.	46.	47.
Rob a person (STREET ROBBERY, MUGGING, PURSE SNATCHING, HOLD-UP IN A HOUSE OR CAR; EXCLUDE BUSINESS ROBBERIES)	48.	49.	50.
Try to beat somebody up or threaten someone with a weapon (TRIED TO SHOOT, STAB, CUT, BEAT, STRANGLE, OR STRONG-ARM SOMEONE, EVEN IF NO ONE WAS HURT)	51.	52.	53.
Steal or boost something (STEAL FROM A TILL, SHOPLIFT, PICK POCKETS, OR TAKE SOMETHING W/O OWNER'S KNOWLEDGE; EXCLUDE CAR THEFT)	54.	55.	56.
Steal a car, truck, or motorcycle	57.	58.	59.
Use checks or credit cards illegally (FORGERY, USE A STOLEN OR BAD CREDIT CARD, PASSING A BAD CHECK)	60.	61.	62.
Obtain prescriptions illegally (FORGE PRESCRIPTIONS, CON DOCTOR FOR RX)	63.	64.	65.
Run any scams or cons (DEFRAUD PERSON, BUSINESS, OR GOVERNMENT)	66.	67.	68.
Deal or deliver drugs (MAKE, SELL, SMUGGLE, OR MOVE DRUGS)	69.	70.	71.
Provide sex for money (PROSTITUTION, PIMPING)	72.	73.	74.
Commit or attempt homicide	75.	76.	77.
Commit or attempt sex by force (RAPE)	78.	79.	80.

- |     |   |  |
|-----|---|--|
| 81. | Are you presently awaiting charges, trial, or sentence?   | NO ..... 0<br>YES ..... 1  |
| 82. | How many days in the past 30 have you engaged in illegal activities for profit?                                       | <u>          </u><br># DAYS  |
| 83. | Do you have any legal problems (criminal) currently? <b>(IF NO PROBLEMS, CODE 0 FOR Q83-85 AND SKIP TO NEXT FORM)</b> | NO ..... 0<br>YES ..... 1  |
| 84. | How serious do you feel your present legal (CRIMINAL) problems are? <b>(SHOW RESPONSE CARD #3)</b>                    | Not at all..... 0<br>A little..... 1<br>Somewhat ..... 2<br>Very ..... 3<br>Extremely ..... 4  |
| 85. | How important is it to you now to get counseling or referral for these legal problems? <b>(SHOW RESPONSE CARD #3)</b> | NOT AT ALL..... 0<br>A LITTLE ..... 1<br>SOMEWHAT ..... 2<br>VERY ..... 3<br>EXTREMELY ..... 4 |

RESPONDENT ID \_\_\_\_\_

**(METH FORM 5)  
DRUG HISTORY**

Now I would like you to summarize your drug use history. We will go drug-by-drug and I will ask you about the age of first use, age of first **regular** use, how long ago you last used, how many days you used in the last month and how many days ago you last used. If any of these drugs were legally prescribed for your medical use, we'll talk about that separately. (NOTE: PUT 0 IF NO REGULAR USE)

IF USED WITHIN LAST 30 DAYS

DRUG GROUP	How old were you the first time you tried the drug? 0=Never	How old were you when you started using regularly?	How long ago (in mos.) did you last use? (If > 0, skip to next drug.)	IF USED WITHIN LAST 30 DAYS		# Days ago last medical use (-9=NO USE IN LAST 30 DAYS)
				How many days did you use in last 30 days?	How many days ago did you last use?	
Inhalants: Glue, nitrous oxide, spray cans, etc. (1)	1	2	3	4	5	
Marijuana or hashish (2)	6	7	8	9	10	
Hallucinogens (LSD, mescaline, peyote) (3)	11	12	13	14	15	
Amphetamines or any other speed (crystal, methedrine, methamphetamine, ice) (4)	16	17	18	19	20	
Downers (reds, rainbows, quaalude, etc.) (6)	21	22	23	24	25	
Heroin (7)	26	27	28	29	30	
Other opiates (methadone, morphine, codeine, demerol, percodan, vicodan, opium) (9)	31 <b>0 SKIP TO 36</b>	32	33 <b>&gt;0 SKIP TO 36</b>	34	35	36
Crack (33)	37	38	39	40	41	
Cocaine (intranasal or intravenous) (10)	42	43	44	45	46	
Tranquilizers (valium, librium, xanax, klonopin, etc.) (11)	47 <b>0 SKIP TO 52</b>	48	49 <b>&gt;0 SKIP TO 52</b>	50	51	52
PCP (angel dust) (12)	53	54	55	56	57	
Synthetic Drugs (Fentanyl or Synthetic H) (17)	58	59	60	61	62	
Alcohol (any use at all) (15)	63	64	65	66	67	
Alcohol to intoxication (5 or more drinks per sitting)	68	69	70	71	72	
Tobacco (34)	73	74	75	76	77	
Ecstasy, Adam, Eve, MDA, MDMA (35)	78	79	80	81	82	

83-85. What other illegal drugs have you taken?

CODE

83. \_\_\_\_\_  
 84. \_\_\_\_\_  
 85. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

86. Have you ever injected any drugs?

NO ..... (GO TO Q112).....0

YES .... (ASK FOR EACH DRUG).....1

DRUG GROUP	How old were you when you first injected?	How old were you when you started to inject regularly?	How long ago (in mos.) did you last inject this drug? (If > 0, skip to next drug.)	How many days did you inject this drug during the last 30 days?
Amphetamines or any other speed (crystal, methadrine, methamphetamine) (4)	87	88	89	90
Heroin by itself (7)	91	92	93	94
Other opiates (Opium, morphine, codeine, demerol, diluadid, percodan) (9)	95	96	97	98
Cocaine by itself (10)	99	100	101	102
Speedball (COCAINE and HEROIN COMBINED) (18)	103	104	105	106
OTHER (SPECIFY)  107. _____	108	109	110	111

112-114. How much money would you say you spent during the past 30 days for alcohol, methamphetamine, or other illegal drugs for your own use?

On alcohol? 112. \$ \_\_\_\_\_

On methamphetamine? 113. \$ \_\_\_\_\_

On other illegal drugs? 114. \$ \_\_\_\_\_

115-116. How many days in the past 30 have you experienced..... (IF NONE, CODE "0" TO Q115-120 AND SKIP TO Q121)

115. Alcohol problems \_\_\_\_\_

116. Drug problems \_\_\_\_\_

117-118. How troubled or bothered have you been in the past 30 days by these.....

(SHOW RESPONSE CARD #3)  
(CODE "0" IF NO DAYS WITH PROBLEMS)

117.....Alcohol problems?	Not at all.....	0
	A little.....	1
	Somewhat.....	2
	Very.....	3
	Extremely.....	4

118.....Drug problems?	NOT AT ALL.....	0
	A LITTLE.....	1
	SOMEWHAT.....	2
	VERY.....	3
	EXTREMELY.....	4

119-120. How important is it for you now to get treatment for these.....

(SHOW RESPONSE CARD #3)  
(CODE "0" IF NO DAYS WITH PROBLEMS)

119.....Alcohol problems?	NOT AT ALL.....	0
	A LITTLE.....	1
	SOMEWHAT.....	2
	VERY.....	3
	EXTREMELY.....	4

120.....Drug problems?	NOT AT ALL.....	0
	A LITTLE.....	1
	SOMEWHAT.....	2
	VERY.....	3
	EXTREMELY.....	4

121. How many people living in your household smoke cigarettes, including yourself? \_\_\_\_\_

122. Have you ever smoked cigarettes regularly--more than one pack a week for 4 or more weeks in a row?	NO..... (SKIP TO Q128).....	0
	YES.....	1

123. How old were you when you started smoking fairly regularly? \_\_\_\_\_  
YEARS

124. Do you currently smoke?	NO.....	0
	YES..... (SKIP TO Q127).....	1

125. How long ago did you quit? (1=1 MONTH OR LESS) MONTHS \_\_\_\_\_

126. Before you quit, how many cigarettes did you smoke each day? \_\_\_\_\_  
(SKIP TO Q128)

127. About how many cigarettes do you smoke each day? \_\_\_\_\_

	NO	YES
128-130. Do you smoke cigars, a pipe, or use smokeless tobacco or snuff? (CIRCLE ALL MENTIONS)		
128. CIGARS.....	0	1
129. PIPE.....	0	1
130. SMOKELESS TOBACCO OR SNUFF.....	0	1

RESPONDENT ID# \_\_\_\_\_

**(METH FORM 5A)**  
**METHAMPHETAMINE/AMPHETAMINE**

Now I'm going to ask you some questions just about methamphetamine/amphetamine use. I'm just going to say "meth" for convenience.

1. Who introduced you to meth?  
(CIRCLE ONE)
- FRIEND..... 1
  - PARENTS ..... 2
  - SPOUSE/BOYFRIEND/GIRLFRIEND..... 3
  - OTHER FAMILY MEMBER ..... 4
  - CO-WORKER..... 5
  - DEALER ..... 6
  - OTHER..... 7
- SPECIFY \_\_\_\_\_

- 2-15. Why did you start using meth?  
(CIRCLE ALL THAT APPLY)
2. Main reason? \_\_\_\_\_  
CODE FROM  
RIGHT (3-15)
- |  | <u>NO</u> | <u>YES</u> |
|--|-----------|------------|
| 3. FOR FUN .....                             | 0         | 1          |
| 4. GET HIGH .....                            | 0         | 1          |
| 5. GET MORE ENERGY .....                     | 0         | 1          |
| 6. LOSE WEIGHT .....                         | 0         | 1          |
| 7. EXPERIMENT.....                           | 0         | 1          |
| 8. ESCAPE .....                              | 0         | 1          |
| 9. STAY AWAKE.....                           | 0         | 1          |
| 10. REPLACE ANOTHER DRUG .....               | 0         | 1          |
| 11. FRIENDS/PEERS USE.....                   | 0         | 1          |
| 12. WORK MORE HOURS/MAKE<br>MORE MONEY ..... | 0         | 1          |
| 13. BETTER SEX .....                         | 0         | 1          |
| 14. OTHER.....                               | 0         | 1          |
| 15. SPECIFY _____                            |           |            |

16. Did you prefer meth over cocaine  
or crack?
- NO ..... (SKIP TO Q25) ..... 0  
YES ..... 1  
NO COCAINE OR CRACK  
USE ..... (SKIP TO Q25)..... 2

- 17-24. Why did you prefer it?  
(CIRCLE ALL THAT APPLY)
- |                                | <u>NO</u> | <u>YES</u> |
|--------------------------------|-----------|------------|
| 17. THE HIGH IS BETTER.....    | 0         | 1          |
| 18. IT'S EASIER TO GET.....    | 0         | 1          |
| 19. I CAN MAKE IT.....         | 0         | 1          |
| 20. FEWER SIDE EFFECTS .....   | 0         | 1          |
| 21. IT'S CHEAPER .....         | 0         | 1          |
| 22. THE HIGH LASTS LONGER..... | 0         | 1          |
| 23. OTHER.....                 | 0         | 1          |
| 24. SPECIFY _____              |           |            |

Now I want ask you some questions about your meth use during the time before your treatment at

\_\_\_\_\_ in [1996]. [I: FILL IN TX PROGRAM NAME AND YEAR.]

		<u>NO</u>	<u>YES</u>
25-38.	Did your meth use result in any of the following: (CIRCLE ALL THAT APPLY)		
	25. Weight loss .....	0	1
	26. Sleeplessness (unwanted).....	0	1
	27. Dental problems .....	0	1
	28. Financial problems .....	0	1
	29. Work problems.....	0	1
	30. High blood pressure .....	0	1
	31. Skin problems.....	0	1
	32. Paranoia.....	0	1
	33. Hallucinations .....	0	1
	34. Violent behavior.....	0	1
	35. Legal problems.....	0	1
	36. Required medical treatment .....	0	1
	37. Other.....	0	1
	38. SPECIFY _____		

39. How many different people did you usually get meth from in a typical week?  
# PEOPLE \_\_\_\_\_

40. Did you have a main source – one dealer you would usually hook up with?  
NO ..... (SKIP TO Q48) ..... 0  
YES ..... 1

41. Did you get other drugs (in addition to meth) from that main source?  
NO ..... 0  
YES ..... 1

		<u>NO</u>	<u>YES</u>
42-46.	What did you usually do if your main source wasn't available? (CIRCLE ALL THAT APPLY)		
	42. Bought from someone else .....	0	1
	43. Got it through a friend.....	0	1
	44. Used another drug .....	0	1
	45. Didn't buy, did without .....	0	1
	46. Other.....	0	1

SPECIFY \_\_\_\_\_

47. Was your main source male or female?  
MALE..... 1  
FEMALE..... 2

48. Did you ever buy from someone you didn't know?  
NO ..... 0  
YES ..... 1

49. Did you ever get meth without paying cash for it?  
NO ..... (SKIP TO Q67) ..... 0  
YES ..... 1

		<u>NO</u>	<u>YES</u>
50-58. How did you get meth without paying cash for it? (CIRCLE ALL THAT APPLY)	50. TRADED SOMETHING FOR IT (INCLUDING SEX).....	0	1
	51. GIVEN TO YOU (GOT IT FOR FREE).....	0	1
	52. DEALER OWED YOU.....	0	1
	53. DEALER FRONTED YOU THE METH.....	0	1
	54. STOLE IT.....	0	1
	55. COOKED IT YOURSELF.....	0	1
	56. YOU DEALT, AND TOOK SOME OFF THE TOP.....	0	1
	57. OTHER.....	0	1
58. SPECIFY _____			

		<u>NO</u>	<u>YES</u>
59-66. Who gave it to you when you didn't have to pay cash? (CIRCLE ALL THAT APPLY)	59. FRIEND.....	0	1
	60. PARENTS.....	0	1
	61. SPOUSE/BOYFRIEND/ GIRLFRIEND.....	0	1
	62. OTHER FAMILY MEMBER.....	0	1
	63. CO-WORKER.....	0	1
	64. DEALER.....	0	1
	65. OTHER.....	0	1
66. SPECIFY _____			

67. What was the most days in a row you used meth? \_\_\_\_\_  
 (# DAYS, NO RANGES)  
 (150. How many days did you use without sleeping? \_\_\_\_\_) DAYS

68-69. How much meth did you usually use each time you got high? \_\_\_\_\_  
 \$ AMOUNT UNIT S(E.G., GRAMS)

70-71. How did you usually use meth? (ONE ANSWER – PROBE FOR METHOD USED MOST OFTEN)	SNORT.....	1
	SMOKE ALONE.....	2
	SMOKE IN COMBO WITH.....	3
	71. _____	
	INJECT.....	4
	INJECT IN COMBO WITH.....	5
	71. _____	
EAT/DRINK.....	6	
OTHER.....	7	
71. SPECIFY _____		

72-73. What kinds of meth did you usually use?  
 (RECORD UP TO 2) SPECIFY \_\_\_\_\_

\_\_\_\_\_ CODE

74. How many times did you use meth in a typical day?  
 (# OF TIMES, NO RANGES) \_\_\_\_\_ # TIMES
75. During the periods you've used meth, what was the most  
 days in a row (longest run) you went without using meth?  
 (# OF TIMES, NO RANGES) \_\_\_\_\_ DAYS
- 76-77. What was the main reason you went that  
 long without using it?  
 (DON'T READ, CIRCLE ONE,  
 MOST SPECIFIC)
- TIRED OF LIFE ASSOCIATED WITH  
 METH (PASSIVE ANSWER)..... 1  
 WANTED TO CHANGE/IMPROVE  
 LIFE (ACTIVE ANSWER) ..... 2  
 COULDN'T AFFORD IT ..... 3  
 IN TREATMENT..... 4  
 IN JAIL..... 5  
 BECAUSE OF FAMILY AND FRIENDS ..... 6  
 SWITCHED TO ANOTHER DRUG..... 7  
 SUBJECTED TO DRUG TESTING ..... 8  
 METH HARD TO FIND..... 9  
 HEALTH REASONS ..... 10  
 NOT A DAILY OR DEPENDENT USER ..... 11  
 OTHER..... 12  
 77. SPECIFY \_\_\_\_\_
78. Did you, yourself, ever sell meth?  
 NO ..... (IF NO, SKIP TO Q84) ..... 0  
 YES ..... 1
79. How soon after you started using, did you  
 start selling it?  
 [1=ONE MONTH OR .LESS] \_\_\_\_\_ # MONTHS
80. How long did you sell meth?  
 [TRANSLATE TO MONTHS] \_\_\_\_\_ # MONTHS
- 81-82. Did you deal for:  
 (READ ALL, CIRCLE ONE)
- Profit ..... 1  
 To support your habit ..... 2  
 Both for profit and habit..... 3  
 Other ..... 4  
 81. SPECIFY \_\_\_\_\_
83. Did you carry a weapon as a safety/security  
 precaution when dealing meth?  
 NO ..... 0  
 YES ..... 1
84. Did you, yourself, ever make meth?  
 NO ..... (IF NO, SKIP TO Q110)..... 0  
 YES ..... 1

		<u>NO</u>	<u>YES</u>
85-91. Where did you cook it? (CIRCLE ALL THAT APPLY)	85. YOUR HOUSE/APARTMENT .....	0	1
	86. SOMEONE ELSE'S HOUSE/APT.....	0	1
	87. MOTEL/HOTEL.....	0	1
	88. MOBILE VEHICLE.....	0	1
	89. STORAGE UNIT .....	0	1
	90. OUTDOORS (FIELD, DESERT) .....	0	1
	91. OTHER _____ .....	0	1

92. Was it hard to get the chemicals you needed?	NO .....	0
	YES .....	1
	SOMETIMES.....	2

		<u>NO</u>	<u>YES</u>
93-97. What cooking methods did you use? (CIRCLE ALL THAT APPLY)	93. FLASH .....	0	1
	94. PRESSURE COOKER.....	0	1
	95. TABLETS .....	0	1
	96. DRY COOK .....	0	1
	97. OTHER.....	0	1
	SPECIFY _____		

		<u>NO</u>	<u>YES</u>
98-109. What chemicals did you use to make meth? (CIRCLE ALL THAT APPLY)	98. EPHEDRINE.....	0	1
	99. PSEUDOEPHEDRINE .....	0	1
	100. FREON.....	0	1
	101. RED PHOSPHORUS .....	0	1
	102. TABLETS (OVER-THE- COUNTER).....	0	1
	103. CAFFEINE.....	0	1
	104. VITAFLEX .....	0	1
	105. LACTOSE.....	0	1
	106. MSM.....	0	1
	107. IODINE .....	0	1
	108. HYDROCHLORIC GAS/ACID.....	0	1
	109. OTHER.....	0	1
	SPECIFY _____		

Before your treatment at \_\_\_\_\_ in [1996].....and during the last 12 months .....

**(DON'T ASK ABOUT LAST 12 MONTHS IF R HASN'T USED METH IN LAST 12 MONTHS)**

	BEFORE TX		LAST 12MO	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
110-111. Have you tried to hide when you were using meth or when you were high? .....	0	1	0	1
112-113. Have your partner, family, parents, co-workers, classmates or friends complained about your meth use? .....	0	1	0	1
114-115. Have you been using meth weekly or or used meth together with another drug on the same day? .....	0	1	0	1
116-117. Has your meth use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire, or caused other psychological problems? .....	0	1	0	1
118-119. Has your meth use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease, or any other health problems? .....	0	1	0	1
120-121. Have you kept using meth even though you know it was keeping you from meeting your responsibilities at work, school, or home? .....	0	1	0	1
122-123. Have you used meth in situations where it made the situation unsafe or dangerous for you, such as driving a car, using a machine, or where you might get forced into sex or hurt? .....	0	1	0	1
124-125. Has your meth use caused you to have repeated problems with the law?.....	0	1	0	1
126-127. Have you kept using meth even after you knew it could get you into fights or other kinds of legal trouble? .....	0	1	0	1
128-129. Have you needed more meth to get high or found that the same amount did not get you as high as it used to?.....	0	1	0	1
130-131. Have you had withdrawal problems from meth like shaking hands, throwing up, having trouble sitting still or sleeping, or have you used meth or alcohol to stop being sick or avoid withdrawal problems?.....	0	1	0	1
132-133. Have you used meth in larger amounts or for a longer time than you meant to? .....	0	1	0	1
134-135. Have you been unable to cut down or stop using meth? .....	0	1	0	1
136-137. Have you spent a lot of time either getting meth, using meth, or feeling the effects of meth (high, sick)? .....	0	1	0	1
138-139. Has your use of meth caused you to give up, reduce, or have problems at important activities at work, school, home or social events?.....	0	1	0	1
140-141. Have you kept using meth even after you knew it was causing or adding to medical, psychological or emotional problems you were having? .....	0	1	0	1

CODER:      142.DIIL \_\_\_\_\_                      146.DII \_\_\_\_\_  
                  143.DAIL \_\_\_\_\_                      147.DAI \_\_\_\_\_  
                  144.DDIL \_\_\_\_\_                      148.DDI \_\_\_\_\_  
                  145.GDPIL \_\_\_\_\_                      149.GDPI \_\_\_\_\_

RESPONDENT ID # \_\_\_\_\_

(METH FORM 12A)  
**DRUG TREATMENT COMPONENTS (TARGET TX)**

1-4. NULL

5-52. Now I want you to think about your treatment at \_\_\_\_\_ in [1996]

**I: FILL IN TX PROGRAM AND YEAR**

5. What would you say was the primary drug you were using before entering treatment? \_\_\_\_\_

6-52. A. How many times did you receive one of these services during your treatment?

B. Please rate how helpful each of these services was. (Use the following scale)

- Not at all helpful.....0
- Moderately helpful .....1
- Very helpful.....2

NUMBER OF TIMES A	HOW HELPFUL B
-------------------------	---------------------

6-7. Individual counseling (w/ a counselor, social worker, or therapist) 6. \_\_\_\_\_ 7. \_\_\_\_\_

8-9. Individual psychotherapy (w/ psychiatrist or psychologist) 8. \_\_\_\_\_ 9. \_\_\_\_\_

10-11. Group counseling 10. \_\_\_\_\_ 11. \_\_\_\_\_

12-13. Medical care (by a nurse, physician, physician's assistant, or referral) 12. \_\_\_\_\_ 13. \_\_\_\_\_

14-15. 12 step programs 14. \_\_\_\_\_ 15. \_\_\_\_\_

16-17. Family or couples therapy 16. \_\_\_\_\_ 17. \_\_\_\_\_

18-19. Vocational (job) counseling or referral 18. \_\_\_\_\_ 19. \_\_\_\_\_

20-21. Educational assessment, or referral 20. \_\_\_\_\_ 21. \_\_\_\_\_

22-23. GED classes, or referral 22. \_\_\_\_\_ 23. \_\_\_\_\_

24-25. Staff member write a letter for you to the court, an employer, a lawyer, etc. 24. \_\_\_\_\_ 25. \_\_\_\_\_

26-27. A staff member attend a legal hearing or a trial, or meet w/ a lawyer or an  
 employer, etc. on your behalf 26. \_\_\_\_\_ 27. \_\_\_\_\_

28-29. Childcare 28. \_\_\_\_\_ 29. \_\_\_\_\_

30-31. Parenting classes 30. \_\_\_\_\_ 31. \_\_\_\_\_

32-33. HIV/AIDS prevention education 32. \_\_\_\_\_ 33. \_\_\_\_\_

34-35. Relapse prevention group 34. \_\_\_\_\_ 35. \_\_\_\_\_

36-37. Sexual recovery group 36. \_\_\_\_\_ 37. \_\_\_\_\_

38-39. Spiritual counseling 38. \_\_\_\_\_ 39. \_\_\_\_\_

40-41. Dental care or referral 40. \_\_\_\_\_ 41. \_\_\_\_\_

42-43. Recreational activity (e.g. picnic, trip or other outing, sports game, etc.) 42. \_\_\_\_\_ 43. \_\_\_\_\_

44-52. Any other services 44. \_\_\_\_\_ 45. \_\_\_\_\_

SPECIFY 44. \_\_\_\_\_

47. \_\_\_\_\_

50. \_\_\_\_\_

46. \_\_\_\_\_

48. \_\_\_\_\_ 49. \_\_\_\_\_

51. \_\_\_\_\_ 52. \_\_\_\_\_

CODE

53-84. Now I have some more specific questions about the treatment program. I'm going to read you some of the complaints clients have had about various drug programs. I would like to know if any of these apply to your experience.

(CIRCLE THE APPROPRIATE CODE FOR EACH COMPLAINT.)

	Not a Problem	Problem
53. Not enough screening procedures.....	1	2
54. Too little contact w/ doctors.....	1	2
55. Doctors/nurses/counselors not sensitive .....	1	2
56. Doctors/nurses/counselors not educated.....	1	2
57. Too much medication given out .....	1	2
58. Too little medication given out.....	1	2
59. Too little privacy, couldn't get away from other patients.....	1	2
60. Too boring, not enough to do .....	1	2
61. Too many unnecessary rules.....	1	2
62. Not treated w/ respect by staff.....	1	2
63. Not enough staff .....	1	2
64. Illicit drugs available .....	1	2
65. Program was too short .....	1	2
66. Not enough drug education/information .....	1	2
67. Not enough help getting job .....	1	2
68. Not enough vocational rehab/job training.....	1	2
69. No education assessment/placement/referrals.....	1	2
70. Not enough self-help groups.....	1	2
71. Meetings weren't mandatory .....	1	2
72. Too many people in group/not focused .....	1	2
73. Not enough former users/SHG members as speakers .....	1	2
74. Too little group therapy .....	1	2
75. Too little individual therapy or counseling.....	1	2
76. Not enough discussion regarding non-drug related problems.....	1	2
77. NULL		
78. Not enough spiritual guidance .....	1	2
79-80. Any other complaint that was a big problem		
Specify _____		2
81-82. _____		2
83-84. _____		2

CODE

RESPONDENT ID # \_\_\_\_\_

**(METH FORM 23)  
PAST YEAR INCOME**

1-14. How much income did you receive from each of these sources in the past 12 months (**READ ALL CHOICES.**)

- 1. Job..... \$ \_\_\_\_\_
- 2. Welfare (TANF, WIC, GR, food stamps) ..... \$ \_\_\_\_\_
- 3. Disability, including SSI ..... \$ \_\_\_\_\_
- 4. Loans ..... \$ \_\_\_\_\_
- 5. Unemployment ..... \$ \_\_\_\_\_
- 6. Cash from partner's earnings..... \$ \_\_\_\_\_
- 7. Cash from partner's welfare ..... \$ \_\_\_\_\_
- 8. Child support ..... \$ \_\_\_\_\_
- 9. Parents or relatives ..... \$ \_\_\_\_\_
- 10. Savings/Inheritance ..... \$ \_\_\_\_\_
- 11. Retirement, pension, or Social Security ..... \$ \_\_\_\_\_
- 12. Veterans benefits ..... \$ \_\_\_\_\_
- 13. Other ..... \$ \_\_\_\_\_
- 14. Room and board supplied (**CIRCLE**)      NO      YES

15. TOTAL LEGAL INCOME LAST 12 MONTHS ..... \$ \_\_\_\_\_

16-20. Additional income in last 12 months. (**READ ALL CHOICES**)

- 16. Dealing ..... \$ \_\_\_\_\_
- 17. Prostitution ..... \$ \_\_\_\_\_
- 18. Pimping..... \$ \_\_\_\_\_
- 19. Illegal gambling ..... \$ \_\_\_\_\_
- 20. Other illegal activities (such as forgery or stolen credit cards, burglary, robbery, auto theft, shoplifting/petty theft, fraud, conning, and scams) ..... \$ \_\_\_\_\_

21. TOTAL ILLEGAL INCOME LAST 12 MONTHS..... \$ \_\_\_\_\_

22. Approximate total household income past 12 months ..... \$ \_\_\_\_\_

RESPONDENT ID # \_\_\_\_\_

**(METH FORM 30A)  
OTHER (RISK BEHAVIORS, BECK, ETC.)**

1-12. In the 12 months before your admission to treatment at \_\_\_\_\_ in [1996]  
and in the past 30 days:

**[I: FILL IN TX PROGRAM AND YEAR; IF 0 MALE PARTNERS THEN 5-8 AND 9-12 WILL BE CODED -9]**

	<u>12 MONTHS BEFORE TREATMENT ADMISSION IN 1996</u>		<u>PAST 30 DAYS</u>	
	<u>MEN</u>	<u>WOMEN</u>	<u>MEN</u>	<u>WOMEN</u>
1-4. How many sexual partners did you have? (IF ALL 0, SKIP TO Q27)	1 _____	2 _____	3 _____	4 _____
5-8. How many of these partners used IV drugs?	5 _____	6 _____	7 _____	8 _____
9-12. With how many partners did you have anal sex? (NONE=0)	9 _____	10 _____	11 _____	12 _____

		<u>12 MONTHS BEFORE ADMISSION</u>		<u>PAST 30 DAYS</u>	
		<u>VAGINAL SEX</u>	<u>ANAL SEX</u>	<u>VAGINAL SEX</u>	<u>ANAL SEX</u>
13-16. During the 12 months before your [1996] admission and during the past 30 days...how often did you and your sexual partner(s) use condoms when you had vaginal sex or anal sex? Would you say..... (SHOW CARD #5)	Never.....	0	0	0	0
	Sometimes.....	1	1	1	1
	About ½ the time.....	2	2	2	2
	Usually.....	3	3	3	3
	Always.....	4	4	4	4
	N/A.....	-9	-9	-9	-9

		<u>12 MONTHS BEFORE ADMISSION</u>		<u>PAST 30 DAYS</u>		
17-18.	How often did you get high on alcohol or drugs before or during sex ... would you say..... (SHOW CARD #5)	NEVER.....	0		0	
		SOMETIMES.....	1		1	
		ABOUT ½ THE TIME.....	2		2	
		USUALLY.....	3		3	
		ALWAYS.....	4		4	
		NO DRUG/ALC. USE.....	-9		-9	
			<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
19-22.	Were you paid for sex with money or drugs in the 12 months before 1996 treatment admission? ...in the past 30 days?	19-20. With money...	0	1	0	1
		21-22. With drugs.....	0	1	0	1
23-26.	By how many different people? (SPECIFY NUMBER)	23-24. With money.....	<hr/> #PEOPLE		<hr/> #PEOPLE	
		25-26. With drugs.....	<hr/> # PEOPLE		<hr/> #PEOPLE	
27.	Have you ever shared a needle, syringe or works? (PROBE)	NO .....	(SKIP TO Q32) .....		0	
		YES .....			1	
28.	Did you share during the 12-months before your [1996] admission?	NO .....	(SKIP TO Q30) .....		0	
		YES .....			1	
29.	How often did you clean with bleach the needles and syringes other people had used before you used them? (SHOW CARD #5)	NEVER.....			0	
		SOMETIMES..			1	
		ABOUT THE ½ THE TIME.....			2	
		USUALLY .....			3	
		ALWAYS.....			4	
30.	Did you share during the past 30 days?	NO .....	(SKIP TO Q32) .....		0	
		YES .....			1	
31.	How often did you clean with bleach the needles and syringes other people had used before you used them? (SHOW CARD #5)	NEVER.....			0	
		SOMETIMES..			1	
		ABOUT ½ THE TIME.....			2	
		USUALLY .....			3	
		ALWAYS.....			4	

RESPONDENT ID \_\_\_\_\_

BECK

On this page are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY. Circle the number beside the statement you picked. If several statements seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

32. 0 I do not feel sad.  
1 I feel sad  
2 I am sad all the time and I can't snap out of it.  
3 I am so sad or unhappy that I can't stand it.
33. 0 I am not particularly discouraged about the future.  
1 I feel discouraged about the future.  
2 I feel I have nothing to look forward to.  
3 I feel that the future is hopeless and that things can not improve.
34. 0 I do not feel like a failure  
1 I feel I have failed more than the average person.  
2 As I look back on my life, all I can see is a lot of failures.  
3 I feel I am a complete failure as a person.
35. 0 I get as much satisfaction out of things as I used to.  
1 I don't enjoy things the way I used to.  
2 I don't get real satisfaction out of anything anymore.  
3 I am dissatisfied or bored with everything
36. 0 I don't feel particularly guilty.  
1 I feel guilty a good part of the time.  
2 I feel quite guilty most of the time.  
3 I feel guilty all of the time
37. 0 I don't feel I am being punished.  
1 I feel I may be punished.  
2 I expect to be punished.  
3 I feel I am being punished.
38. 0 I don't feel disappointed in myself  
1 I am disappointed in myself.  
2 I am disgusted with myself.  
3 I hate myself.
39. 0 I don't feel I am any worse than anybody else.  
1 I am critical of myself for my weaknesses or mistakes.  
2 I blame myself all the time for my faults.  
3 I blame myself for everything bad that happens
40. 0 I don't have any thoughts of killing myself.

- 1 I have thoughts of killing myself, but I would not carry them out.
  - 2 I would like to kill myself.
  - 3 I would kill myself if I had the chance.
41. 0 I don't cry any more than usual.
- 1 I cry more now than I used to.
  - 2 I cry all the time now.
  - 3 I used to be able to cry, but now I can't cry even though I want to.
42. 0 I am no more irritated now than I ever am.
- 1 I get annoyed or irritated more easily than I used to.
  - 2 I feel irritated all the time now.
  - 3 I don't get irritated at all by the things that used to irritate me.
43. 0 I have not lost interest in other people.
- 1 I am less interested in other people than I used to be.
  - 2 I have lost most of my interest in other people.
  - 3 I have lost all of my interest in other people.
44. 0 I make decisions as well as I ever could.
- 1 I put off making decisions more than I used to.
  - 2 I have greater difficulty in making decisions than before.
  - 3 I can't make decisions at all anymore.
45. 0 I don't feel I look any worse than I used to.
- 1 I am worried that I am looking old or unattractive.
  - 2 I feel that there are permanent changes in my appearance that make me look unattractive.
  - 3 I believe that I look ugly.
46. 0 I can work about as well as before.
- 1 It takes an extra effort to get started at doing something.
  - 2 I have to push myself very hard to do anything.
  - 3 I can't do any work at all.
47. 0 I can sleep as well as usual.
- 1 I don't sleep as well as I used to.
  - 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
  - 3 I wake up several hours earlier than I used to and cannot get back to sleep.
48. 0 I don't get more tired than usual.
- 1 I get tired more easily than I used to.
  - 2 I get tired from doing almost anything.
  - 3 I am too tired to do anything.
49. 0 My appetite is no worse than usual.
- 1 My appetite is not as good as it used to be.
  - 2 My appetite is much worse now.
  - 3 I have no appetite at all anymore.
50. 0 I haven't lost much weight, if any, lately.

- 1 I have lost more than 5 lbs. *I am purposely trying to lose weight by eating less*  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- 2 I have lost more than 10 lbs.
- 3 I have lost more than 15 lbs.

51. 0 I am no more worried about my health than usual.  
1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.  
2 I am very worried about physical problems and it's hard to think of much else.  
3 I am so worried about my physical problems that I cannot think about anything else.
52. 0 I have not noticed any recent changes in my interest in sex.  
1 I am less interested in sex than I used to be.  
2 I am much less interested in sex now.  
3 I have lost interest in sex completely.

RESPONDENT ID \_\_\_\_\_

53. Interview stop time (USE MILITARY TIME) \_\_\_\_\_:

**INTERVIEWER OBSERVATIONS**

**ANSWER AFTER INTERVIEW IS OVER**

54. Completion status

Completed interview ..... 1

Client initiated break off ..... 2

Interviewer stopped interview because subject was  
unresponsive due to drugs or alcohol ..... 3

Interviewer stopped interview because subject was  
unable to answer questions for any other reason ..... 4

Some other reason ..... 5

55. SPECIFY: \_\_\_\_\_

56. Location of interview

Respondent's place of residence ..... 1

Service agency ..... 2

Institutional setting where R is being served ..... 3

Public place or on the street ..... 4

Over the phone ..... 5

Jail/prison ..... 6

Other ..... 7

DARC ..... 8

57-60. Subject had difficulty	NO	YES
57. Hearing the questions .....	0.....	1
58. Understanding the questions (in general).....	0.....	1
59. Remembering the answers to the questions.....	0.....	1
60. Focusing on the questions, due to distractions.....	0.....	1

61. Did you have to read the BECK (p.33-35) to R? NO ..... 0  
YES ..... 1

62-66. List any specific questions that R had problems with. (Write Form no. – Q no., e.g. 5A-11)

\_\_\_\_\_

\_\_\_\_\_

68. Overall, how attentive was R during the interview?

Attentive ..... 1  
 Somewhat inattentive or uninvolved ..... 2  
 Easily distracted, needed urging to pay attention, or  
 often required repetition of questions ..... 3

69. How would you rate the answers given to you?  
 Very reliable ..... 1  
 Reliable ..... 2  
 Marginally reliable ..... 3  
 Unreliable ..... 4  
 Very unreliable ..... 5

70-72. Other comments about R \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

73. Was referral given based on answer to Beck Question 40?      NO ..... 0  
    YES ..... 1

74. Did R provide a urine specimen?  
 No, R chose not to provide urine ..... 0  
 Yes ..... 1  
 R was not asked to provide a specimen ..... 2

Place barcode label here \_\_\_\_\_

RESPONDENT ID# \_\_\_\_\_

