

**APPENDIX F**

**INFORMED CONSENT MATERIALS**

Cuyahoga County Baseline and Follow-up Client Information Sheet and Signature Form  
for Non-incarcerated Clients.....F1  
Cuyahoga County Prison/Jail Client Information Sheet and Signature Form.....F2  
Clermont County Baseline and Follow-up Information Sheet and Signature Form for  
Non-incarcerated Clients.....F3  
Clermont County Prison/Jail Client Information Sheet and Signature Form.....F4  
Informed Consent Addendum to Conduct Urine Toxicology Test.....F5

See burden statement for baseline questionnaire

**Program Rehabilitation and Restitution (PRR) Project Consent Form**  
**Baseline and Follow-up Client Information Sheet**  
**for Non Incarcerated Clients**

**About This Study**

You are being asked to participate in a study about the benefits to people when they are offered the opportunity to have the stigma of a criminal record removed. In the State of Ohio, first time non-violent felons who have not been convicted of: An offense that carries a mandatory prison term, most sex offenses, traffic offenses including Driving while under the influence of Alcohol and/or Drugs (DUI), Driving Under License Suspension (DUS), any other offense of violence, crimes against a minor, or any first or second degree felony may have their records sealed after three years post supervision and at the discretion of a judge if they have not committed any additional offenses during that time. This opportunity is open to all eligible first time non-violent felons regardless of whether they participate in this study. However, if you do participate in the study, there may be an opportunity to get more case management and treatment services that possibly may help you to keep a clean record and achieve having your records sealed. Please ask the person interviewing you to explain anything you don't understand. To help you, we will read through the information together.

**Involvement in the Project**

We need your help in conducting the study, but your involvement in this study is up to you. Please understand that your participation is voluntary and you are free not to take part in the study, now or later. You are free to withdraw from the study at any time. If you choose not to participate, you will not be penalized or lose any benefits to which you would otherwise be entitled; your decision will not affect your receiving the treatment or the services you would have received if you had not been asked to participate in the study.

**Description of the Project**

This study is supported by the federal government, namely the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The evaluation is under the direction of the Center for the Integration of Research and Practice (CIRP) at the National Development and Research Institutes, Inc. (NDRI). The reason for this study is to help people like you to get their criminal records sealed and reduce the stigma of a criminal record. The research will help us understand the types of programs that work best to help individuals rehabilitate and return to the community, and the information you provide may lead to positive changes in agencies that aim to rehabilitate offenders.

**Your Role in the Study**

As part of the study, you may receive additional treatment services beyond those normally provided, such as additional case management, substance abuse treatment, and other services. Participation in this study is *voluntary*, but we hope you will want to help with this important study. If you decide to be in this study, you will be asked to participate in four research interviews, which you will be compensated for with the exception of any interviews conducted in prison. The clinical baseline interview will take place in approximately 14 days from today and will be conducted with your case

manager. The second, third, and fourth interviews, which are the research interviews will be conducted 6 months from now, 12 months from now, and then 42 months from now to see how you do in the future and will be administered by the Education Development Center (EDC) as a representative of the research group and therefore all information gathered during these interviews will be used for research purposes only and will not be shared with any other agency outside the research group. Each interview will take one hour-and-a-half to two hours. If you decide to volunteer, you will be asked questions about yourself and what is happening in your life, including your health, substance use, mental health, current and past housing, and use of the services to which you are referred. In addition to the interviews, we will also collect some information about you from TASC files, probation, parole or post release control, program providers, and state agencies that collect information on the use of treatment programs and other services.

You are helping us by participating in the study. We will compensate you \$20 for your first interview, \$25 for the second interview, \$30 for the third interview, and \$35 for the fourth interview. Furthermore, at the time of the fourth interview you will also be asked to provide a urine sample for research purposes. Your participation in the urine drug test is voluntary and results will be kept confidential. You will be compensated an additional \$10 for providing a urine sample. Therefore, if you complete the fourth interview and participate in the urine test, you will be compensated a total of \$45. You do not need to participate in the urine drug test in order to participate in this study. You do not need to decide now whether you would like to volunteer for the urine test. At the time of the fourth interview the researcher will review the terms with you again and have you sign a separate consent form should you volunteer to participate in a urine drug test.

In addition to being interviewed, you may be asked to be in a focus group. You do not have to be in the focus group to be in the study; however, if you decide to do it, you will be compensated \$35 for any focus group that you attend. We will also ask your consent to audio-tape the focus group. No last names will be used in the focus group to protect the identity of the participants. We will not be able to compensate you for any focus groups that you participate in while incarcerated.

This project is designed to help you to increase the chances of sealing your criminal records, but does *not* guarantee that your records will be sealed. There are many reasons why your record may not become eligible for sealing. Some examples include a record of past/prior incarcerations; an incomplete history of past arrests or incarceration in the State of Ohio or other states, the judge reviews your record and feels that you have not met the necessary criteria.

### **Potential Risks and How You Are Protected**

The risks of the study are relatively small and the benefits are high. During the course of the interviews, participants may become concerned about the consequences of their past drug use or difficulties with maintaining abstinence and express a need for help/services.

#### **A. Distress**

There is a possibility that some of the questions in the interviews may make you feel uncomfortable. Some of the questions are about troubling events that you may have had in your life. Some people feel upset when they have to recall troubling events in their lives. If you feel uncomfortable, we can do any of the following: you can choose not to answer certain questions; you can take a break and continue later; or, you can choose to

stop the interview. Your case manager and other staff members will be available to make sure you have someone to help or assist you.

### **B. Identity**

The risk of your identity being revealed is minimal because we have taken great efforts with your records to comply with confidentiality standards to protect your identity. The information gathered about you, including your answers to the interview questions, will be stored in secured files, and you will be identified only by code numbers. The Principal Investigators, Dr. Harry Wexler and Dr. Gerald Melnick will keep a logbook of names and code numbers in a locked file that only they and the Project Director can open. The locked file will be kept at NDRI offices in New York City. Only information about the whole group will be reported out, and it will not be possible to identify any one person. Project staff is also carefully trained to maintain strict confidentiality in order to protect your privacy.

### **C. Confidentiality**

Because we have taken steps to protect your confidentiality, the risk of unauthorized disclosure is minimal. To help keep information about you private and confidential, we have applied for a Confidentiality Certificate from the Federal agency giving us money for the study, the Department of Health and Human Services. This certificate means that we cannot be forced to give information about you from the research interviews and focus groups to others, even if a court has ordered us to do so using a subpoena. However, if you say you have been harming or abusing a child or an elderly person, *we will* be required to report that. If you tell us you are going to physically hurt yourself or someone else, *we will* contact someone who can help. If you commit a crime on our treatment premises or against a treatment service provider, *we will* report such incidences to the proper authorities. There is also a possibility that the agency giving us money for this study will want to do an audit, that is, check to see if we are using the grant money the right way. If they do an audit, we have to let them see any files they need, including files that contain your information although they may use this information only for the purposes of the audit. Also, the Certificate does not prevent you or your family from releasing information about yourself or your involvement in this research.

Also, you can give permission to let people know that you are in the study. If you have any questions about the interview, please ask the person who is interviewing you. You can also call the evaluators at National Development and Research Institutes, Inc. to talk more about the session. If you have questions about the study or feel you have been hurt by the study, you may call Harry K. Wexler, Ph.D. (212.845.4400), who is in charge of the study. If you have questions about your rights as someone who is taking part in this study, you can call Fred Streit, Executive Director/ CEO of NDRI (888.845.4695).

### **Other Information about You**

We will also ask you to give us the names and telephone numbers of people who can help us get in touch with you for the purpose of your participating in the interviews or focus groups. We will only contact these people if we can't reach you at the phone number and address you have given us for yourself and they will be told only that we are attempting to locate you because you are part of the EDC study.

If there are any questions you find objectionable, we would prefer that you *do not answer them* rather than give false answers.

Please sign the form stating that you understand the purpose of this interview. This agreement will be valid for the duration of the study.

## Program Rehabilitation and Restitution Project (PRR)

### Informed Consent Client Signature Form

I, \_\_\_\_\_, hereby give my consent and understand the Client Information Sheet and the informed consent form including the description of the study and its possible benefits, my role in the study, the possible risks, and the steps taken to protect me. I understand the following:

- My participation is voluntary and I can withdraw from the study at any time without penalty.
- I may be asked to participate in focus groups at certain points in the study. My participation in such groups will be voluntary, and I can decline to participate without compromising my involvement in the remainder of the study, or having my records sealed.
- I will be interviewed at the beginning of the study and at 6, 12, and 42 months following the initial interview. The interview will focus on substance use, current activities and treatment services
- I will be asked to provide one urine sample at the time of the fourth interview (42 months). My participation in the urine test will be voluntary, and I can decline to participate without compromising my involvement in the remainder of the study, or having my records sealed.
- I do not have to answer specific questions that I might find objectionable;
- There is no penalty for not providing any information;
- No names, only code numbers, will appear on my interview forms or records;
- The listing of assigned code numbers will be kept in a separate locked file, accessible only to the CIRP/NDRI project research staff, with the code known only to the Principal Investigators and the Project Director.
- All written and published information will be reported as group data, with no reference to individuals;
- I will voluntarily provide you with the names and telephone numbers of persons who will help you get in touch with me for the purpose of participating in the research interviews and focus groups. These names and phone numbers will be used for this purpose only.
- Research staff may review my records to obtain other background and related information, including medical/criminal information.
- Research staff may obtain information regarding the following data resources:
  - TASC (Treatment Alternatives to Safer Communities) records
  - The Community Re-Entry, Inc. (CR) and Community Assessment and Treatment Services (CATS) as well as other treatment and service agencies
  - Criminal Justice records including Adult Probation Department and Division of Parole or post release control
  - MACSIS database (Multi Agency Community Shared Information System)

- CRIS (Cuyahoga Regional Information Services)
- EDC (Education Development Centers, Inc.)
- ODRC (Ohio Department of Rehabilitation and Correction)
- Bureau of Motor Vehicles

- This project does not guarantee that my criminal records will be sealed.

I HAVE READ THE ABOVE AND UNDERSTAND THE PURPOSE OF THE BASELINE INTERVIEW. I UNDERSTAND THAT THIS INTERVIEW IS A PART OF A RESEARCH PROJECT IN WHICH I HAVE VOLUNTARILY AGREED TO TAKE PART.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

Client ID Number ( \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ )

See burden statement for follow up questionnaires

## Program Rehabilitation and Restitution (PRR) Project Consent Form

### Prison/Jail Consent Form

#### Baseline and Follow-up Interviews– Client Information Sheet

#### **About This Study**

You have previously volunteered to participate in the Program Rehabilitation and Restitution Project. The project is a study about the benefits to people when they are offered the opportunity to have the stigma of a criminal record removed. In the State of Ohio, first time non-violent felons who have not been convicted of: An offense that carries a mandatory prison term, most sex offenses, traffic offenses including Driving while under the influence of Alcohol and/or Drugs (DUI), Driving Under License Suspension (DUS), any other offense of violence, crimes against a minor, or any first or second degree felony may have their records sealed after three years post supervision and at the discretion of a judge if they have not committed any additional offenses during that time. This opportunity is open to all eligible first time non-violent felons regardless of whether they participate in this study. However, if you do participate in the study, there may be an opportunity to get more case management and treatment services that possibly may help you to keep a clean record and achieve having your records sealed. Please ask the person interviewing you to explain anything you don't understand. To help you, we will read through the information together.

#### **Involvement in the Project**

We need your help in conducting the study, but your involvement in this study is up to you. Please understand that your participation is *voluntary* and you are free not to take part in the study, now or later. You are free to withdraw from the study at any time. If you choose not to participate, you will not be penalized or lose any benefits to which you would otherwise be entitled; your decision will not affect your receiving the treatment or the services you would have received if you had not been asked to participate in the study. Also, your participation in the study will not affect your release from prison. It will not shorten or lengthen your sentence. That is entirely separate from your participation in the study.

Unfortunately, we cannot compensate you for your participation in this current interview due to the fact that you are incarcerated. However, you will be compensated for any future interviews conducted upon your release.

#### **Description of the Project**

This study is supported by the federal government, namely the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The evaluation is under the direction of the Center for the Integration of Research and Practice (CIRP) at the National Development and Research Institutes, Inc. (NDRI). The reason for this study is to help people like you to get their criminal records sealed and reduce the stigma of a criminal record. The research will help us understand the types of programs that work best to help individuals rehabilitate and return to the community, and the information you provide may lead to positive changes in agencies that aim to rehabilitate offenders.

## **Your Role in the Study**

As part of the study, you may receive additional treatment services beyond those normally provided, such as additional case management, substance abuse treatment, and other services. Participation in this study is *voluntary*, but we hope you will want to help with this important study. The information that you give us will be used for research purposes only and will not be shared with any other agency. If you decide to continue volunteering, you will be asked questions about yourself and what is happening in your life, including your health, substance use, mental health, current and past housing, and use of the services to which you are referred. In addition to the interviews, we will also collect some information about you from TASC files, probation, parole or post release control, program providers, and state agencies that collect information on the use of treatment programs and other services.

In addition to being interviewed, you may be asked to be in a focus group. You do not have to be in the focus group to be in the study. We will also ask your consent to audio-tape the focus group. No last names will be used in the focus group to protect the identity of the participants. Should you decide to participate in any focus groups while you are incarcerated we will not be able to compensate you.

This project is designed to help you to increase the chances of sealing your criminal records, but does *not* guarantee that your records will be sealed. There are many reasons why your record may not become eligible for sealing. Some examples include a record of past/prior incarcerations; an incomplete history of past arrests or incarceration in the State of Ohio or other states, the judge reviews your record and feels that you have not met the necessary criteria.

## **Potential Risks and How You Are Protected**

The risks of the study are relatively small and the benefits are high. During the course of the interviews, participants may become concerned about the consequences of their past drug use or difficulties with maintaining abstinence and express a need for help/services.

### **A. Distress**

There is a possibility that some of the questions in the interviews may make you feel uncomfortable. Some of the questions are about troubling events that you may have had in your life. Some people feel upset when they have to recall troubling events in their lives. If you feel uncomfortable, we can do any of the following: you can choose not to answer certain questions; you can take a break and continue later; or you can choose to stop the interview. Your case manager and other staff members will be available to make sure you have someone to help or assist you.

### **B. Identity**

The risk of your identity being revealed is minimal because we have taken great efforts with your records to comply with confidentiality standards to protect your identity. The information gathered about you, including your answers to the interview questions, will be stored in secured files, and you will be identified only by code numbers. The Principal Investigators, Dr. Harry Wexler and Dr. Gerald Melnick will keep a logbook of names and code numbers in a locked file that only they and the Project Director can open. The locked file will be kept at NDRI offices in New York City. Only information about the whole group will be reported out, and it will not be possible to identify any one person. Project staff is also carefully trained to maintain strict confidentiality in order to protect your privacy.

### **C. Confidentiality**



Because we have taken steps to protect your confidentiality, the risk of unauthorized disclosure is minimal. To help keep information about you private and confidential, we have applied for a Confidentiality Certificate from the Federal agency giving us money for the study, the Department of Health and Human Services. This certificate means that we cannot be forced to give information about you from the research interviews and focus groups to others, even if a court has ordered us to do so using a subpoena. However, if you say you have been harming or abusing a child or an elderly person, we *will be required* to report that. If you tell us you are going to physically hurt yourself or someone else, *we will* contact someone who can help. If you commit a crime on our treatment premises or against a treatment service provider, *we will* report such incidences to the proper authorities. There is also a possibility that the agency giving us money for this study will want to do an audit, that is, check to see if we are using the grant money the right way. If they do an audit, we have to let them see any files they need, including files that contain your information although they may use this information only for the purposes of the audit. Also, the Certificate does not prevent you or your family from releasing information about yourself or your involvement in this research.

Also, you can give permission to let people know that you are in the study. If you have any questions about the interview, please ask the person who is interviewing you. You can also call the evaluators at National Development and Research Institutes, Inc. to talk more about the session. If you have questions about the study or feel you have been hurt by the study, you may call Harry K. Wexler, Ph.D. (212.845.4400), who is in charge of the study. If you have questions about your rights as someone who is taking part in this study, you can call Fred Streit, Executive Director/ CEO of NDRI (212.845.4444).

### **Other Information about You**

We will also ask you to give us the names and telephone numbers of people who can help us get in touch with you for the purpose of your participating in the interviews or focus groups. We will only contact these people if we can't reach you at the phone number and address you have given us for yourself and they will be told only that we are attempting to locate you because you are part of the EDC study.

If there are any questions you find objectionable, we would prefer that you *do not answer them* rather than give false answers.

Please sign the form stating that you understand the purpose of this interview. This agreement will be valid for the duration of the study.

## Program Rehabilitation and Restitution Project (PRR)

Informed Consent Client Signature Form

### Prison/Jail Form

I, \_\_\_\_\_, hereby give my consent and understand the Client Information Sheet and the informed consent form including the description of the study and its possible benefits, my role in the study, the possible risks, and the steps taken to protect me. I understand the following:

- My participation is voluntary and I can withdraw from the study at any time without penalty.
- I may be asked to participate in focus groups at certain points in the study. My participation in such groups will be voluntary, and I can decline to participate without compromising my involvement in the remainder of the study, or having my records sealed.
- I will be interviewed at the beginning of the study and at 6, 12, and 42 months following the initial interview. The interview will focus on substance use, current activities and treatment services
- I do not have to answer specific questions that I might find objectionable;
- There is no penalty for not providing any information;
- No names, only code numbers, will appear on my interview forms or records;
- The listing of assigned code numbers will be kept in a separate locked file, accessible only to the CIRP/NDRI project research staff, with the code known only to the Principal Investigators and the Project Director.
- All written and published information will be reported as group data, with no reference to individuals;
- I will voluntarily provide you with the names and telephone numbers of persons who will help you get in touch with me for the purpose of participating in the research interviews and focus groups. These names and phone numbers will be used for this purpose only.
- Research staff may review my records to obtain other background and related information, including medical/criminal information.
- Research staff may obtain information regarding the following data resources:
  - TASC (Treatment Alternatives to Safer Communities) records
  - The Community Re-Entry, Inc. (CR) and Community Assessment and Treatment Services (CATS) as well as other treatment service agencies
  - Criminal Justice records including Adult Probation Department and Division of Parole or post release control
  - MACSIS database (Multi Agency Community Shared Information System)
  - CRIS (Cuyahoga Regional Information Services)
  - EDC (Education Development Centers, Inc.)
  - ODRC (Ohio Department of Rehabilitation and Correction)
  - Bureau of Motor Vehicles

- This project does not guarantee that my criminal records will be sealed.
- I understand that my participation in this interview will have no bearing on my release from prison. It will not shorten or increase my current sentence.

I HAVE READ THE ABOVE AND UNDERSTAND THE PURPOSE OF THE BASELINE INTERVIEW. I UNDERSTAND THAT THIS INTERVIEW IS A PART OF A RESEARCH PROJECT IN WHICH I HAVE VOLUNTARILY AGREED TO TAKE PART.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

Client ID Number ( \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_ )

See burden statement for baseline questionnaire

## Program Rehabilitation and Restitution (PRR) Project Consent Form Baseline and Follow-up Client Information Sheet for Non Incarcerated Clients

### About This Study

You are being asked to participate in a study about the benefits to people when they are offered the opportunity to have the stigma of a criminal record removed. In the State of Ohio, first time non-violent felons who have not been convicted of: An offense that carries a mandatory prison term, most sex offenses, traffic offenses including Driving while under the influence of Alcohol and/or Drugs (DUI), Driving Under License Suspension (DUS), any other offense of violence, crimes against a minor, or any first or second degree felony may have their records sealed after three years post supervision and at the discretion of a judge if they have not committed any additional offenses during that time. This opportunity is open to all eligible first time non-violent felons regardless of whether they participate in this study. However, if you do participate in the study, there may be an opportunity to get more case management and treatment services that possibly may help you to keep a clean record and achieve having your records sealed. Please ask the person interviewing you to explain anything you don't understand. To help you, we will read through the information together.

### Involvement in the Project

We need your help in conducting the study, but your involvement in this study is up to you. Please understand that your participation is voluntary and you are free not to take part in the study, now or later. You are free to withdraw from the study at any time. If you choose not to participate, you will not be penalized or lose any benefits to which you would otherwise be entitled; your decision will not affect your receiving the treatment or the services you would have received if you had not been asked to participate in the study.

### Description of the Project

This study is supported by the federal government, namely the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The evaluation is under the direction of the Center for the Integration of Research and Practice (CIRP) at the National Development and Research Institutes, Inc. (NDRI). The reason for this study is to help people like you to get their criminal records sealed and reduce the stigma of a criminal record. The research will help us understand the types of programs that work best to help individuals rehabilitate and return to the community, and the information you provide may lead to positive changes in agencies that aim to rehabilitate offenders.

### Your Role in the Study

As part of the study, you may receive additional treatment services beyond those normally provided, such as additional case management, substance abuse treatment, and other services. Participation in this study is *voluntary*, but we hope you will want to help with this important study. The information that you give us will be used for research purposes only and will not be shared with any other agency. If you decide to be in this study, you will be asked to participate in four research interviews, which you will be compensated for with the exception of any interviews conducted in prison. The first interview will take place in approximately 14 days from today. The other interviews will

be conducted 6 months from now, 12 months from now, and then 42 months from now to see how you do in the future. Each interview will take one hour-and-a-half to two hours. A research staff member will conduct the interview. If you decide to volunteer, you will be asked questions about yourself and what is happening in your life, including your health, substance use, mental health, current and past housing, and use of the services to which you are referred. In addition to the interviews, we will also collect some information about you from TASC files, probation, parole or post release control, program providers, and state agencies that collect information on the use of treatment programs and other services.

You are helping us by participating in the study. In return for your assistance, we will provide gift certificates to local stores valued at \$20 for your first interview, \$25 for the second interview, \$30 for the third interview, and \$35 for the fourth interview. Furthermore, at the time of the fourth interview you will also be asked to provide a urine sample for research purposes. Your participation in the urine drug test is voluntary and results will be kept confidential. *You will be compensated an additional \$10 for providing a urine sample. Therefore, if you complete the fourth interview and participate in the urine test, you will be provided a gift certificate with a total value of \$45.* You do not need to participate in the urine drug test in order to participate in this study. You do not need to decide now whether you would like to volunteer for the urine test. At the time of the fourth interview the researcher will review the terms with you again and have you sign a separate consent form should you volunteer to participate in a urine drug test.

In addition to being interviewed, you may be asked to be in a focus group. You do not have to be in the focus group to be in the study; however, if you decide to do it, you will be provided with a gift certificate valued at \$35 for any focus group that you attend. We will also ask your consent to audio-tape the focus group. No last names will be used in the focus group to protect the identity of the participants. We will not be able to compensate you for any focus groups that you participate in while incarcerated.

This project is designed to help you to increase the chances of sealing your criminal records, but does *not* guarantee that your records will be sealed. There are many reasons why your record may not become eligible for sealing. Some examples include a record of past/prior incarcerations; an incomplete history of past arrests or incarceration in the State of Ohio or other states, the judge reviews your record and feels that you have not met the necessary criteria.

### **Potential Risks and How You Are Protected**

The risks of the study are relatively small and the benefits are high. During the course of the interviews, participants may become concerned about the consequences of their past drug use or difficulties with maintaining abstinence and express a need for help/services.

#### **A. Distress**

There is a possibility that some of the questions in the interviews may make you feel uncomfortable. Some of the questions are about troubling events that you may have had in your life. Some people feel upset when they have to recall troubling events in their lives. If you feel uncomfortable, we can do any of the following: you can choose not to answer certain questions; you can take a break and continue later; or, you can choose to stop the interview. Your case manager and other staff members will be available to make sure you have someone to help or assist you.

**B. Identity**

The risk of your identity being revealed is minimal because we have taken great efforts with your records to comply with confidentiality standards to protect your identity. The information gathered about you, including your answers to the interview questions, will be stored in secured files, and you will be identified only by code numbers. The Principal Investigators, Dr. Harry Wexler and Dr. Gerald Melnick will keep a logbook of names and code numbers in a locked file that only they and the Project Director can open. The locked file will be kept at NDRI offices in New York City. Only information about the whole group will be reported out, and it will not be possible to identify any one person. Project staff is also carefully trained to maintain strict confidentiality in order to protect your privacy.

**C. Confidentiality**

Because we have taken steps to protect your confidentiality, the risk of unauthorized disclosure is minimal. To help keep information about you private and confidential, we have applied for a Confidentiality Certificate from the Federal agency giving us money for the study, the Department of Health and Human Services. This certificate means that we cannot be forced to give information about you from the research interviews and focus groups to others, even if a court has ordered us to do so using a subpoena. However, if you say you have been harming or abusing a child or an elderly person, *we will* report that. If you tell us you are going to physically hurt yourself or someone else, *we will* contact someone who can help. If you commit a crime on our treatment premises or against a treatment service provider, *we will* report such incidences to the proper authorities. There is also a possibility that the agency giving us money for this study will want to do an audit, that is, check to see if we are using the grant money the right way. If they do an audit, we have to let them see any files they need, including files that contain your information although they may use this information only for the purposes of the audit. Also, the Certificate does not prevent you or your family from releasing information about yourself or your involvement in this research.

Also, you can give permission to let people know that you are in the study. If you have any questions about the interview, please ask the person who is interviewing you. You can also call the evaluators at National Development and Research Institutes, Inc. to talk more about the session. If you have questions about the study or feel you have been hurt by the study, you may call Harry K. Wexler, Ph.D. (212.845.4400), who is in charge of the study. If you have questions about your rights as someone who is taking part in this study, you can call Fred Streit, Executive Director/ CEO of NDRI (toll free 888.845.4695).

**Other Information about You**

We will also ask you to give us the names and telephone numbers of people who can help us get in touch with you for the purpose of your participating in the interviews or focus groups. We will only contact these people if we can't reach you at the phone number and address you have given us for yourself and they will be told that we are attempting to locate you because you are part of a health study being conducted by EDC.

If there are any questions you find objectionable, we would prefer that you *do not answer them* rather than give false answers.

Please sign the form stating that you understand the purpose of this interview. This agreement will be valid for the duration of the study.

## Program Rehabilitation and Restitution Project (PRR)

### Informed Consent Client Signature Form

I, \_\_\_\_\_, hereby give my consent and understand the Client Information Sheet and the informed consent form including the description of the study and its possible benefits, my role in the study, the possible risks, and the steps taken to protect me. I understand the following:

- My participation is voluntary and I can withdraw from the study at any time without penalty.
- I may be asked to participate in focus groups at certain points in the study. My participation in such groups will be voluntary, and I can decline to participate without compromising my involvement in the remainder of the study, or having my records sealed.
- I will be interviewed at the beginning of the study and at 6, 12, and 42 months following the initial interview. The interview will focus on substance use, current activities and treatment services
- I will be asked to provide one urine sample at the time of the fourth interview (42 months). My participation in the urine test will be voluntary, and I can decline to participate without compromising my involvement in the remainder of the study, or having my records sealed.
- I do not have to answer specific questions that I might find objectionable;
- There is no penalty for not providing any information;
- No names, only code numbers, will appear on my interview forms or records;
- The listing of assigned code numbers will be kept in a separate locked file, accessible only to the CIRP/NDRI project research staff, with the code known only to the Principal Investigators and the Project Director.
- All written and published information will be reported as group data, with no reference to individuals;
- I will voluntarily provide you with the names and telephone numbers of persons who will help you get in touch with me for the purpose of participating in the research interviews and focus groups. These names and phone numbers will be used for this purpose only.
- Research staff may review my records to obtain other background and related information, including medical/criminal information.
- Research staff may obtain information regarding the following data resources:
  - TASC (Treatment Alternatives to Safer Communities) records
  - Treatment and service agencies
  - Criminal Justice records including Adult Probation Department and Division of Parole or post release control
  - MACSIS database (Multi Agency Community Shared Information System)
  - BWRC (Business and Workforce Resource Center of Clermont County)
  - Clermont Recovery Center

- Northland Intervention Center
- Clermont Counseling Center
- Department of Job and Family Services
- ODRC (Ohio Department of Rehabilitation and Correction)
- Department of Motor Vehicles

- This project does not guarantee that my criminal records will be sealed.

I HAVE READ THE ABOVE AND UNDERSTAND THE PURPOSE OF THE BASELINE INTERVIEW. I UNDERSTAND THAT THIS INTERVIEW IS A PART OF A RESEARCH PROJECT IN WHICH I HAVE VOLUNTARILY AGREED TO TAKE PART.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

Client ID Number (\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_)



See burden statement for follow up questionnaires

## Program Rehabilitation and Restitution (PRR) Project Consent Form

### Prison/Jail Consent Form

#### Baseline and Follow-up Interviews– Client Information Sheet

#### **About This Study**

You have previously volunteered to participate in the Program Rehabilitation and Restitution Project. The project is a study about the benefits to people when they are offered the opportunity to have the stigma of a criminal record removed. In the State of Ohio, first time non-violent felons who have not been convicted of: An offense that carries a mandatory prison term, most sex offenses, traffic offenses including Driving while under the influence of Alcohol and/or Drugs (DUI), Driving Under License Suspension (DUS), any other offense of violence, crimes against a minor, or any first or second degree felony may have their records sealed after three years post supervision and at the discretion of a judge if they have not committed any additional offenses during that time. This opportunity is open to all eligible first time non-violent felons regardless of whether they participate in this study. However, if you do participate in the study, there may be an opportunity to get more case management and treatment services that possibly may help you to keep a clean record and achieve having your records sealed. Please ask the person interviewing you to explain anything you don't understand. To help you, we will read through the information together.

#### **Involvement in the Project**

We need your help in conducting the study, but your involvement in this study is up to you. Please understand that your participation is *voluntary* and you are free not to take part in the study, now or later. You are free to withdraw from the study at any time. If you choose not to participate, you will not be penalized or lose any benefits to which you would otherwise be entitled; your decision will not affect your receiving the treatment or the services you would have received if you had not been asked to participate in the study. Also, your participation in the study will not affect your release from prison. It will not shorten or lengthen your sentence. That is entirely separate from your participation in the study.

Unfortunately, we cannot compensate you for your participation in this current interview due to the fact that you are incarcerated. However, you will be compensated for any future interviews conducted upon your release.

#### **Description of the Project**

This study is supported by the federal government, namely the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The evaluation is under the direction of the Center for the Integration of Research and Practice (CIRP) at the National Development and Research Institutes, Inc. (NDRI). The reason for this study is to help people like you to get their criminal records sealed and reduce the stigma of a criminal record. The research will help us understand the types of programs that work best to help individuals rehabilitate and return to the community, and the information you provide may lead to positive changes in agencies that aim to rehabilitate offenders.

## **Your Role in the Study**

As part of the study, you may receive additional treatment services beyond those normally provided, such as additional case management, substance abuse treatment, and other services. Participation in this study is *voluntary*, but we hope you will want to help with this important study. The information that you give us will be used for research purposes only and will not be shared with any other agency. If you decide to continue volunteering, you will be asked questions about yourself and what is happening in your life, including your health, substance use, mental health, current and past housing, and use of the services to which you are referred. In addition to the interviews, we will also collect some information about you from TASC files, probation, parole or post release control, program providers, and state agencies that collect information on the use of treatment programs and other services.

In addition to being interviewed, you may be asked to be in a focus group. You do not have to be in the focus group to be in the study. We will also ask your consent to audio-tape the focus group. No last names will be used in the focus group to protect the identity of the participants. Should you decide to participate in any focus groups while you are incarcerated we will not be able to compensate you.

This project is designed to help you to increase the chances of sealing your criminal records, but does *not* guarantee that your records will be sealed. There are many reasons why your record may not become eligible for sealing. Some examples include a record of past/prior incarcerations; an incomplete history of past arrests or incarceration in the State of Ohio or other states, the judge reviews your record and feels that you have not met the necessary criteria.

## **Potential Risks and How You Are Protected**

The risks of the study are relatively small and the benefits are high. During the course of the interviews, participants may become concerned about the consequences of their past drug use or difficulties with maintaining abstinence and express a need for help/services.

### **A. Distress**

There is a possibility that some of the questions in the interviews may make you feel uncomfortable. Some of the questions are about troubling events that you may have had in your life. Some people feel upset when they have to recall troubling events in their lives. If you feel uncomfortable, we can do any of the following: you can choose not to answer certain questions; you can take a break and continue later; or you can choose to stop the interview. Your case manager and other staff members will be available to make sure you have someone to help or assist you.

### **B. Identity**

The risk of your identity being revealed is minimal because we have taken great efforts with your records to comply with confidentiality standards to protect your identity. The information gathered about you, including your answers to the interview questions, will be stored in secured files, and you will be identified only by code numbers. The Principal Investigators, Dr. Harry Wexler and Dr. Gerald Melnick will keep a logbook of names and code numbers in a locked file that only they and the Project Director can open. The locked file will be kept at NDRI offices in New York City. Only information about the whole group will be reported out, and it will not be possible to identify any one person. Project staff is also carefully trained to maintain strict confidentiality in order to protect your privacy.

### **C. Confidentiality**

Because we have taken steps to protect your confidentiality, the risk of unauthorized disclosure is minimal. To help keep information about you private and confidential, we have applied for a Confidentiality Certificate from the Federal agency giving us money for the study, the Department of Health and Human Services. This certificate means that we cannot be forced to give information about you from the research interviews and focus groups to others, even if a court has ordered us to do so using a subpoena.

However, if you say you have been harming or abusing a child or an elderly person, we *will be required* to report that. If you tell us you are going to physically hurt yourself or someone else, we *will* contact someone who can help. If you commit a crime on our treatment premises or against a treatment service provider, we *will* report such incidences to the proper authorities. There is also a possibility that the agency giving us money for this study will want to do an audit, that is, check to see if we are using the grant money the right way. If they do an audit, we have to let them see any files they need, including files that contain your information although they may use this information only for the purposes of the audit. Also, the Certificate does not prevent you or your family from releasing information about yourself or your involvement in this research.

Also, you can give permission to let people know that you are in the study. If you have any questions about the interview, please ask the person who is interviewing you. You can also call the evaluators at National Development and Research Institutes, Inc. to talk more about the session. If you have questions about the study or feel you have been hurt by the study, you may call Harry K. Wexler, Ph.D. (212.845.4400), who is in charge of the study. If you have questions about your rights as someone who is taking part in this study, you can call Fred Streit, Executive Director/ CEO of NDRI (212.845.4444).

### **Other Information about You**

We will also ask you to give us the names and telephone numbers of people who can help us get in touch with you for the purpose of your participating in the interviews or focus groups. We will only contact these people if we can't reach you at the phone number and address you have given us for yourself and they will be told only that we are attempting to locate you because you are part of the EDC study.

If there are any questions you find objectionable, we would prefer that you *do not answer them* rather than give false answers.

Please sign the form stating that you understand the purpose of this interview. This agreement will be valid for the duration of the study.

## Program Rehabilitation and Restitution Project (PRR)

Informed Consent Client Signature Form

### Prison/Jail Form

I, \_\_\_\_\_, hereby give my consent and understand the Client Information Sheet and the informed consent form including the description of the study and its possible benefits, my role in the study, the possible risks, and the steps taken to protect me. I understand the following:

- My participation is voluntary and I can withdraw from the study at any time without penalty.
- I may be asked to participate in focus groups at certain points in the study. My participation in such groups will be voluntary, and I can decline to participate without compromising my involvement in the remainder of the study, or having my records sealed.
- I will be interviewed at the beginning of the study and at 6, 12, and 42 months following the initial interview. The interview will focus on substance use, current activities and treatment services
- I do not have to answer specific questions that I might find objectionable;
- There is no penalty for not providing any information;
- No names, only code numbers, will appear on my interview forms or records;
- The listing of assigned code numbers will be kept in a separate locked file, accessible only to the CIRP/NDRI project research staff, with the code known only to the Principal Investigators and the Project Director.
- All written and published information will be reported as group data, with no reference to individuals;
- I will voluntarily provide you with the names and telephone numbers of persons who will help you get in touch with me for the purpose of participating in the research interviews and focus groups. These names and phone numbers will be used for this purpose only.
- Research staff may review my records to obtain other background and related information, including medical/criminal information.
- Research staff may obtain information regarding the following data resources:
  - TASC (Treatment Alternatives to Safer Communities) records
  - Treatment and service agencies
  - Criminal Justice records including Adult Probation Department and Division of Parole or post release control
  - MACSIS database (Multi Agency Community Shared Information System)
  - BWRC (Business and Workforce Resource Center of Clermont County)
  - Clermont Recovery Center
  - Northland Intervention Center
  - Clermont Counseling Center

- Department of Job and Family Services
- ODRC (Ohio Department of Rehabilitation and Correction)
- Department of Motor Vehicles

- This project does not guarantee that my criminal records will be sealed.
- I understand that my participation in this interview will have no bearing on my release from prison. It will not shorten or increase my current sentence.

I HAVE READ THE ABOVE AND UNDERSTAND THE PURPOSE OF THE BASELINE INTERVIEW. I UNDERSTAND THAT THIS INTERVIEW IS A PART OF A RESEARCH PROJECT IN WHICH I HAVE VOLUNTARILY AGREED TO TAKE PART.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

Client ID Number ( \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ )

See burden statement on 42-month questionnaire

## Program Rehabilitation and Restitution Project

### Informed Consent to Conduct Urine Toxicology Test for Non-Incarcerated Clients

#### Client Signature Form

I give my consent to the staff of the Program Rehabilitation and Restitution Project for my participation in a urine toxicology test (urine drug test) as part of the Program Rehabilitation and Restitution research interview. The purpose of the urine toxicology test is to verify the information about recent alcohol and drug use provided during the interview.

The sample will be identified by code numbers only; my name will not appear on the container. The sample will be sent to a private lab for testing and the results will be sent directly to the Project research staff in New York. This confidential information will not be shared with treatment program staff or any other government agency. When received, the urine toxicology test results will be stored in locked cabinets along with the interview data, when not in use.

I understand that I can refuse to participate in the urine toxicology test at any time. My decision regarding participation will not affect my treatment or the services I receive or my participation in the rest of the study.

All urine toxicology test information will be destroyed three years after the completion of the Project.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

Client ID Number (\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_)

**APPENDIX G**

**INSTRUMENTS FOR INFORMATION ONLY**

Computer-Assisted Intake Assessment Instrument (CIAI).....G1  
Addiction Severity Index (ASI).....G2

**CIAI**  
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**Follow-up Instrument**

See Case Management Enhancements Project, Addiction Severity Index "Plus", 12 Month Follow-up

Need to add HIV/AIDS risk behaviors

Need to add actual attendance & satisfaction in addition to need for services in the various areas.

**Case Management Follow-up Instrument**

Living conditions	2
Medical status	4
Employment/Ed status	5
Income sources	6
Drug & alcohol use	7
AA, CA,NA meetings	9
Legal status/ Illegal activity	11
Social/Family Problems with.... Need for counseling	13
Psychiatric status	15

**Services Utilization Follow-up**

Number aftercare contacts	2
Topic covered	3
Services provided	4 N1

Do you wish to use the system date (04/04/97)  
for a date on signature block 1? 1 (1-Yes, 2-No)

Enter the date that you wish to use for signature 1  
/ /

Do you wish to use the system date (04/04/97)  
for a date on signature block 2? 1 (1-Yes, 2-No)

Enter the date that you wish to use for signature 2  
/ /

Do you wish to use the system date (04/04/97)  
for a date on signature block 3? 1 (1-Yes, 2-No)

Enter the date that you wish to use for signature 3  
/ /

1. William J. Bruno, AA Computer Programmer
2. Julie A. Dietz, AA Computer Programmer
3. Tim E. Bollinger
4. Linda Bomont, MSSA, LSW
5. Robert Smith, Ph.D.
- 6.
- 7.
- 8.

Enter the code for signature block #1: 2  
or press the enter key and no signatures will be used.

Julie A. Dietz, AA Computer Programmer  
Enter the code for signature block #2: 3  
or press the enter key and no additional signatures will be used.

Tim E. Bollinger  
Enter the code for signature block #3: 1  
or press the enter key and no additional signatures will be used.

CSAT  
CLINICAL INTAKE ASSESSMENT INSTRUMENT

RID: BLANK

READ TO RESPONDENT

This interview is part of the intake process for people coming in for treatment. The interview usually takes just over an hour or so to finish. I will ask you about your personal and family history, drug and alcohol use history, previous treatment experiences, legal involvement, employment situation, and your treatment goals.

It is very important that you be open and honest. Some questions might seem sensitive or personal, but they will help us understand your problems better and plan your treatment. Some of the information will also be used for administrative purposes.

General Information

X1. DATE OF INTERVIEW

/ /  
MM/DD/YY

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

X2. Last Name:

First Name:

Middle Initial:

X3. What is the address where you are currently living?  
IF NO FIXED ADDRESS ENTER 1 HERE GO TO X6

Street:  
City:  
State:  
Zip:

X4. How long have you lived at this address?  
CODE ONE ONLY.

Less than a month.....1  
1-6 months.....2  
7-12 months.....3  
More than 12 months.....4

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

X. What is your phone number?  
IF NO PHONE ENTER 1 HERE..

Phone Number: ( ) -

BE COMPLETED BY INTERVIEWER

City: Cleveland

Client Case Number: BLANK

Interviewer Initials:

Date Administered (mm/dd/yy): / /

Time Started: :

Time Ended: :

In-Take Location:

End of File, Decision Box Appears When Information Completed

SCREENING INSTRUMENT  
for Alcohol and Other Drug Abuse

RID:BLANK

Introductory statement:

"I'm going to ask you a few questions about your use of alcohol and other drugs during the past 6 months. Your answers will be kept private. Based on your answers to these questions, we may advise you to get a more complete assessment. This would be voluntary....it would be your choice whether to have an additional assessment or not."

During the past 6 months...

1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants.)  
YES.....1 NO.....2 0
2. Have you felt that you use too much alcohol or other drugs?  
YES.....1 NO.....2 0
3. Have you tried to cut down, or quit, drinking or using drugs?  
YES.....1 NO.....2 0

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

4. Have you gone to anyone for help because of your drinking or drug use (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors or a treatment program.)  
YES.....1 NO.....2 0
5. Have you had any of the following?
  - Blackouts or other periods of memory loss
  - Injury to your head after drinking or using drugs
  - Convulsions or delirium tremens (DTs)
  - Hepatitis or other liver problems
  - Feeling sick, shaky or depressed, when you stopped drinking or using drugs
  - Feeling "coke bugs" or a crawling feeling under the skin, after you stopped using drugs
  - Injury after drinking or using drugs
  - Using needles to shoot drugsYES.....1 NO.....2 0
6. Has drinking or drug use caused problems between you and your family or friends?  
YES.....1 NO.....2 0

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

\*\*\*\*\*  
CLIENT QUESTIONS END HERE!  
\*\*\*\*\*

THE FOLLOWING SECTION WILL BE NOTED BY THE INTERVIEWER ONLY.  
\*\*\*\*\*

NOTE: Items 1 and 15 are not scored. The above items are scored as  
1 point for each "YES" answer. The Score Range is from 0 to 14.  
Total Score: 0

Preliminary Interpretation of Responses:

SCORE	DEGREE of RISK for AOD ABUSE
0 - 1.....	None to low
2 - 3.....	Minimal
>= 4.....	Moderate to high; possible need for further assessment

Press any key to continue...

The following signs and symptoms may indicate an AOD abuse problem in the individual being screened.

OBSERVATION CHECKLIST:

- Needle track marks
- Skin abscesses, cigarette burns, or nicotine stains
- Tremors (shaking and twitching of hands and eyelids)
- Unclear speech: slurred, incoherent or too rapid
- Unsteady gait: staggering, off balance
- Dilated (enlarged) or constricted (pinpoint) pupils
- Scratching
- Swollen hands or feet
- Smell of alcohol or marijuana on breath
- Drug paraphernalia such as pipes, papers, needles, or roach clips
- "Nodding out" (dozing or falling asleep)
- Agitation
- Inability to focus
- Burns on the inside of the lips (from freebasing cocaine)

NOTES:

Press <ctrl><Home> to Enter Memo Text, <ctrl><End> to SAVE Information.



3. PAROXYSMAL SWEATS -

- 0 = NO SWEAT VISIBLE
- 1 = BARELY PERCEPTIBLE SWEATING, PALMS MOIST
- 2 = SLIGHTLY MORE PERCEPTIBLE SWEATING, PALMS MOIST
- 3 = SLIGHTLY LESS THAN BEADS OF SWEAT ON FOREHEAD
- 4 = BEADS OF SWEAT OBVIOUS ON FOREHEAD
- 5 = SLIGHTLY MORE THAN BEADS OF SWEAT OBVIOUS ON FOREHEAD
- 6 = SLIGHTLY LESS THAN DRENCHING SWEATS
- 7 = DRENCHING SWEATS

Observation: 0

4. ANXIETY -  
ASK "Do you feel nervous?"

- 0 = NO ANXIETY, AT EASE
- 1 = MILD ANXIETY
- 2 = SLIGHTLY MORE THAN MILD ANXIETY
- 3 = SLIGHTLY LESS THAN MODERATE ANXIETY
- 4 = MODERATELY ANXIOUS, or GUARDED, SO ANXIETY IS INFERRED
- 5 = SLIGHTLY MORE THAN MODERATELY ANXIOUS, or GUARDED
- 6 = SLIGHTLY LESS THAN ACUTE PANIC
- 7 = EQUIVALENT TO ACUTE PANIC STATES AS SEEN IN SEVERE DELIRIUM or ACUTE SCHIZOPHRENIC REACTIONS

Observation: 0

7. AUDITORY DISTURBANCES -

ASK "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?"

- 0 = NOT PRESENT
- 1 = VERY MILD HARSHNESS or ABILITY TO FRIGHTEN
- 2 = MILD HARSHNESS or ABILITY TO FRIGHTEN
- 3 = MODERATE HARSHNESS or ABILITY TO FRIGHTEN
- 4 = MODERATELY SEVERE HALLUCINATIONS
- 5 = SEVERE HALLUCINATIONS
- 6 = EXTREMELY SEVERE HALLUCINATIONS
- 7 = CONTINUOUS HALLUCINATIONS

Observation: 0

3. VISUAL DISTURBANCES -

ASK "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"

- 0 = NOT PRESENT
- 1 = VERY MILD SENSITIVITY
- 2 = MILD SENSITIVITY
- 3 = MODERATE SENSITIVITY
- 4 = MODERATELY SEVERE HALLUCINATIONS
- 5 = SEVERE HALLUCINATIONS
- 6 = EXTREMELY SEVERE HALLUCINATIONS
- 7 = CONTINUOUS HALLUCINATIONS

Observation: 0

TOTAL CIWA-Ar SCORE: 0

SCALE for CIWA-Ar SCORE	
0 - 9.....	Low to Mild
10 - 19.....	Moderate
20 - 24.....	High
>= 25.....	Severe

The MAXIMUM Possible SCORE is 67

Press any key to continue...

THIS SECTION MUST BE MODIFIED BY THE TARGET CITIES  
RESEARCH OFFICE AT THE UNIVERSITY OF AKRON.  
PLEASE CALL (330) 972-4723 TO HAVE THIS MODIFIED

----- WARNING -----  
Are YOU SURE YOU WANT TO CHANGE this record ?  
Press Y to continue or N to stop.  
CHOICE: Y

SECTION A. BACKGROUND

RID: BLANK

Interviewer: Did the patient appear to be under the influence of drugs or alcohol? Yes....1 No....2 Unsure....3

Comments:

Enter client's gender: Male.....1 Female.....2

A1. What is your date of birth? / / MM/DD/YY

Age

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

A2. Were you born in the United States or in another country?

- United States or U. S. Territories..... (GO TO A3)...1
- Other Country.....2

A. Which country were you born in?

A3. Do you consider yourself?

- Native American or Alaskan Native..... (GO TO A4)...1
- Asian or Pacific Islander..... (GO TO A4)...2
- Hispanic or Spanish.....3
- Black or African American..... (GO TO A4)...4
- White or Caucasian..... (GO TO A4)...5
- Another Group.....6

SPECIFY: (GO TO A4)

A. Which of these Hispanic groups best describes your origin?

- Puerto Rican.....1
- Mexican.....2
- Cuban.....3
- Another Hispanic group.....4

SPECIFY:

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

A8. Are you currently enrolled in school, or, receiving any job skills training? This includes vocational or technical schools, college or working for your high school diploma.  
Yes.....1 No.....2 (GO TO A9)

A. What kind of school or training program are you attending?

- Elementary school/Middle school/Junior high.....1
  - High school.....2
  - GED Program..... (GO TO A9).....3
  - Junior (two year) college..... (GO TO A9).....4
  - 4-year college/university..... (GO TO A9).....5
  - Technical/Trade/Vocational school..... (GO TO A9).....6
  - Jobs Corp program..... (GO TO A9).....7
  - Special Education program..... (GO TO A9).....8
  - Other..... (GO TO A9).....9
- SPECIFY:

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

B. About how many days during the last school year were you absent from school? (IF NONE, ANSWER 0 AND GO TO A9)

C. Were any of these absences due to any of the following?

- a. Using alcohol and/or other drugs Yes.....1 No.....2
- b. Work schedule conflicts Yes.....1 No.....2
- c. Transportation problems Yes.....1 No.....2
- d. Looking after child/children Yes.....1 No.....2
- e. Illness Yes.....1 No.....2

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

A12. Do you plan to be enrolled in school, or, receive any job or skills training during this school year/the next school year?

- Yes.....1
- No.....(GO TO NEXT SECTION).....2
- Don't know/Unsure.....3

A. What kind of school or training program do you plan to enroll in?  
CODE ONE ONLY:

- Elementary school/Middle school/Junior high.....01
- High school.....02
- GED program.....03
- Junior (2-year) college.....04
- 4-year college/university.....05
- Technical/Trade/Vocational school.....06
- Jobs Corp program.....07
- Special Education program.....08
- Other.....09
- SPECIFY:  
Don't know/Unsure.....98

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

BACKGROUND INFORMATION

INTERVIEWER REMARKS SECTION A:

Press Ctrl\_Home to Edit, Ctrl\_End to EXIT and SAVE Information

SECTION B. ADMISSION INFORMATION

RID: BLANK

INTERVIEWER: FOR B1 AND B2, DO NOT READ THE CATEGORIES; ALLOW THE CLIENT TO GIVE ANSWERS, THEN YOU MATCH ANSWERS WITH THE GIVEN CHOICES.

B1. Who would you say has been important in getting you to come to this agency at this time, such as, family or friends, an employer, the courts, or anyone else? List in order of importance.

CODE EACH SOURCE MENTIONED.

Most important..... 0
Second most important..... 0
Third most important..... 0

No one mentioned.....0
Self-referral.....1
Family or Friends.....2
Prison system.....3
School.....4
Medical service.....5
Religious.....6
Community agency.....7
Employer.....8
Legal system other than
Probation or Parole.....9
Veteran.....10
Probation or Parole.....11
Not on list (other).....12

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

B2. What are the most important reasons you have for coming to this agency at this time? List in order of importance.

Most Important 0 Second most important 0 Third most important 0

- <NO REASONS GIVEN> 4 <HEALTH REASONS> 7 <ACCESS TO SERVICES>
Had health problems related to drugs Become eligible for public assistance
Wish to improve mental health 8 <EMPLOYMENT>
Keeping/finding jobs
Preventing problems with employer/supervisor/other
Afraid drug use will negatively affect health
9 <PRESSURE TO ENROLL>
Spouse/partner
Children
Other family
Friends
Treatment staff or patients
10 <REASON NOT LISTED>

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit



- B8A. If you had a problem that was bothering you, about how many relatives do you feel you could talk to about this problem?  
0 Relatives
- B8B. Among these relatives you mentioned, how many have alcohol and/or other drug problems?  
0 Relatives
- B8C. If you had a problem that was bothering you, about how many friends do you feel you could talk to about this problems?  
0 Friends
- B8D. Among these friends you mentioned, how many have alcohol and/or other drug problems?  
0 Friends

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

- B9. When you have problems or an emergency, do you feel there is anyone you can turn to?

Yes.....1  
No.....2

- 0 1.....Anonymous hot-line  
0 2.....Drug or alcohol treatment provider staff  
0 3.....Other health care provider staff  
0 4.....School or education counselor  
0 5.....Employer  
0 6.....Co-worker  
0 7.....Minister/Religious leader/Clergy  
0 8.....Community referral agency staff  
0 9.....No one  
0 10....Other (SPECIFY)  
0 11....Family members  
0 12....Friends

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

B12. Right now, how important is it for you to receive treatment for alcohol and/or other drug use?  
USE YELLOW CARD

- Not at all.....1
- Slightly.....2
- Moderately.....3
- Considerably.....4
- Extremely.....5

B13. You need help for your alcohol and/or other drug use?

USE BLUE CARD

- Strongly agree.....1
- Agree.....2
- Neither agree nor disagree.....3
- Disagree.....4
- Strongly disagree.....5

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit.

B14. I am afraid something awful will happen to me if I continue to drink or use drugs.  
USE BLUE CARD

- Strongly agree.....1
- Agree.....2
- Neither agree nor disagree.....3
- Disagree.....4
- Strongly disagree.....5

B15. The important people in your life are very angry and resentful about your alcohol and/or other drug problems.

USE BLUE CARD

- Strongly agree.....1
- Agree.....2
- Neither agree nor disagree.....3
- Disagree.....4
- Strongly disagree.....5

B16. I am very dissatisfied with myself.  
USE BLUE CARD

- Strongly agree.....1
- Agree.....2
- Neither agree nor disagree.....3
- Disagree.....4
- Strongly disagree.....5

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

- B23. I feel I will need a lot of help from others to overcome my alcohol and/or drug problem.
- Strongly agree.....1 USE BLUE CARD  
 Agree.....2  
 Neither agree nor disagree.....3  
 Disagree.....4  
 Strongly disagree.....5
- B24. My drinking/drug problem is something I can get over by myself, listening to other people talk about how they solved their problem won't be very helpful to me.
- Strongly agree.....1 USE BLUE CARD  
 Agree.....2  
 Neither agree nor disagree.....3  
 Disagree.....4  
 Strongly disagree.....5
- B25. Once an alcoholic or drug abuser, always an alcoholic or drug abuser.
- Strongly agree.....1 USE BLUE CARD  
 Agree.....2  
 Neither agree nor disagree.....3  
 Disagree.....4  
 Strongly disagree.....5  
 Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit
- B26. Before you can concentrate on alcohol or drug treatment, you need to solve your other problems, such as, family, legal, or job problems.
- Strongly agree.....1 USE BLUE CARD  
 Agree.....2  
 Neither agree nor disagree.....3  
 Disagree.....4  
 Strongly disagree.....5
- B27. I am willing to stop seeing, or break away from, some friends if it will help me in treatment.
- Strongly agree.....1 USE BLUE CARD  
 Agree.....2  
 Neither agree nor disagree.....3  
 Disagree.....4  
 Strongly disagree.....5
- B28. I don't really believe that I have to be in treatment for very long to stop using alcohol/drugs.
- Strongly agree.....1 USE BLUE CARD  
 Agree.....2  
 Neither agree nor disagree.....3  
 Disagree.....4  
 Strongly disagree.....5  
 Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

33. If withdrawal symptoms during the treatment are too unbearable, I think I may need to stop the treatment a while before continuing.  
USE BLUE CARD

- Strongly agree.....1
- Agree.....2
- Neither agree nor disagree.....3
- Disagree.....4
- Strongly disagree.....5

B34. The conditions that caused you to start using alcohol/drugs are:  
(If the client need examples of such problems: peer pressure, financial problems, abusive relationships, depression, family)

- Still present, getting much worse.....1
- Still present, getting worse.....2
- Still present, about the same.....3
- Still present, getting better.....4
- Still present, getting much better.....5
- No longer present.....6

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

35. Those conditions that cause you to drink and/or use drugs are unlikely to improve in the future.  
USE BLUE CARD

- Strongly agree.....1
- Agree.....2
- Neither agree nor disagree.....3
- Disagree.....4
- Strongly disagree.....5

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

f. When you are feeling the physical need or craving for alcohol or drugs?

- Not at all confident.....1 USE GREEN CARD
- Somewhat confident.....2
- Moderately confident.....3
- Very confident.....4
- Extremely confident.....5

Press PageDown/Enter to Continue; Ctrl\_End to Save/Exit

ADMISSION INFORMATION

INTERVIEWER REMARKS SECTION B:

Press Ctrl\_Home to Edit, Ctrl\_End to EXIT and SAVE Information

SECTION C: DRUG AND ALCOHOL USE

RID: BLANK

READ TO RESPONDENT: Next, I would like to ask you about your use of drugs and alcohol from the street, and your use of prescribed drugs, to get high or for other non-medical effects.

C2.	Have you ever used	C2Y.	Used in past
	5 or more times?		12 months
	Yes...1 No...2		Yes...1 No...2
	Refused/DK...3		Refused/DK...3

- Alcohol.....
- Marijuana.....
- Crack.....
- Cocaine.....
- PCP or 'Angel Dust'.....
- Hallucinogens or Psychedelics.....
- Amphetamines: speed, crank, preludeins.....
- Sedatives: barbiturates, seconal, quaaludes.....
- Benzodiazepine: valium, librium, xanax.....
- OPIOIDS
- Heroin.....
- Illegal Methadone.....
- Other narcotics: morphine, opium, codeine.....
- Other: .....

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< ALCOHOL SECTION>>

1. At what age did you first use it? 0

C13. That first time you used it, who were you with?

- Spouse/Sexual partner/Significant other.....1
- Friends not including a boyfriend/girlfriend.....2
- Brother/Sister.....3
- Self.....4
- Mother.....5
- Father.....6
- Other person.....7
- Don't know/Can't remember.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< ALCOHOL SECTION, continued >>

7. Average use in the past 6 months?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

A. If you haven't used it in the past 6 months,  
how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

COMPUTER SCORING  
CRITERIA FOR ALCOHOL DEPENDENCE

ANSWER ALL QUESTIONS WITH 1 OR 2.

A maladaptive pattern of ALCOHOL use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, OCCURRING at any time in the same 12 month period:

C23. Tolerance, as defined by either of the following:

C23A. A need for markedly increased amounts of ALCOHOL to achieve intoxication or desired effect. YES...1 NO...

C23B. Markedly diminished effect with continued use of the same amount of ALCOHOL. YES...1 NO...

Withdrawal, as manifested by either of the following (c24a and c24b) or c24c:

C24A. Cessation of (or reduction in) alcohol use that has been heavy and prolonged. YES...1 NO....

C24B. Two (or more) of the following, developing within several hours to a few days after Criterion C24A: YES...1 NO....

C24\_B1. Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100).....

C24\_B2. Increased hand tremor.....

C24\_B3. Insomnia.....

C24\_B4. Nausea or vomiting.....

C24\_B5. Transient visual, tactile, or auditory hallucinations or illusions.....

C24\_B6. Psychomotor agitation.....

C24\_B7. Anxiety.....

C24\_B8. Grand mal seizures.....

C24C. ALCOHOL (or a closely related substance) is taken to relieve or avoid withdrawal symptoms. YES...1 NO....

ALCOHOL WITHDRAW CRITERIA C AND D:

C24 with c. The symptoms of withdrawal cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. YES...1 NO....

C24 with d. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder. YES=1 NO=



Press the F5 key for full description of Dependence and Abuse.  
 ENTER THE NUMBER OF YOUR DIAGNOSIS.

- NONE.....0
- 303.90 ALCOHOL DEPEND. WITH PHYSIOLOGICAL DEPEND.....1
- 303.90 ALCOHOL DEPEND. WITHOUT PHYSIOLOGICAL DEP.....2
- 305.00 ALCOHOL ABUSE.....3
- OTHER.....4

IF DIAGNOSIS IS DEPENDENCE SPECIFY IF:

- WITH PHYSIOLOGICAL DEPENDENCE: evidence of tolerance or withdrawal  
 (i.e., either CRITERIA DEPENDENCE Item A or B is present)
- WITHOUT PHYSIOLOGICAL DEPENDENCE: no evidence of tolerance or withdrawal  
 (i.e., neither CRITERIA DEPENDENCE Item A or B is present)

ENTER THE NUMBER OF YOUR COURSE SPECIFIER.

- NONE.....0
- Early Full Remission: At least 1 month, but for less than 12 months,  
 no criteria for Dependence or Abuse have been met.....1
- Early Partial Remission: At least 1 month, but for less than 12 months,  
 one or more criteria for Dependence or Abuse have been met (but the full  
 criteria for Dependence have not been met).....2
- Sustained Full Remission: If none of the criteria for Dependence or  
 Abuse have been met at any time during a period of 12 months or longer...3
- Sustained Partial Remission: If full criteria for Dependence have not  
 been met for a period of 12 months or longer; however, one or more  
 criteria for Dependence or Abuse have been met.....4
- On Agonist Therapy: If the individual is on a prescribed agonist  
 medication and no criteria for Dependence or Abuse have been met  
 for that class of medication for at least the past month (except  
 tolerance to, or withdrawal from, the agonist). This category also  
 applies to those being treated for Dependence using a partial  
 agonist or an agonist/antagonist.....5
- In a Controlled Environment: If the individual is in an environment  
 where access to alcohol and controlled substances is restricted, and  
 no criteria Dependence or Abuse have been met for at least the past  
 month. Examples of these environments are closely supervised and  
 substance-free jails; therapeutic communities, or locked hospital  
 units.....

<< MARIJUANA SECTION >>

1. At what age did you first use it?

C13. That first time you used it, who were you with?

Spouse/Sexual partner/Significant other.....	1
Friends not including a boyfriend/girlfriend.....	2
Brother/Sister.....	3
Self.....	4
Mother.....	5
Father.....	6
Other person.....	7
Don't know/Can't remember.....	8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< MARIJUANA SECTION, continued >>

5. Average use in the past 6 months?

4 or more times a day, almost every day.....	1
2-3 times a day, almost every day.....	2
About once a day.....	3
2-6 times a week.....	4
About once a week.....	5
Less than once a week.....	6
One time.....	7
Never/None.....	8

A. If you haven't used it in the past 6 months, how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

COMPUTER SCORING  
CRITERIA FOR MARIJUANA/CANNABIS DEPENDENCE

ANSWER ALL QUESTIONS WITH 1 OR 2.

A maladaptive pattern of MARIJUANA/CANNABIS use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, OCCURRING at any time in the same 12 month period:

C34. Tolerance, as defined by either of the following:

C34A. A need for markedly increased amounts of MARIJUANA/CANNABIS to achieve intoxication or desired effects. YES....1 NO....

C34B. Markedly diminished effect with continued use of the same amount of MARIJUANA/CANNABIS. YES....1 NO....

C36. MARIJUANA/CANNABIS is often taken in larger amounts or over a longer period than was intended. YES...1 NO..

C37. There is a persistent desire or unsuccessful efforts to cut down or control MARIJUANA/CANNABIS use. YES...1 NO.

C38. A great deal of time is spent in activities necessary to obtain MARIJUANA/CANNABIS (e.g., driving long distances), use the substance (e.g., chain smoking), or recover from its effects. YES...1 NO.

C39. Important social, occupational, or recreational activities are given up or reduced because of MARIJUANA/CANNABIS use. YES...1 NO.

C40. MARIJUANA/CANNABIS use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by MARIJUANA/CANNABIS (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption). YES...1 NO.

<< HALLUCINOGENS SECTION >>

1. At what age did you first use it?
- C13. That first time you used it, who were you with?

Spouse/Sexual partner/Significant other.....	1
Friends not including a boyfriend/girlfriend.....	2
Brother/Sister.....	3
Self.....	4
Mother.....	5
Father.....	6
Other person.....	7
Don't know/Can't remember.....	8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< HALLUCINOGENS SECTION, continued >>

5. Average use in the past 6 months?

4 or more times a day, almost every day.....	1
2-3 times a day, almost every day.....	2
About once a day.....	3
2-6 times a week.....	4
About once a week.....	5
Less than once a week.....	6
One time.....	7
Never/None.....	8

A. If you haven't used it in the past 6 months,  
how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

ENTER THE NUMBER OF YOUR COURSE SPECIFIER.

- NONE.....
- Early Full Remission: At least 1 month, but for less than 12 months,  
no criteria for Dependence or Abuse have been met.....1
- Early Partial Remission: At least 1 month, but for less than 12 months,  
one or more criteria for Dependence or Abuse have been met (but the full  
criteria for Dependence have not been met).....2
- Sustained Full Remission: If none of the criteria for Dependence or  
Abuse have been met at any time during a period of 12 months or longer..3
- Sustained Partial Remission: If full criteria for Dependence have not  
been met for a period of 12 months or longer; however, one or more  
criteria for Dependence or Abuse have been met.....4
- On Agonist Therapy: If the individual is on a prescribed agonist  
medication and no criteria for Dependence or Abuse have been met  
for that class of medication for at least the past month (except  
tolerance to, or withdrawal from, the agonist). This category also  
applies to those being treated for Dependence using a partial  
agonist or an agonist/antagonist.....5
- In a Controlled Environment: If the individual is in an environment  
where access to alcohol and controlled substances is restricted, and  
no criteria Dependence or Abuse have been met for at least the past  
month. Examples of these environments are closely supervised and  
substance-free jails, therapeutic communities, or locked hospital  
units.....6

Interviewer remarks, MARIJUANA:

Press Ctrl\_Home to Edit, Ctrl\_End TWICE to Save Edited Information and Exit

<< CRACK SECTION >>

1. At what age did you first use it?
- C13. That first time you used it, who were you with?

Spouse/Sexual partner/Significant other.....	1
Friends not including a boyfriend/girlfriend.....	2
Brother/Sister.....	3
Self.....	4
Mother.....	5
Father.....	6
Other person.....	7
Don't know/Can't remember.....	8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< CRACK SECTION, continued >>

5. Average use in the past 6 months?

4 or more times a day, almost every day.....	1
2-3 times a day, almost every day.....	2
About once a day.....	3
2-6 times a week.....	4
About once a week.....	5
Less than once a week.....	6
One time.....	7
Never/None.....	8

A. If you haven't used it in the past 6 months,  
how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< CRACK SECTION, continued >>

11. How frequently did you inject in the past 6 months?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

C12. How frequently did you inject in the past 30 days?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit. PRESS F5 for GLOSSARY

COMPUTER SCORING

CRITERIA FOR COCAINE DEPENDENCE  
ANSWER ALL QUESTIONS WITH 1 OR 2.

A maladaptive pattern of COCAINE use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

C56. Tolerance, as defined by either of the following:

- A. A need for markedly increased amounts of COCAINE to achieve intoxication or desired effect. YES...1 NO..
- B. Markedly diminished effect with continued use of the same amount of COCAINE. YES...1 NO..

COMPUTER SCORING  
CRITERIA FOR COCAINE ABUSE  
ANSWER ALL QUESTIONS WITH 1 OR 2.

a maladaptive pattern of COCAINE use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

- C63. Recurrent COCAINE use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to COCAINE use; COCAINE-related absences, suspensions, or expulsions from school, neglect of children or household). YES...1 NO...
- C64. Recurrent COCAINE use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by COCAINE use). YES...1 NO...
- C65. Recurrent COCAINE-related legal problems (e.g., arrests for COCAINE-related disorderly conduct). YES...1 NO...
- C66. Continued COCAINE use despite having persistent or recurrent social or interpersonal problems caused by the effects of COCAINE (e.g., arguments with spouse about the consequences of intoxication, physical fights). YES...1 NO...2

Press the F5 key for full description of Dependence and Abuse.  
ENTER THE NUMBER OF YOUR DIAGNOSIS. IF ONE DOESN'T MATCH  
ENTER NUMBER 4 AND THEN YOUR DIAGNOSIS.

NONE.....0  
304.20 COCAINE DEPEND. WITH PHYSIOLOGICAL DEPEND.....1  
304.20 COCAINE DEPEND. WITHOUT PHYSIOLOGICAL DEPEND.....2  
305.60 COCAINE ABUSE.....3  
OTHER.....4



<< COCAINE SECTION >>

1. At what age did you first use it?

C13. That first time you used it, who were you with?

Spouse/Sexual partner/Significant other.....	1
Friends not including a boyfriend/girlfriend.....	2
Brother/Sister.....	3
Self.....	4
Mother.....	5
Father.....	6
Other person.....	7
Don't know/Can't remember.....	8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< COCAINE SECTION, continued >>

i. Average use in the past 6 months?

4 or more times a day, almost every day.....	1
2-3 times a day, almost every day.....	2
About once a day.....	3
2-6 times a week.....	4
About once a week.....	5
Less than once a week.....	6
One time.....	7
Never/None.....	8

A. If you haven't used it in the past 6 months,  
how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< COCAINE SECTION, continued >>

1. How frequently did you inject in the past 6 months?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

- C12. How frequently did you inject in the past 30 days?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

COMPUTER SCORING

CRITERIA FOR COCAINE DEPENDENCE  
ANSWER ALL QUESTIONS WITH 1 OR 2.

A maladaptive pattern of COCAINE use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

- C56. Tolerance, as defined by either of the following:
- A. A need for markedly increased amounts of COCAINE to achieve intoxication or desired effect. YES...1 NO...2
  - B. Markedly diminished effect with continued use of the same amount of COCAINE. YES...1 NO...2

<< PCP OR ANGEL DUST SECTION >>

i. At what age did you first use it?

C13. That first time you used it, who were you with?

- Spouse/Sexual partner/Significant other.....1
- Friends not including a boyfriend/girlfriend.....2
- Brother/Sister.....3
- Self.....4
- Mother.....5
- Father.....6
- Other person.....7
- Don't know/Can't remember.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< PCP OR ANGEL DUST SECTION, continued >>

i. Average use in the past 6 months?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

A. If you haven't used it in the past 6 months,  
how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY



<< PCP OR ANGEL DUST, continued >>

1. How frequently did you inject in the past 6 months?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

- C12. How frequently did you inject in the past 30 days?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

CRITERIA FOR PCP (ANGEL DUST) DEPENDENCE

A maladaptive pattern of PCP (ANGEL DUST) use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

C67. Tolerance, as defined by either of the following:

- A. A need for markedly increased amounts of PCP (ANGEL DUST) to achieve intoxication or desired effect. YES.....1 NO.....2
- B. Markedly diminished effect with continued use of the same amount of PCP (ANGEL DUST). YES.....1 NO.....2

C69. PCP (ANGEL DUST) is often taken in larger amounts or over a longer period than was intended. YES.....1 NO.....2

C70. There is a persistent desire or unsuccessful efforts to cut down or control PCP (ANGEL DUST) use. YES.....1 NO.....2

C71. A great deal of time is spent in activities necessary to obtain PCP (ANGEL DUST) (e.g., driving long distances), use the PCP (e.g., chain-smoking), or recover from its effects. YES.....1 NO.....2

<< HALLUCINOGENS SECTION, continued >>

1. How frequently did you inject in the past 6 months?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

- C12. How frequently did you inject in the past 30 days?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

CRITERIA FOR HALLUCINOGEN (PSYCHEDELIC) DEPENDENCE

maladaptive pattern of HALLUCINOGEN (PSYCHEDELIC) use, leading to significant impairment or distress, as manifested by three (or more) of the following, occurring within a 12 month period:

- C78. Tolerance, as defined by either of the following:
- A. A need for markedly increased amounts of HALLUCINOGEN to achieve intoxication or desired effect. YES.....1 NO.....2
  - B. Markedly diminished effect with continued use of the same amount of HALLUCINOGEN (PSYCHEDELIC).. YES.....1 NO.....2
- C80. HALLUCINOGEN (PSYCHEDELIC) is often taken in larger amounts or over a longer period than was intended. YES.....1 NO.....2
- C81. There is a persistent desire or unsuccessful efforts to cut down or control HALLUCINOGEN use. YES.....1 NO.....2
- C82. A great deal of time is spent in activities necessary to obtain HALLUCINOGEN (PSYCHEDELIC) (e.g., driving long distances), use the HALLUCINOGEN (e.g., chain-smoking), or recover from its effects. YES.....1 NO.....2

Press the F5 key for full description of Dependence and Abuse.  
 ENTER THE NUMBER OF YOUR DIAGNOSIS. IF ONE DOESN'T MATCH  
 ENTER NUMBER 3 AND THEN YOUR DIAGNOSIS.

NONE.....	0
304.50 HALLUCINOGEN DEPENDENCE.....	1
305.30 HALLUCINOGEN ABUSE.....	2
OTHER.....	3

ENTER THE NUMBER OF YOUR COURSE SPECIFIER.

NONE.....	0
Early Full Remission: At least 1 month, but for less than 12 months, no criteria for Dependence or Abuse have been met.....	1
Early Partial Remission: At least 1 month, but for less than 12 months, one or more criteria for Dependence or Abuse have been met (but the full criteria for Dependence have not been met).....	2
Sustained Full Remission: If none of the criteria for Dependence or Abuse have been met at any time during a period of 12 months or longer....	3
Sustained Partial Remission: If full criteria for Dependence have not been met for a period of 12 months or longer; however, one or more criteria for Dependence or Abuse have been met.....	4
On Agonist Therapy: If the individual is on a prescribed agonist medication and no criteria for Dependence or Abuse have been met for that class of medication for at least the past month (except tolerance to, or withdrawal from, the agonist). This category also applies to those being treated for Dependence using a partial agonist or an agonist/antagonist.....	5
In a Controlled Environment: If the individual is in an environment where access to alcohol and controlled substances is restricted, and no criteria Dependence or Abuse have been met for at least the past month. Examples of these environments are closely supervised and substance-free jails, therapeutic communities, or locked hospital units.....	6

<< AMPHETAMINES SECTION >>

1. At what age did you first use it?

C13. That first time you used it, who were you with?

Spouse/Sexual partner/Significant other.....	1
Friends not including a boyfriend/girlfriend.....	2
Brother/Sister.....	3
Self.....	4
Mother.....	5
Father.....	6
Other person.....	7
Don't know/Can't remember.....	8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< AMPHETAMINES SECTION, continued >>

5. Average use in the past 6 months?

4 or more times a day, almost every day.....	1
2-3 times a day, almost every day.....	2
About once a day.....	3
2-6 times a week.....	4
About once a week.....	5
Less than once a week.....	6
One time.....	7
Never/None.....	8

A. If you haven't used it in the past 6 months,  
how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY



<< AMPHETAMINES SECTION, continued >>

11. How frequently did you inject in the past 6 months?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

C12. How frequently did you inject in the past 30 days?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

CRITERIA FOR AMPHETAMINE (UPPERS: SPEED, CRANK, PRELUDINS) DEPENDENCE

maladaptive pattern of AMPHETAMINE (UPPERS) use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

C89. Tolerance, as defined by either of the following:

- A. A need for markedly increased amounts of AMPHETAMINE (UPPERS) to achieve intoxication or desired effect. YES...1 NO..
- B. Markedly diminished effect with continued use of the same amount of AMPHETAMINE (UPPERS). YES...1 NO..

CRITERIA FOR AMPHETAMINE (UPPERS) ABUSE

A maladaptive pattern of AMPHETAMINE (UPPERS) use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

- C96. Recurrent AMPHETAMINE (UPPERS) use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to AMPHETAMINE use; AMPHETAMINE-related absences, suspensions or expulsions from school; neglect of children or household). YES...1 NO...2
- C97. Recurrent AMPHETAMINE (UPPERS) use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by AMPHETAMINE (UPPERS) use). YES...1 NO...2
- C98. Recurrent AMPHETAMINE (UPPERS)-related legal problems (e.g., arrests for AMPHETAMINE-related disorderly conduct). YES...1 NO...2
- C99. Continued AMPHETAMINE (UPPERS) use despite having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by AMPHETAMINE (e.g., current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption). YES...1 NO...2

Press the F5 key for full description of Dependence and Abuse.  
ENTER THE NUMBER OF YOUR DIAGNOSIS. IF ONE DOESN'T MATCH  
ENTER NUMBER 3 AND THEN YOUR DIAGNOSIS.

NONE.....	0
304.40 AMPHETAMINE DEPENDENCE.....	1
305.70 AMPHETAMINE ABUSE.....	2
OTHER.....	3

<< SEDATIVES >>

1. At what age did you first use it?

C13. That first time you used it, who were you with?

- Spouse/Sexual partner/Significant other.....1
- Friends not including a boyfriend/girlfriend.....2
- Brother/Sister.....3
- Self.....4
- Mother.....5
- Father.....6
- Other person.....7
- Don't know/Can't remember.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< SEDATIVES SECTION, continued >>

5. Average use in the past 6 months?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

A. If you haven't used it in the past 6 months,  
how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< SEDATIVES SECTION, continued >>

11. How frequently did you inject in the past 6 months?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

- C12. How frequently did you inject in the past 30 days?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

CRITERIA FOR SEDATIVE (DOWNERS: BARBITURATES, SECONAL, QUAALUDES)  
(BENZODIAZEPINE: VALIUM, LIBRIUM, XANAX) DEPENDENCE  
NOTE: SEDATIVE IN THIS SECTION MEANS SEDATIVE, HYPNOTIC OR ANXIOLYTIC.

A maladaptive pattern of SEDATIVE use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

Tolerance, as defined by either of the following:

- C100A. A need for markedly increased amounts of SEDATIVE to achieve intoxication or desired effects. YES....1 NO....2
- C100B. Markedly diminished effect with continued use of the same amount of SEDATIVE. YES....1 NO....2

<< ANXIOLYTIC: BENZODIAZEPINE SECTION >>

1. At what age did you first use it?

C13. That first time you used it, who were you with?

- Spouse/Sexual partner/Significant other.....1
- Friends not including a boyfriend/girlfriend.....2
- Brother/Sister.....3
- Self.....4
- Mother.....5
- Father.....6
- Other person.....7
- Don't know/Can't remember.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< ANXIOLYTIC: BENZODIAZEPINE SECTION, continued >>

5. Average use in the past 6 months?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

A. If you haven't used it in the past 6 months,  
how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

CRITERIA FOR SEDATIVE ABUSE

A maladaptive pattern of SEDATIVE use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

- C107. Recurrent SEDATIVE use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to SEDATIVE use; SEDATIVE-related absences, suspensions, or expulsions from school; neglect of children or household). YES....1 NO....2
- C108. Recurrent SEDATIVE use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by SEDATIVE). YES....1 NO....2
- C109. Recurrent SEDATIVE-related legal problems (e.g., arrests for SEDATIVE-related disorderly conduct). YES....1 NO....2
- C110. Continued SEDATIVE use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of SEDATIVE (e.g., arguments with spouse about consequences of intoxication, physical fights). YES....1 NO....2

Press the F5 key for full description of Dependence and Abuse.  
ENTER THE NUMBER OF YOUR DIAGNOSIS. IF ONE DOESN'T MATCH  
ENTER NUMBER 3 AND THEN YOUR DIAGNOSIS.

- NONE.....0
- 304.10 SEDATIVE, HYPNOTIC, OR ANXIOLYTIC DEPENDENCE.....1
- 305.40 SEDATIVE, HYPNOTIC, OR ANXIOLYTIC ABUSE.....2
- OTHER.....3

<< ANXIOLYTIC: BENZODIAZEPINE SECTION, continued >>

C11. How frequently did you inject in the past 6 months?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

C12. How frequently did you inject in the past 30 days?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

CRITERIA FOR SEDATIVE (DOWNERS: BARBITURATES, SECONAL, QUAALUDES)  
(BENZODIAZEPINE: VALIUM, LIBRIUM, XANAX) DEPENDENCE

NOTE: SEDATIVE IN THIS SECTION MEANS SEDATIVE, HYPNOTIC OR ANXIOLYTIC.

A maladaptive pattern of SEDATIVE use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

Tolerance, as defined by either of the following:

- C100A. A need for markedly increased amounts of SEDATIVE to achieve intoxication or desired effects. YES.....1 NO.....
- C100B. Markedly diminished effect with continued use of the same amount of SEDATIVE. YES.....1 NO.....

CRITERIA FOR SEDATIVE ABUSE

A maladaptive pattern of SEDATIVE use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

- C107. Recurrent SEDATIVE use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to SEDATIVE use; SEDATIVE-related absences, suspensions, or expulsions from school; neglect of children or household). YES.....1 NO.....2
- C108. Recurrent SEDATIVE use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by SEDATIVE). YES.....1 NO.....2
- C109. Recurrent SEDATIVE-related legal problems (e.g., arrests for SEDATIVE-related disorderly conduct). YES.....1 NO.....2
- C110. Continued SEDATIVE use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of SEDATIVE (e.g., arguments with spouse about consequences of intoxication, physical fights). YES.....1 NO.....2

Press the F5 key for full description of Dependence and Abuse.  
ENTER THE NUMBER OF YOUR DIAGNOSIS. IF ONE DOESN'T MATCH  
ENTER NUMBER 3 AND THEN YOUR DIAGNOSIS.

- NONE.....0
- 304.10 SEDATIVE, HYPNOTIC, OR ANXIOLYTIC DEPENDENCE.....1
- 305.40 SEDATIVE, HYPNOTIC, OR ANXIOLYTIC ABUSE.....2
- OTHER.....3



<< HEROIN SECTION >>

1. At what age did you first use it?

C13. That first time you used it, who were you with?

- Spouse/Sexual partner/Significant other.....1
- Friends not including a boyfriend/girlfriend.....2
- Brother/Sister.....3
- Self.....4
- Mother.....5
- Father.....6
- Other person.....7
- Don't know/Can't remember.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< HEROIN SECTION, continued >>

5. Average use in the past 6 months?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

A. If you haven't used it in the past 6 months, how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< HEROIN SECTION, continued >>

- C11. How frequently did you inject in the past 6 months?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

- C12. How frequently did you inject in the past 30 days?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit. PRESS F5 for GLOSSARY

CRITERIA FOR OPIOID DEPENDENCE

A maladaptive pattern of OPIOID use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time within the same 12 month period:

NOTE: OPIOID refers to heroin, illegal methadone, other narcotics, and/or closely related substances.

Tolerance, as defined by either of the following:

- C111A. A need for markedly increased amounts of OPIOID to achieve intoxication or desired effect. YES....1 NO....2
- C111B. Markedly diminished effect with continued use of the same amount of OPIOID. YES....1 NO....2

- C116. Important social, occupational, or recreational activities are given up or reduced because of OPIOID use. YES.....1 NO.....2
- C117. OPIOID use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by OPIOID (HEROIN) (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption). YES.....1 NO.....2

#### CRITERIA FOR OPIOID ABUSE

maladaptive pattern of OPIOID use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

- C118. Recurrent OPIOID use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to OPIOID use; OPIOID-related absences, suspensions, or expulsions from school; neglect of children or household). YES.....1 NO.....2
- C119. Recurrent OPIOID use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by OPIOID). YES.....1 NO.....2
- C120. Recurrent OPIOID-related legal problems (e.g., arrests for OPIOID-related disorderly conduct) YES.....1 NO.....2
- C121. Continued OPIOID use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of OPIOID use (e.g., arguments with spouse about consequences of intoxication, physical fights). YES.....1 NO.....2

Interviewer remarks, OPIOID:

[Empty rectangular box for interviewer remarks]

Press Ctrl\_Home to Edit, Ctrl\_End TWICE to Save Edited Information and Exit

<< ILLEGAL METHADONE SECTION >>

1. At what age did you first use it?

C13. That first time you used it, who were you with?

- Spouse/Sexual partner/Significant other.....1
- Friends not including a boyfriend/girlfriend.....2
- Brother/Sister.....3
- Self.....4
- Mother.....5
- Father.....6
- Other person.....7
- Don't know/Can't remember.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< ILLEGAL METHADONE SECTION, continued >>

5. Average use in the past 6 months?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

A. If you haven't used it in the past 6 months, how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< ILLEGAL METHADONE SECTION, continued >>

1. How frequently did you inject in the past 6 months?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

C12. How frequently did you inject in the past 30 days?

- 4 or more times a day, almost every day.....1
- 2-3 times a day, almost every day.....2
- About once a day.....3
- 2-6 times a week.....4
- About once a week.....5
- Less than once a week.....6
- One time.....7
- Never/None.....8

Press PageDown/Enter to Continue; Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

CRITERIA FOR OPIOID DEPENDENCE

A maladaptive pattern of OPIOID use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time within the same 12 month period:

NOTE: OPIOID refers to heroin, illegal methadone, other narcotics, and/or closely related substances.

Tolerance, as defined by either of the following:

- C111A. A need for markedly increased amounts of OPIOID to achieve intoxication or desired effect. YES.....1 NO.....2
- C111B. Markedly diminished effect with continued use of the same amount of OPIOID. YES.....1 NO.....2

- C116. Important social, occupational, or recreational activities are given up or reduced because of OPIOID use. YES....1 NO....2
- C117. OPIOID use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by OPIOID (HEROIN) (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption). YES....1 NO....2

#### CRITERIA FOR OPIOID ABUSE

maladaptive pattern of OPIOID use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

- C118. Recurrent OPIOID use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to OPIOID use; OPIOID-related absences, suspensions, or expulsions from school; neglect of children or household). YES....1 NO....2
- C119. Recurrent OPIOID use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by OPIOID). YES....1 NO....2
- C120. Recurrent OPIOID-related legal problems (e.g., arrests for OPIOID-related disorderly conduct) YES....1 NO....2
- C121. Continued OPIOID use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of OPIOID use (e.g., arguments with spouse about consequences of intoxication, physical fights). YES....1 NO....2

Interviewer remarks, OPIOID:

[Empty rectangular box for interviewer remarks]

Press Ctrl\_Home to Edit, Ctrl\_End TWICE to Save Edited Information and Exit



<< OTHER NARCOTICS SECTION >>

1. At what age did you first use it?

C13. That first time you used it, who were you with?

Spouse/Sexual partner/Significant other.....	1
Friends not including a boyfriend/girlfriend.....	2
Brother/Sister.....	3
Self.....	4
Mother.....	5
Father.....	6
Other person.....	7
Don't know/Can't remember.....	8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< OTHER NARCOTICS SECTION, continued >>

5. Average use in the past 6 months?

4 or more times a day, almost every day.....	1
2-3 times a day, almost every day.....	2
About once a day.....	3
2-6 times a week.....	4
About once a week.....	5
Less than once a week.....	6
One time.....	7
Never/None.....	8

A. If you haven't used it in the past 6 months,  
how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< OTHER NARCOTICS SECTION, continued >>

11. How frequently did you inject in the past 6 months?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

- C12. How frequently did you inject in the past 30 days?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

CRITERIA FOR OPIOID DEPENDENCE

A maladaptive pattern of OPIOID use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time within the same 12 month period:

NOTE: OPIOID refers to heroin, illegal methadone, other narcotics, and/or closely related substances.

Tolerance, as defined by either of the following:

C111A. A need for markedly increased amounts of OPIOID to achieve intoxication or desired effect. YES.....1 NO.....2

C111B. Markedly diminished effect with continued use of the same amount of OPIOID. YES.....1 NO.....2

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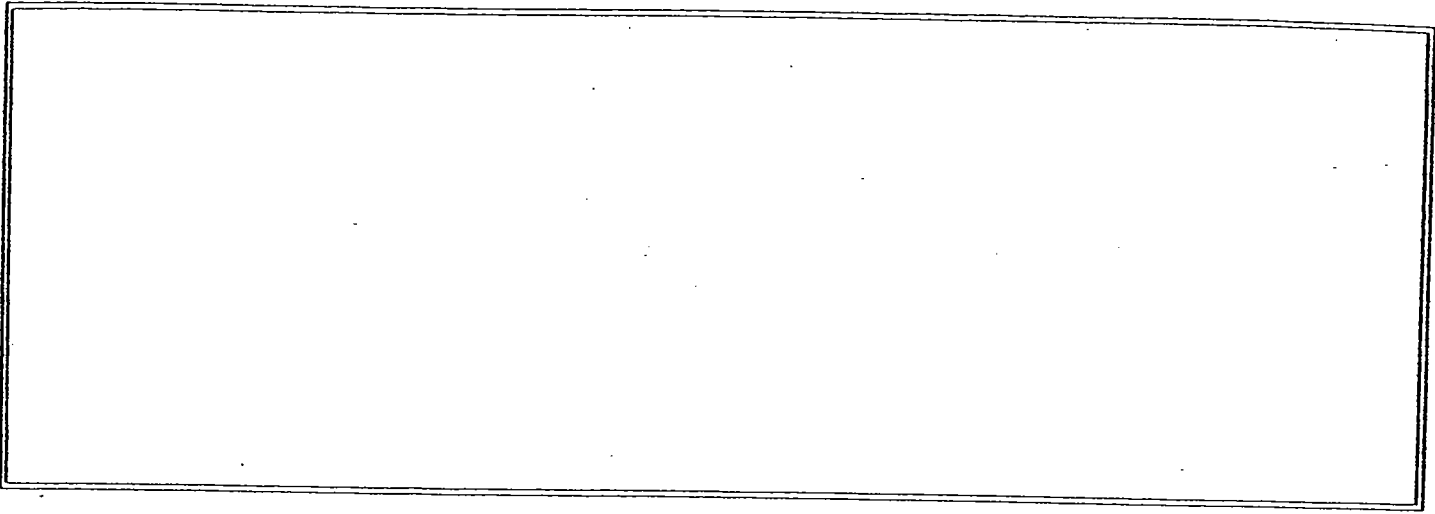
- C116. Important social, occupational, or recreational activities are given up or reduced because of OPIOID use. YES....1 NO....2
- C117. OPIOID use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by OPIOID (HEROIN) (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption). YES....1 NO....2

#### CRITERIA FOR OPIOID ABUSE

maladaptive pattern of OPIOID use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

- C118. Recurrent OPIOID use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to OPIOID use; OPIOID-related absences, suspensions, or expulsions from school; neglect of children or household). YES....1 NO....2
- C119. Recurrent OPIOID use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by OPIOID). YES....1 NO....2
- C120. Recurrent OPIOID-related legal problems (e.g., arrests for OPIOID-related disorderly conduct) YES....1 NO....2
- C121. Continued OPIOID use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of OPIOID use (e.g., arguments with spouse about consequences of intoxication, physical fights). YES....1 NO....2

Interviewer remarks, OPIOID:

A large, empty rectangular box with a double-line border, intended for the user to enter their interviewer remarks. The box is currently blank.

Press Ctrl\_Home to Edit, Ctrl\_End TWICE to Save Edited Information and Exit

<< OTHER: TEST >>

i. At what age did you first use it?

C13. That first time you used it, who were you with?

Spouse/Sexual partner/Significant other.....	1
Friends not including a boyfriend/girlfriend.....	2
Brother/Sister.....	3
Self.....	4
Mother.....	5
Father.....	6
Other person.....	7
Don't know/Can't remember.....	8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< OTHER: TEST >>

ii. Average use in the past 6 months?

4 or more times a day, almost every day.....	1
2-3 times a day, almost every day.....	2
About once a day.....	3
2-6 times a week.....	4
About once a week.....	5
Less than once a week.....	6
One time.....	7
Never/None.....	8

A. If you haven't used it in the past 6 months,  
how long ago was it?

B. If you use it daily, at what age did you begin using daily?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

<< OTHER: TEST >>

- C11. How frequently did you inject in the past 6 months?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

- C12. How frequently did you inject in the past 30 days?
- 4 or more times a day, almost every day.....1
  - 2-3 times a day, almost every day.....2
  - About once a day.....3
  - 2-6 times a week.....4
  - About once a week.....5
  - Less than once a week.....6
  - One time.....7
  - Never/None.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

CRITERIA FOR OTHER DEPENDENCE

maladaptive pattern of <OTHER> use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

- C155. Tolerance, as defined by either of the following:
- A. A need for markedly increased amounts of <OTHER> to achieve intoxication or desired effect. YES.....1 NO.....2
  - B. Markedly diminished effect with continued use of the same amount of <OTHER>. YES.....1 NO.....2

CRITERIA FOR OTHER ABUSE

maladaptive pattern of <OTHER> use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

- C162. Recurrent <OTHER> use resulting in a failure to fulfill major role obligations at work, school, or home, expulsions from school; neglect of children or household. YES....1 NO....2
- C163. Recurrent <OTHER> use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by <OTHER> use). YES....1 NO....2
- C164. Recurrent <OTHER>-related legal problems (e.g., arrests for <OTHER>-related disorderly conduct). YES....1 NO....2
- C165. Continued <OTHER> use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the use effects of <OTHER> ( e.g., arguments with spouse about consequences of intoxication, physical fights). YES....1 NO....2

Press the F5 key for full description of Dependence and Abuse.  
ENTER THE NUMBER OF YOUR DIAGNOSIS. IF ONE DOESN'T MATCH  
ENTER NUMBER 3 AND THEN YOUR DIAGNOSIS.

NONE.....	0
304.90 OTHER (OR UNKNOWN ) SUBSTANCE DEPENDENCE.....	1
305.90 OTHER (OR UNKNOWN ) SUBSTANCE ABUSE.....	2
OTHER.....	3

C3. Which do you prefer?

- Alcohol.....01
- Crack.....02
- Cocaine (powder).....03
- Heroin.....04
- Other Narcotics.....05
- Illegal Methadone.....06
- Amphetamines.....07

- Sedatives.....08
- PCP.....09
- Hallucinogens  
or Psychedelics.....10
- Inhalants.....11
- Marijuana.....12
- Other drug.....13

C4. Which do you use most frequently?

- Alcohol.....01
- Crack.....02
- Cocaine (powder).....03
- Heroin.....04
- Other Narcotics.....05
- Illegal Methadone.....06
- Amphetamines.....07

- Sedatives.....08
- PCP.....09
- Hallucinogens  
or Psychedelics.....10
- Inhalants.....11
- Marijuana.....12
- Other drug.....13

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY

C14. Have you ever had to go to the hospital because you overdosed on a drug or alcohol? Yes.....1 No.....2 (GO TO C15)

C14A. How many times have you overdosed on drugs? 0

OVERDOSE HISTORY and DESCRIPTION

Which drug(s) or alcohol? How long ago was your last overdose?

1. Drug	Days ago	Weeks ago	Months ago	Years ago
2. Drug	Days ago	Weeks ago	Months ago	Years ago
3. Drug	Days ago	Weeks ago	Months ago	Years ago
4. Drug	Days ago	Weeks ago	Months ago	Years ago

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSARY



C20. Which drug or drugs brought you here? (CAN CHOOSE MORE THAN ONE)  
(PUT 1 ON BLANK)

Alcohol.....	01
Crack.....	02
Cocaine (powder).....	03
Heroin.....	04
Other Narcotics.....	05
Illegal Methadone.....	06
Amphetamines.....	07
Sedatives.....	08
PCP.....	09
Hallucinogens or Psychedelics.....	10
Inhalants.....	11
Marijuana.....	12
Other drug.....	13

A. Which one drug caused most harm or consequences?  
(WRITE IN NUMBER OF DRUG FROM ABOVE CODED CHOICES)

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOSSAR

C21. Have you ever had a period of about a month or more, when you were getting drunk nearly every day for most of the month?  
Yes.....1 No.....2 Don't know/Can't remember.....3

C22. Have you ever had alcohol related D.T.'s (delirium tremens), that is, delirium, confusion, aggression, vivid hallucinations, severe tremulousness, paranoid ideas, or seizures?  
Yes.....1 No.....2

C22A. How many times have you had Alcohol D.T.'s? 0

When was the last time you had Alcohol D.T.'s?

Days ago      Weeks ago      Months ago      Years ago

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit PRESS F5 for GLOS

- 7. OTHER DIAGNOSIS: YOU MUST ENTER THIS IF YOU CHOOSE 10
- .. NO DIAGNOSIS OR NONE:

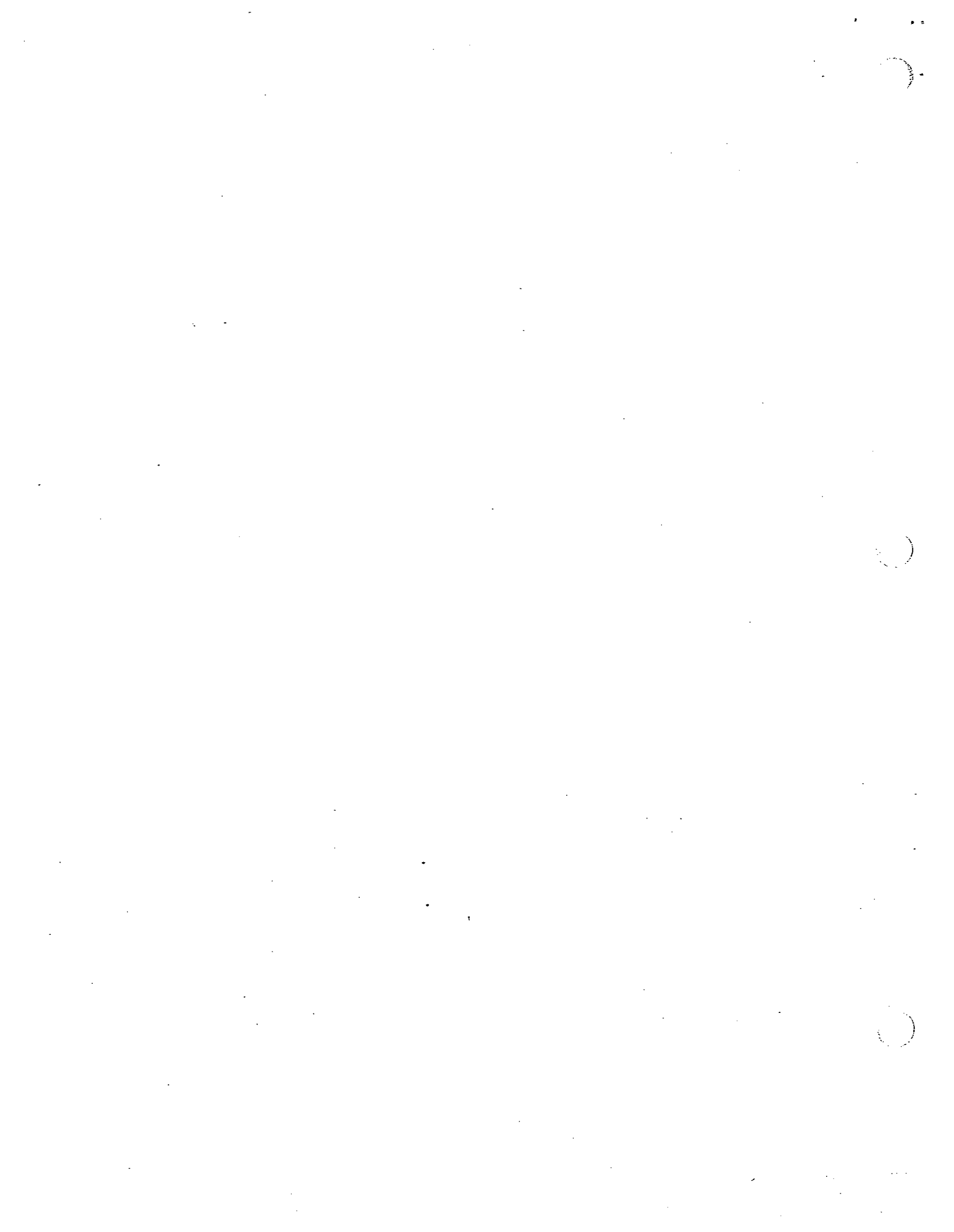
ENTER THE NUMBER of what is your PRIMARY DIAGNOSIS:

- 8. OTHER DIAGNOSIS: YOU MUST ENTER THIS IF YOU CHOOSE 10
- .. NO DIAGNOSIS OR NONE:

ENTER THE NUMBER of what is your PRIMARY DIAGNOSIS:

YOUR PRIMARY DIAGNOSIS IS:

IS THIS THE CORRECT DIAGNOSIS? YES...1 NO....2 1



OTHER DIAGNOSIS: YOU MUST ENTER THIS IF YOU CHOOSE 10  
11. NO DIAGNOSIS OR NONE:

ENTER THE NUMBER of what is your TERTIARY DIAGNOSIS:

OTHER DIAGNOSIS: YOU MUST ENTER THIS IF YOU CHOOSE 10  
11. NO DIAGNOSIS OR NONE:

ENTER THE NUMBER of what is your TERTIARY DIAGNOSIS:

YOUR TERTIARY DIAGNOSIS IS:

IS THIS THE CORRECT DIAGNOSIS? YES...1 NO....2 1

SECTION D: LIVING ARRANGEMENTS AND FAMILY RELATIONS RID: BLANK

1. In the past month, please tell me if you have stayed in each of the following types of places.
- Yes.....  
No.....
- a. Public housing apartment or house.....
  - b. In your own apartment or house (not public housing).....
  - c. Someone else's apartment or house (not public housing).....
  - d. A room in a hotel, motel, or in a rooming or boarding house.....
  - e. Homeless shelter or on the street.....
  - f. Another type of shelter facility.....
  - g. A hospital.....
  - h. Jail or prison, including being on work release.....
  - i. Group home or residence.....
  - j. Somewhere else I haven't mentioned? SPECIFY:  
Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

2. Where are you living now?

- 1. Public housing apartment or house
- 2. In your own apartment or house (not public housing)
- 3. Someone else's apartment or house (not public housing)
- 4. A room in a hotel, motel, or in a rooming or boarding house
- 5. Homeless shelter or on the street
- 6. Another type of shelter facility
- 7. A hospital
- 8. Jail or prison, including being on work release
- 9. Group home or residence
- 10. Somewhere else I haven't mentioned

D3. How long have you been at this place?  
Days      Weeks      Months      Years

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

D4C. Have you ever had significant periods of time in which you have experienced serious problems getting along with?

- Yes.....1
- No.....2
- Refused/Don't know.....3

Ever In the Past 30 days

- Mother/Guardian.....
- Father/Guardian.....
- Sisters.....
- Brothers.....
- Spouse/Sexual Partner.....
- Child(ren).....
- Other Family Member.....
- Close Friend.....
- Neighbors.....
- Co-Workers.....

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

D14. How important to you is it that your family receive treatment for their alcohol or other drug problems? USE PINK CARD

- Extremely important.....5
- Considerably important.....4
- Moderately important.....3
- Slightly important.....2
- Not at all important.....1

D15. How important to you is treatment or counseling for problems getting along with your family? Please include any person you consider FAMILY even if it is not a blood relative. USE PINK CARD

- Extremely important.....5
- Considerably important.....4
- Moderately important.....3
- Slightly important.....2
- Not at all important.....1

D16. How important to you is treatment or counseling for problems getting along with people other than your family? USE PINK CARD

- Extremely important.....5
- Considerably important.....4
- Moderately important.....3
- Slightly important.....2
- Not at all important.....1

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

<< BOYFRIEND/GIRLFRIEND >>

6. Does he/she, to the best of your knowledge, use drugs or alcohol?  
Yes.....1 No.....2

a. If answer to D6 is yes, does this bother you?  
Yes.....1 No.....2

b. If answer to D6 is yes, has he/she received treatment?  
Yes.....1 No.....2

c. If answer to D6b is yes, what was the outcome of the treatment?

- Has not changed.....1
- Uses still, but less than before.....2
- Stopped using for short period, then relapsed.....3
- Stopped using for long period, then relapsed.....4
- Has not used since treatment.....5

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

<< BOYFRIEND/GIRLFRIEND (CONTINUED) >>

7. Has he/she ever received treatment or counseling for emotional or mental health problems?  
Yes.....1 No.....2

D8. Does he/she depend on you for housing expenses?  
Yes.....1 No.....2

D9. Does he/she depend on you for food and clothing expenses?  
Yes.....1 No.....2

D10. Does he/she depend on you for medical expenses?  
Yes.....1 No.....2

D11. Does he/she help you with your living expenses such as, housing, food, clothing, medical costs, or transportation?  
Yes.....1 No.....2

a. (If yes) overall, within the past year, would you say this help has paid for:

- Less than half of the expenses.....1
- Half or more of the expenses.....2
- All of the expenses.....3

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

<< FATHER/GUARDIAN >>

5. Does he, to the best of your knowledge, use drugs or alcohol?  
Yes.....1 No.....2
- a. If answer to D6 is yes, does this bother you?  
Yes.....1 No.....2
- b. If answer to D6 is yes, has he received treatment?  
Yes.....1 No.....2
- c. If answer to D6b is yes, what was the outcome of the treatment?
- Has not changed.....1
  - Uses still, but less than before.....2
  - Stopped using for short period, then relapsed.....3
  - Stopped using for long period, then relapsed.....4
  - Has not used since treatment.....5

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

<< FATHER/GUARDIAN (CONTINUED) >>

7. Has he ever received treatment or counseling for emotional or mental health problems?  
Yes.....1 No.....2
- D8. Does he depend on you for housing expenses?  
Yes.....1 No.....2
- D9. Does he depend on you for food and clothing expenses?  
Yes.....1 No.....2
- D10. Does he depend on you for medical expenses?  
Yes.....1 No.....2
- D11. Does he help you with your living expenses such as, housing, food, clothing, medical costs, or transportation?  
Yes.....1 No.....2
- a. (If yes) overall, within the past year, would you say this help has paid for:
- Less than half of the expenses.....1
  - Half or more of the expenses.....2
  - All of the expenses.....3

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit



<< CHILD/CHILDREN >>

6. Does he/she, to the best of your knowledge, use drugs or alcohol?  
Yes.....1 No.....2
- a. If answer to D6 is yes, does this bother you?  
Yes.....1 No.....2
- b. If answer to D6 is yes, has he/she received treatment?  
Yes.....1 No.....2
- c. If answer to D6b is yes, what was the outcome of the treatment?
- Has not changed.....1
  - Uses still, but less than before.....2
  - Stopped using for short period, then relapsed.....3
  - Stopped using for long period, then relapsed.....4
  - Has not used since treatment.....5

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

<< CHILD/CHILDREN (CONTINUED) >>

7. Has he/she ever received treatment or counseling for emotional or mental health problems?  
Yes.....1 No.....2
- D8. Does he/she depend on you for housing expenses?  
Yes.....1 No.....2
- D9. Does he/she depend on you for food and clothing expenses?  
Yes.....1 No.....2
- D10. Does he/she depend on you for medical expenses?  
Yes.....1 No.....2
- D11. Does he/she help you with your living expenses such as, housing, food, clothing, medical costs, or transportation?  
Yes.....1 No.....2
- a. (If yes) overall, within the past year, would you say this help has paid for:
- Less than half of the expenses.....1
  - Half or more of the expenses.....2
  - All of the expenses.....3

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

<< FRIEND >>

6. Does he/she, to the best of your knowledge, use drugs or alcohol?  
Yes.....1 No.....2
- a. If answer to D6 is yes, does this bother you?  
Yes.....1 No.....2
- b. If answer to D6 is yes, has he/she received treatment?  
Yes.....1 No.....2
- c. If answer to D6b is yes, what was the outcome of the treatment?
- Has not changed.....1
  - Uses still, but less than before.....2
  - Stopped using for short period, then relapsed.....3
  - Stopped using for long period, then relapsed.....4
  - Has not used since treatment.....5

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

<< FRIEND (CONTINUED) >>

7. Has he/she ever received treatment or counseling for emotional or mental health problems?  
Yes.....1 No.....2
- D8. Does he/she depend on you for housing expenses?  
Yes.....1 No.....2
- D9. Does he/she depend on you for food and clothing expenses?  
Yes.....1 No.....2
- D10. Does he/she depend on you for medical expenses?  
Yes.....1 No.....2
- D11. Does he/she help you with your living expenses such as, housing, food, clothing, medical costs, or transportation?  
Yes.....1 No.....2
- a. (If yes) overall, within the past year, would you say this help has paid for:
- Less than half of the expenses.....1
  - Half or more of the expenses.....2
  - All of the expenses.....3

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

5. Marital status?

- Married.....1
- Common Law Marriage.....2
- Remarried.....3
- Widowed.....4
- Separated.....5
- Divorced.....6
- Never Married.....7

D5A. How long have you been in this marital status?  
 (If never married, length of time after the age of 18)  
 Days Months Years

D5B. Are you satisfied with your current marital status?

- Very dissatisfied.....1
- Dissatisfied.....2
- Indifferent.....3
- Satisfied.....4
- Very satisfied.....5

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

(If Respondent is currently living with spouse/partner, GO TO D12e)

12. Is there someone whom you care very much about and have a sexual relationship with?

- Spouse/Partner.....1
- Boyfriend/Girlfriend.....2
- Friend.....3
- Other (SPECIFY).....4
- No.....5 (GO TO D12e)

D12a. At this time, is this person using any of the following so much, it troubles or bothers you? (answer all 3 questions)

- Yes.....1
- No.....2
- Don't know.....3
- 0 A1. Alcohol
- 0 A2. Illegal drugs
- 0 A3. Prescription drugs

D12b. Is this person now receiving alcohol/drug treatment or going to a support group?

- Yes.....1 No.....2 Don't know/Unsure.....3

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

Childcare:

17. Do you have any children?  
Yes.....1 No.....2 (GO TO NEXT SECTION)

How many? 0

a. What are the ages of your children?  
(If client says 18 months for example, THEN enter 1.5  
OR 9 months, THEN enter .75)

1	6
2	7
3	8
4	9
5	10

b. Which of the children live with you? (MARK AN 'X' BESIDE THE NUMBER OF ANY CORRESPONDING NUMBERS CHOSEN FROM PREVIOUS QUESTION)

1	6
2	7
3	8
4	9
5	10

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

D17C. Who has legal custody of the children?

Child 1	Child 6	You.....	1
Child 2	Child 7	Spouse.....	2
Child 3	Child 8	Other Parent.....	3
Child 4	Child 9	Ex-Spouse.....	4
Child 5	Child 10	Relative/Friend.....	5
		Child Services.....	6
		Other.....	7

D17D. Are you responsible for any children not identified above?  
Yes.....1 No.....2

D18. How easy or difficult is it for you to get child care now?

Very difficult.....	1
Somewhat difficult.....	2
Slightly difficult.....	3
Somewhat easy.....	4
Very easy.....	5
Never need to get childcare.....	6
Unsure/Don't know.....	7

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

D19. Do you have any of the following difficulties in raising your children?

Yes.....1 No.....2

- a. Medical.....
- b. School.....
- c. No other adults to help supervise.....
- d. Conflicts or arguments between you and the children.....
- e. Other (SPECIFY)

D20. Who will care for your child/children while you attend treatment?

- Child/Children's other parent.....1
- Child/Children's grandparent.....2
- Other relative/Family member.....3
- Foster parents.....4
- Day care.....5
- An institution.....6
- Other (SPECIFY).....7
- Don't know/Unsure/Refused to answer.....8

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

LIVING ARRANGEMENTS/FAMILY RELATIONS

INTERVIEWER REMARKS SECTION D:

Press Ctrl\_Home to Edit, Ctrl\_End to EXIT and SAVE Information

SECTION E: TREATMENT HISTORY/MENTAL HEALTH

RID: BLANK

Enter two digit year of interview:

Have you ever received any treatment for your Alcohol/Drug use, such as, Detoxification, Methadone Maintenance, Outpatient Treatment, Short-Term Inpatient Treatment (28 day), Long-Term Residential Treatment, Intensive Outpatient Treatment, In-Hospital Treatment (2 months or more)?

Yes.....1 No.....2 (GO TO E4a)

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

- E1. Indicate the types of treatment for alcohol/drug treatment. (For each treatment coded 'Yes' in E1, ask E2-E3)
- E2. How many different times were you admitted to (type of treatment) for the treatment of alcohol and/or drug use problems?
- E3. In what year did you (last receive/go to) (type of treatment)?

Type of Treatment	E1		E2	E3
	Yes.....1	No.....2	# of Admissions	Last Year Treatment
a. Detoxification				19
b. Methadone maintenance				19
c. Other outpatient treatment				19
d. Short-term inpatient treatment, often called, 28 day hospital inpatient program or chemical dependency program				19

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

5a. In the past six months have you attended Alcoholics Anonymous, Cocaine Anonymous, or Narcotics Anonymous meetings?

- Yes.....1
- No.....2 (GO TO E7)
- Refused.....3 (GO TO E7)

b. How long have you been attending?  
(If Can't remember/Don't know/Refused, ENTER 99)

Days            Weeks            Months            Years

c. How many meetings did you attend in the past six months?  
Number of Meetings      0

d. About how long ago did you last attend a meeting?  
(If Can't remember/Don't know/Refused, ENTER 99)

Days            Weeks            Months            Years

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

E7. Not including any alcohol and/or other drug treatment, have you EVER been hospitalized for problems with your emotions, nerves, or your mental health?      Yes.....1      No.....2

a. How old were you the FIRST time you stayed overnight for treatment of problems with your emotions, nerves, or mental health?

b. How many times have you stayed at least overnight for treatment of problems with your emotions, nerves, or mental health?

c. When was your LAST overnight stay for treatment for problems with your emotions, nerves, or mental health?  
(If Can't remember/Don't know/Refused, ENTER 99)

Days ago            Weeks ago            Months ago            Years ago

d. Altogether, how long did you stay that time for treatment of problems with your emotions, nerves, or mental health?  
Days            Weeks            Months            Years

e. When were you last treated in an Emergency room for problems with your emotions, nerves, or mental health?  
Days            Weeks            Months            Years

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

E12. Have you ever had a period of two weeks or longer when you felt very sad or depressed, or lost interest or pleasure in the things you care about? Yes.....1 No.....2 (GO TO E13)

a. How many times like this have you had in the past 12 months? 0  
One.....1  
Several.....2  
6-12.....3  
More than 12.....4  
Don't know/Can't remember.....5

b. How many of the times like this were related to alcohol and/or other drug use? 0  
All of the times.....(GO TO E13)...1  
Most of the times.....2  
Some of the times.....3  
A few of the times.....4  
None.....5

c. When did you last have a time like that which was NOT related to alcohol or other drug use?  
(If Can't remember/Don't know/Refused, ENTER 99)  
Days ago      Weeks ago      Months ago      Years ago  
Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

E13. Have you ever thought seriously about ending your life or committing suicide? Yes.....1 No.....2 (GO TO E15)

E13\_1. Were these thoughts of suicide the result of:

Yes.....1  
No.....2  
Don't know/Unsure.....3

A. Drugs.....0  
B. Alcohol.....0  
C. Other.....0

A. Have you had a period (that was not a direct result of Drug or Alcohol use), in which you have experienced serious thoughts of suicide within the past 30 days? Yes.....1 No.....2

B. Are you currently thinking about committing suicide? Yes.....1 No.....2

C. When did you LAST think seriously about committing suicide?  
(If Can't remember/Don't know/Refused, ENTER 99)

Days ago      Weeks ago      Months ago      Years ago

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit



E16. b. When was the LAST time you had trouble understanding, concentrating, or remembering things?

(If Can't remember/Don't know/Refused, ENTER 99)

Days ago      Weeks ago      Months ago      Years ago

E17. Right now, how important to you is counseling for emotions, nerves, or mental health problems?

USE PINK CARD

Not at all important.....1  
Slightly important.....2  
Moderately important.....3  
Considerably important.....4  
Extremely important.....5

RESPONSES ARE IN INVERSE ORDER OF THE CARD, BUT THE CHOICES AND NUMBERS MATCH

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

In the month before admission, how much were you distressed by?

Not at all.....1  
A little bit.....2  
Moderately.....3  
Quite a bit.....4  
Extremely.....5

- E18A. Blaming yourself for things
- E18B. Worrying too much about things
- E18C. Feeling no interest in things
- E18D. Feeling hopeless about the future
- E18E. Feeling everything is an effort
- E18F. Feeling worthless
- E18G. Feeling easily annoyed or irritated
- E18H. Temper outbursts that you could not control
- E18I. Having urges to beat, injure, or harm someone
- E18J. Having urges to break or smash things
- E18K. Getting into frequent arguments
- E18L. Shouting or throwing things

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

F. CRIMINAL JUSTICE INVOLVEMENT

RID: BLANK

1. Have you EVER done any of the following?  
Yes.....1 No.....2 Refused.....3

F2. (For each YES answer from F1) How many times in the past six months?  
(INTERVIEWER: READ ACTIVITIES, PUT ANSWER ON CHART)

ACTIVITY	F1 HAVE YOU EVER DONE (Yes..1 No..2 Refused..3)	F2 # TIMES IN THE PAST SIX MONTHS
a. Drug possession/Drug abuse?		
b. Drug trafficking?		
c. Driving while intoxicated or driving under the influence? (DWI) (DUI)		
d. Prostitution or solicitation?		

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

ACTIVITY	F1 HAVE YOU EVER DONE (Yes..1 No..2 Refused..3)	F2 # TIMES IN THE PAST SIX MONTHS
e. Promoting prostitution?		
f. Forgery, passing bad checks, or credit card fraud?		
g. Motor vehicle theft?		
h. Shoplifting?		
i. Larceny, theft, larceny from a person?		
j. Receiving, or possession of, stolen goods?		
k. Breaking and entering or burglary?		

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

F3. As a JUVENILE, OR AN ADULT, have you ever been arrested and booked, or taken into custody for any of the following?  
Yes.....1 No.....2 Refused.....3

F4. Within the PAST 6 MONTHS, have you had any other criminal charges or criminal cases pending against you, including a conviction that you are awaiting sentencing for?

Yes.....1 No.....2 Refused.....3

(INTERVIEWER: READ ACTIVITIES, PUT ANSWER ON CHART)

ACTIVITY	F3 ARRESTED/BOOKED (Yes.....1 No.....2 Refused.....3)	F4 CHARGES/PENDING (Yes.....1 No.....2 Refused.....3)
a. Drug possession/Drug abuse?		
b. Drug trafficking?		
c. Driving while intoxicated or driving under the influence? (DWI) (DUI)		

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

ACTIVITY	F3 ARRESTED/BOOKED (Yes.....1 No.....2 Refused.....3)	F4 CHARGES/PENDING (Yes.....1 No.....2 Refused.....3)
d. Prostitution or solicitation?		
e. Promoting prostitution?		
f. Forgery, passing bad checks, or credit card fraud?		
g. Motor vehicle theft?		
h. Shoplifting?		
i. Larceny, theft, larceny from a person?		
j. Receiving, or possession of, stolen goods?		

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

F5a. Right now, are you under any kind of supervision by the courts or prison authorities? Yes.....1 No.....2 (GO TO F6)

F5b. What kind of supervision?  
 Adult probation.....1  
 Juvenile probation.....2  
 Adult parole/Conditional release.....3  
 Furlough.....4  
 Work release.....5  
 Other supervision.....6

F6. Right now, do you have any outstanding warrants for your arrest?  
 Yes.....1 No.....2 Don't know/Unsure.....3

F7. Is your coming here at this time required or recommended by any of the following: the courts, a prosecutor, your defense attorney, the jail, or prison system, or a condition of your probation, parole, or conditional release? Yes.....1 No.....2 Don't know/Unsure.....3

a. Courts.....  
 b. Prosecutor.....  
 c. Defense attorney.....  
 d. The jail or prison system.....  
 e. Condition of probation, parole, or conditional release....  
 Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

F8. How many days in the last 30 days have you engaged in illegal activities? 0

F9. How many days in the last 30 days were you detained or incarcerated? 0

F10. How many different times have you been arrested?  
 IN LIFETIME 0 IN THE LAST 6 MONTHS 0

F11. How many times have you been sentenced to jail or prison for any crime? 0

F12. How many felony arrests have you had in the past 2 years? 0

F13. How serious do you feel your present legal problems are?  
 (exclude civil problems)

Extremely serious.....5  
 Considerably serious.....4  
 Moderately serious.....3  
 Slightly serious.....2  
 Not at all serious.....1

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

SECTION G: SOURCES OF SUPPORT

RID: BLANK

G1. Have you ever worked at a job full-time, that is, 35 hours or more a week, including working for yourself?  
Yes.....1 No.....2 (GO TO G4)

G2. When was the last time you worked full-time?  
Within the last month.....1  
2-6 months ago.....2  
7-12 months ago.....3  
More than 12 months ago.....4

G2B. How many days in the past 30 days have you experienced employment problems? 0

G2C. How troubled or bothered have you been by these employment problems in the past 30 days?  
Extremely.....5  
Considerably.....4  
Moderately.....3  
Slightly.....2  
Not at all.....1

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

G3. What type of job was it? (see examples and choose one code number)

1. Higher Executive, Major Professional, Owner of a Large Business
2. Business Manager (medium sized business), Lesser Professional (nurses, opticians, pharmacists, social workers, teachers, etc.)
3. Administrative Personnel, Manager, Minor Professional, Owner or Proprietor of small business (e.g. bakery, car dealership engraving business, plumbing business, florist, decorator, etc.)
4. Clerical and Sales, Technician, Small Business, (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary, car sales, etc.)
5. Skilled Manual - usually having had training (baker, barber, brakeman, chef, electrician, fireman, policeman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, plumber)
6. Semiskilled - (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage, guard, checker, waiter, spot welder)
7. Unskilled - (attendant, janitor, construction helper, unspecified labor, porter, include unemployment)

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

G6. Is your employer, or are any of your employers, requiring that you take part in the drug/alcohol treatment program that you are coming to at this time? Yes.....1 No.....2

G7. How important to you is counseling for employment problems? (examples: problems finding or keeping a job, getting along with the people you work with)

USE PINK CARD

Extremely important.....5  
Considerably important.....4  
Moderately important.....3  
Slightly important.....2  
Not at all important.....1

G9. How important to you is counseling for financial difficulties? (examples: problems paying bills, child support, judgments against you, problems getting benefits that you are supposed to receive).

USE PINK CARD

Extremely important.....5  
Considerably important.....4  
Moderately important.....3  
Slightly important.....2  
Not at all important.....1

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

INTERVIEWER: TELL CLIENT THEY CAN REFUSE TO ANSWER THE FOLLOWING QUESTION, HOWEVER, IT MAY BE TO THEIR BENEFIT TO TELL IF THEY DID NOT RECEIVE INCOME WHICH THEY MAY BE ENTITLED TO RECEIVE.

G8. Within the last 30 days, BEFORE TAXES were taken out, how much income did you legally receive from: (IF NO INCOME REPORTED OR REFUSED TYPE 0)

INCOME SOURCES

Gross Monthly Income  
NONE...0/REFUSED..99999

a. Your wages or salary from all legitimate paid jobs or businesses?	\$	.00
b. Unemployment compensation, that was NOT for a work related injury?	\$	.00
c. Alimony or child support?	\$	.00
d. Contributions from a spouse, partner, or family member who was not living with you? (not including the help we have already talked about)	\$	.00

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

SOURCES OF SUPPORT

INTERVIEWER REMARKS SECTION G:

Press Ctrl\_Home to Edit, Ctrl\_End to EXIT and SAVE Information

SECTION H: CURRENT and LIFETIME MEDICAL PROBLEMS

RID: BLANK

- 1. In general, would you say your health is:
  - Very good.....1
  - Good.....2
  - Fair.....3
  - Poor.....4
  - Very poor.....5
  
- H2. Within the past six months, have you gone to a doctor's office, a clinic, a hospital emergency room, or anywhere else for any physical health condition, problem or injury?
  - a. Doctor's office or clinic Yes.....1 No.....2
  - b. How many times? times
  - c. Hospital emergency room Yes.....1 No.....2
  - d. How many times? times
  - e. Other
  - f. How many times? times

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

(PLEASE READ QUESTIONS H3-H4 AND ANSWER FOLLOWING CHART)

- 2. Has a doctor or nurse ever told you that you have:  
(IF NONE CHOSEN, GO TO H8)
  
- H4. Within the past six months, have you been told by a doctor or nurse that you have:  
(Choices for Questions H3 and H4)
  - Yes.....1
  - No.....2
  - Don't know.....3
  
- a. a breathing problem, such as, asthma, pneumonia, or emphysema?
  - H3
  - H4
- b. a heart or blood problem, such as, high blood pressure, heart disease, sickle cell or another kind of anemia?
- c. a stomach or bowel problem, such as, stomach ulcers or colitis?
- d. a bone or muscle problem, such as, being paralyzed, bad arthritis, or bursitis?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit



H4a. Have you ever been told by a doctor or nurse that you had a positive skin test for TB (tuberculosis)?  
Yes.....1 No.....2

H4b. How important is it to you that you get treatment for your medical problems?  
USE PINK CARD

Extremely important.....5  
Considerable important.....4  
Moderately important.....3  
Slightly important.....2  
Not at all important.....1

H5. For any of your problems, has a doctor prescribed any medication that you are now supposed to be taking?  
Yes.....1 No.....2 (GO TO H6)

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

H5a. What medications?

5b. (FOR EACH MEDICATION, ASK:) Have you been taking more or less than the doctor prescribed?

	H5a	H5b
	What medication(s)?	Prescribed amount...
		More than amount....
		Less than amount....
		Do not know.....
		Not taking.....
a.	breathing problems, such as, a. bronchitis, asthma, b. pneumonia or emphysema? c.	
b.	a heart or blood problem, such as, high blood pressure, heart disease, sickle a. cell or another kind of b. anemia? c.	
c.	a stomach or bowel problem, a. such as, stomach ulcers or b. colitis? c.	

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit



H7. Thinking about the last time you went to, (read a, b or c), would you say your physical illness or physical injury was due to alcohol and/or other drug use? Yes.....1 No.....2 Don't know.....3

a. Doctor's office or clinic

b. Hospital emergency room

c. Other:

H8. What type of health plan or insurance do you have?  
Private health insurance/private health plan

(Blue Cross/Blue Shield, Kaiser, Aetna, etc.).....1

Medicaid.....2

Champus/Champva.....3

Other SPECIFY: .....4

General Assistance/Disability Assistance(county welfare)..5

None.....6

H9. Are any types of alcohol or drug treatment covered by this health plan or insurance?

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit.

H10. What could make it difficult for you to get treatment or services?  
Yes.....1 No.....2

Childcare problems

Transportation problems

Work schedule conflict

School/training schedule conflict

Cost of treatment

Cost of getting to, or arranging for, treatment

Other? SPECIFY:

IF MALE SUBJECT, GO TO H12! .

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

HEALTH INFORMATION

INTERVIEWER REMARKS SECTION H:

Press Ctrl\_Home to Edit, Ctrl\_End to EXIT and SAVE Information

SECTION I: INTERVIEWER RATINGS AND DISPOSITION

RID: BLANK

1. Were all sections of the interview completed?  
Yes.....1 No.....2

a. What sections were not completed?

SECTION NOT COMPLETED? (PUT 1 ON BLANK)

A

B

C

D

E

F

G

H

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

Why was/were the section(s) not completed?

A

B

C

D

E

F

G

H

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

LEVELS OF CARE  
Dimension V: Relapse Potential

RID: BLANK

HIGH RISK:

press any key to continue...

LEVELS OF CARE  
Dimension V: Relapse Potential

RID: BLANK

LOW RISK:

Severity Rating: 0      SCALE: Low.....1   Moderate.....2   High.....3

*n/a*

LEVELS OF CARE

RID: BLANK

Primary ALCOHOL AND DRUG Diagnosis:

Secondary ALCOHOL AND DRUG Diagnosis:

Tertiary ALCOHOL AND DRUG Diagnosis:

- 1...I.1 Outpatient
- 2...I.2 Intensive Outpatient
- 3...I.3 Day Treatment
- 4...II.1 Non-medical Community Residential
- 5...II.2 Medical Community Residential
- 6...III.1 Ambulatory Detoxification
- 7...III.2 Observation Bed
- 8...III.3 Subacute Detoxification
- 9...IV.1 Acute Hospital Detoxification

Recommended LEVEL OF CARE: 0 Enter 0 for No Recommended Level of Care

RECOMMENDED LEVEL OF CARE: No Recommended Level of Care

17. Are you the person who determines the referral for this respondent? Yes.....1 No.....2

a. Based on this assessment, what treatment will you recommend for the respondent?

- Short-term residential or detox.....1
- Long-term residential.....2
- Outpatient methadone maintenance.....3
- Outpatient detox.....4
- Outpatient drug-free.....5
- Intensive day treatment.....6
- Recommend further assessment.....7
- Recommend referral for social services other than drug treatment.....8
- Treatment recommendation to be decided later.....9
- No treatment recommended.....10
- Other: (SPECIFY: ).....11

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

Primary ALCOHOL AND DRUG Diagnosis:

Secondary ALCOHOL AND DRUG Diagnosis:

Tertiary ALCOHOL AND DRUG Diagnosis:

DSM-IV Information - Axis I through Axis IV

Axis I:

Axis I:

Axis II:

Axis II:

Axis III:

Axis III:

Axis IV:

Axis IV:

Axis V:

Axis V:

I8. Interviewer remarks:

Press PageDown/Enter to Continue, Ctrl\_End to Save/Exit

Please enter the time ended if this is the end of the initial interview.

Time Started:       :

Time Ended:       :

DO NOT CHANGE THE TIME ENDED IF YOU ARE ONLY UPDATING INFORMATION.

End of File, Decision Box Appears When Information Completed

111





**INSTRUCTIONS**

1. Leave No Blanks - Where appropriate code:  
X = question not answered  
N = questions not applicable  
Use only one character per item.
2. Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).
3. Space is provided after sections for additional comments.

**ADDICTION SEVERITY INDEX**

**SEVERITY RATINGS**

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each ratings is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. **Note:** These severity ratings are optional.

**Fifth Edition**

**SUMMARY OF PATIENTS RATING SCALE**

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

G1. I.D. NUMBER

G2. LAST 4 DIGITS OF SSN

G3. PROGRAM NUMBER

G4. DATE OF ADMISSION

G5. DATE OF INTERVIEW

G6. TIME BEGUN  :

G7. TIME ENDED  :

G8. CLASS:  
1 - Intake   
2 - Follow-up

G9. CONTACT CODE:  
1 - In Person   
2 - Phone

G10. GENDER:  
1 - Male   
2 - Female

G11. INTERVIEWER CODE NUMBER

G12. SPECIAL:  
1 - Patient terminated   
2 - Patient refused   
3 - Patient unable to respond

**GENERAL INFORMATION**

NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

G13. GEOGRAPHIC CODE

G14. How long have you lived at this address?

G15. Is this residence owned by your or your family?

G16. DATE OF BIRTH

G17. RACE   
1 - White (Not of Hispanic Origin)  
2 - Black (Not of Hispanic Origin)  
3 - American Indian  
4 - Alaskan Native  
5 - Asian or Pacific Islander  
6 - Hispanic - Mexican  
7 - Hispanic - Puerto Rican  
8 - Hispanic - Cuban  
9 - Other Hispanic

G18. RELIGIOUS PREFERENCE   
1 - Protestant  
2 - Catholic  
3 - Jewish  
4 - Islamic  
5 - Other  
6 - None

G19. Have you been in a controlled environment in the past 30 days?   
1 - No  
2 - Jail  
3 - Alcohol or Drug Treatment  
4 - Medical Treatment  
5 - Psychiatric Treatment  
6 - Other

G20. How many days?

**ADDITIONAL TEST RESULTS**

G21. Shipley C.Q.

G22. Shipley I.Q.

G23. Beck Total Score

G24. SCL-90 Total

G25. MAST

G26.

G27.

G28.

**SEVERITY PROFILE**

9									
8									
7									
6									
5									
4									
3									
2									
1									
0									
PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH		

**MEDICAL STATUS**

M1. How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.)

M5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.)   
 0 - No  
 1 - Yes \_\_\_\_\_  
 Specify

M8. How important to you now is treatment for these medical problems?

M2. How long ago was your last hospitalization for a physical problem?      
 Years Months

M6. How many days have you experienced medical problems in the past 30 days?

**INTERVIEWER SEVERITY RATING**

M9. How would you rate the patient's need for medical treatment?

M3. Do you have any chronic medical problems which continue to interfere with your life?

*FOR QUESTIONS M7 & M8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE*

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes

M10. Patient's misrepresentation?   
 0 - No 1 - Yes

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

M11. Patient's inability to understand?   
 0 - No 1 - Yes

**COMMENTS**

**EMPLOYMENT/SUPPORT STATUS**

E1. Education completed      
 Years Months

E10. Usual employment pattern, past 3 years.   
 1 - full time (40 hrs/wk)  
 2 - part time (reg. hrs.)  
 3 - part time (irreg., daywork)  
 4 - student  
 5 - service  
 6 - retired/disability  
 7 - unemployed  
 8 - in controlled environment

E18. How many people depend on you for the majority of their food, shelter, etc.?

E2. Training or technical education completed    
 Months

E19. How many days have you experienced employment problems in the past 30?

E3. Do you have a profession, trade or skill?   
 0 - No  
 1 - Yes \_\_\_\_\_  
 Specify

*FOR QUESTIONS E20&E21 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE*

E4. Do you have a valid driver's license?   
 0 - No 1 - Yes

E11. How many days were you paid for working in the past 30? (include "under the table" work.)

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

E5. Do you have an automobile available for use? (Answer No if no valid driver's license.) 0 - No 1 - Yes

How much money did you receive from the following sources in the past 30 days?

E21. How important to you now is counseling for these employment problems?

E6. How long was your longest full-time job?      
 Years Months

E12. Employment (net income)

**INTERVIEWER SEVERITY RATING**

E7. Usual (or last) occupation?

E13. Unemployment compensation

E22. How would you rate the patient's need for employment counseling?

Specify in detail

E14. DPA

**CONFIDENCE RATINGS**

E8. Does someone contribute to your support in any way?

E15. Pension, benefits or social security

Is the above information significantly distorted by:

E9. (ONLY IF ITEM 8 IS YES) Does this constitute the majority of your support?

E16. Mate, family or friends (Money for personal expenses)

E23. Patient's misrepresentation?   
 0 - No 1 - Yes

E17. Illegal

E24. Patient's inability to understand?   
 0 - No 1 - Yes

**COMMENTS**



**LEGAL STATUS**

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)  
0 - No 1 - Yes

L17. How many of these charges resulted in convictions?

L26. How many days in the past 30 were you detained or incarcerated?

L2. Are you on probation or parole?  
0 - No 1 - Yes

**How many time in your life have you been charged with the following:**

L27. How many days in the past 30 have you engaged in illegal activities for profit?

How many times in your life have you been arrested and charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication

**FOR QUESTIONS L28 & L29 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE**

L3. - shoplifting/vandalism

L19. Driving while intoxicated

L28. How serious do you feel your present legal problems are? (Exclude civil problems)

L4. - parole/probation violations

L20. Major driving violations (reckless driving, speeding, no license, etc.)

L29. How important to you now is counseling or referral for these legal problems?

L5. - drug charges

L21. How many months were you incarcerated in your life?   
Months

L6. - forgery

L22. How long was your last incarceration?   
Months

**INTERVIEWER SEVERITY RATING**

L7. - weapons offense

L23. What was it for? (Use codes 3-16, 18-20. If multiple charges, code most severe)

L30. How would you rate the patient's need for legal services or counseling?

L8. - burglary, larceny, B&E

L24. Are you presently awaiting charges, trial or sentence?  
0 - No 1 - Yes

**CONFIDENCE RATINGS**

L9. - robbery

L25. What for? (If multiple charges, use most severe)

Is the above information significantly distorted by:

L10. - assault

L31. Patient's misrepresentation?

L11. - arson

L32. Patient's inability to understand?

L12. - rape

L13. - homicide, manslaughter

L14. - prostitution

L15. - contempt of court

L16. - other

**COMMENTS**

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**FAMILY HISTORY**

Have any of your relatives had what you would call a significant drinking, drug use or psych problem - one that did or should have led to

**Mother's Side**

**Father's Side**

**Siblings**

	Alc	Drug	Psych
H1. Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H5. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Alc	Drug	Psych
H6. Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H7. Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H8. Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H9. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H10. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Alc	Drug	Psych
H11. Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H13. Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direction: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relatives from that category. Code most problematic relative in cases of multiple members per category.

**FAMILY/SOCIAL RELATIONSHIPS**

F1. Marital Status

1 - Married                      4 - Separated  
 2 - Remarried                5 - Divorced  
 3 - Widowed                    6 - Never Married

F2. How long have you been in this marital status? (If never married, since age 18).  
 Years   Months

F3. Are you satisfied with this situation ?

0 - No  
 1 - Indifferent  
 2 - Yes

F4. Usual living arrangements (past 3 yr. )

1 - With sexual partner and children  
 2 - With sexual partner alone  
 3 - With children alone  
 4 - With parents  
 5 - With family  
 6 - With friends  
 7 - Alone  
 8 - Controlled environment  
 9 - No stable arrangements

F5. How long have you lived in those arrangements? (If with parents or family, since age 18).  
 Years   Months

F6. Are you satisfied with these living arrangements?

0 - No  
 1 - Indifferent  
 2 - Yes

Do you live with anyone who: (0 - No 1 - Yes)

F7. Has a current alcohol problem ?

F8. Uses non-prescribed drugs ?

F9. With whom do you spend most of your free time:

1 - Family  
 2 - Friends  
 3 - Alone

F10. Are you satisfied with spending your free time this way?

0 - No  
 1 - Indifferent  
 2 - Yes

F11. How many close friends do you have?

Direction for F12-F26: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category.

Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

- F12. Mother
- F13. Father
- F14. Brothers / Sisters
- F15. Sexual Partner / Spouse
- F16. Children
- F17. Friends


Have you had significant periods in which you have experienced serious problems getting along with:

- F18. Mother
- F19. Father
- F20. Brothers/Sisters
- F21. Sexual partner/spouse
- F22. Children
- F23. Other significant family
- F24. Close friends
- F25. Neighbors
- F26. Co-Workers

	PAST 30 DAYS	IN YOUR LIFE

Did any of these people (F18-F26) abuse you:  
 PAST 30 DAYS      IN YOUR LIFE

F27. Emotionally (make you feel bad through harsh words)?

F28. Physically (cause you physical harm)?

F29. Sexually (force sexual advances or sexual acts)?

How many days in the past 30 have you had serious conflicts:

F30. With your family ?

F31. With other people ? (excluding family)

***FOR QUESTIONS F32-F35 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE***

How troubled or bothered have you been in the past 30 days by these:

F32. Family problems

F33. Social problems

How important to you now is treatment or counseling for these:

F34. Family problems

F35. Social problems

**INTERVIEWER SEVERITY RATING**

F36. How would you rate the patient's need for family and/or social counseling?

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

F37. Patient's misrepresentation ?

0 - No 1 - Yes

F38. Patient's inability to understand ?

0 - No 1 - Yes

**COMMENTS**

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**APPENDIX H**

**FEDERAL REGISTER**

Federal Register Notice.....H1



**Abstract:** The FR 2915 collects seven-day averages of the amounts outstanding for foreign (non-U.S.) currency-denominated deposits held at U.S. offices of depository institutions, converted to U.S. dollars and included in the institution's FR 2900 data. Foreign currency deposits are subject to reserve requirements and, therefore, are included in the FR 2900 data submission. All weekly and quarterly FR 2900 respondents offering foreign currency deposits file the six-item FR 2915 quarterly, on the same reporting schedule as quarterly FR 2900 respondents. Data collected on the FR 2915 are mainly used in the construction of the monetary aggregates. These data are included in deposit data submitted on the FR 2900 for reserve requirement purposes, but they are not included in the monetary aggregates. The FR 2915 is the only source of data on such deposits.

Board of Governors of the Federal Reserve System, May 2, 2006.

**Jennifer J. Johnson,**  
Secretary of the Board.

[FR Doc. E6-6895 Filed 5-5-06; 8:45 am]  
BILLING CODE 6210-01-S

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Announcement of Availability of Funds for One Family Planning General Training and Technical Assistance Grant in Public Health Service Region VI

**AGENCY:** Office of Population Affairs, Office of Public Health and Science, Office of the Secretary, DHHS.

**ACTION:** Notice; correction.

**SUMMARY:** The Office of Population Affairs, OPHS, HHS published a notice in the *Federal Register* of Tuesday, April 11, 2006, announcing the availability of funds for one family planning general training and technical assistance grant. This notice contained an error. Language related to the review and selection process was not included. This Notice corrects the omission of the language related to collaborative selection of a grantee by the Regional Health Administrator, the Director, Office of Family Planning, and the Deputy Assistant Secretary for Population Affairs.

**FOR FURTHER INFORMATION CONTACT:** Susan B. Moskosky, 240-453-2888.

#### Correction

In the *Federal Register* of April 11, 2006, FR Doc. E6-5262, on page 18337,

column 1, last paragraph, correct the first sentence to read as follows:

Final award decisions will be made collaboratively by the Regional Health Administrator (RHA) for PHS Region VI, in consultation with the Director, OFP and the Deputy Assistant Secretary for Population Affairs (DASPA).

Dated: May 1, 2006.

**Susan B. Moskosky,**  
Director, Office of Family Planning, Office of Population Affairs.

[FR Doc. E6-6919 Filed 5-5-06; 8:45 am]

BILLING CODE 4150-34-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

#### Proposed Project: Evaluation of the Project Rehabilitation and Restitution Program (OMB No. 0930-0248)—Revision

The Rehabilitation and Restitution initiative of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment seeks to reduce recidivism and increase psychosocial functioning and pro-social lifestyle among substance abusing offenders that have pled to or been

convicted of a single felony. Hypotheses of the study are that providing intensive, long-term case management services will facilitate a pro-social lifestyle leading to higher rates of sealing or expunging of criminal records and that the prospect of stigma reduction provided by a sealed criminal record will motivate offenders to remain crime and drug free in order to achieve a felony-free criminal record.

The project consists of (1) providing technical assistance to develop and implement an enhanced model for case management services, and (2) evaluating of the effectiveness of the case management model in increasing the number of people that have their records sealed or maintain eligibility to have their records sealed. The study is confined to jurisdictions with statutes permitting records to be sealed within the remaining three-year parameters of the study. Two counties in Ohio, one involving an urban setting (Cuyahoga county which includes the city of Cleveland) and the other a rural setting (Clermont county adjacent to Northern Kentucky) were awarded by SAMHSA in 2002 in response to the original SAMHSA Request for Applications (RFA).

Target populations, drawn from Cuyahoga and Clermont County Court of Common Pleas Probation Departments, are first-time felons that are eligible to have their felony records sealed, have a diagnosis of substance dependence or abuse, and will receive case management services, including treatment referral, through each County's Treatment Accountability for Safer Communities (TASC) agency.

Technical assistance to participating counties is provided to (1) develop a strengths-based case management model designed to increase the proportion of offenders that achieve record expungement or maintain eligibility to have their felony records sealed, and (2) involve the various stake holders, such as case managers, probation officers and administrators, prosecutors, public defenders, judges, and treatment providers in the implementation of the case management model. A formative evaluation provides feedback on the implementation of the program. A systems evaluation examines the services offered to the felons, and changes in attitudes towards sealing records on the part of critical stakeholders, such as prosecutors, judges and service providers, and criminal justice systemic evolution. An outcomes evaluation examines the effect of the case management model on maintaining eligibility to have records sealed, and social, psychological and

health status, HIV risk behavior, and the proportion of subjects who have their records sealed.

In Cuyahoga County a longitudinal study examines two groups of randomly assigned subjects: An intent-to-treat, experimental group participates in a strengths-based case management model during the first six months of a one-year period of judicial supervision followed by three years of outreach services availability through a faith-based community organization; and a control group receives treatment as usual, consisting of the regular TASC case management model now in place with no outreach service availability. Each group is stratified by Standard Court Referral (SCR), *i.e.*, convicted first-time felons that must remain crime-free for three years after release from probation to maintain eligibility to apply for expungement; and Felony Diversion Referral (FDR), *i.e.*, first-time felons whose guilty pleas are held for one year pending successful completion of treatment and probation when the case may be expunged. The evaluation procedures consist of a baseline interview and follow-up interviews over a 4-year period that track outcomes to the point at which most subjects would be eligible to apply for sealing of records. Follow-up interviews and file studies test for a wide array of possible effects, including recidivism, employment, education, drug use, family relationships, support of children, mental and physical health, HIV/AIDS risk factors, assumption of personal responsibility, life adjustment factors, and program costs.

In Cuyahoga the evaluation has recruited 645 participants who have

volunteered to participate for the four-year period. Evaluation interviews take place at baseline, 6 months, 12 months, 24 months, and 36 months.

The 24-month interview is an additional interview point to the original OMB approval because it enriches the study by providing data covering the critical first year an offender is off supervision. The additional interview does not increase the burden because the original OMB approval provided for 150 more participants in Cuyahoga and also did not provide for attrition at follow-up. Because a 36-month interview point provides a final interview for all participants before project end date, it replaces the 42-month interview point. The PRR baseline interview included 997 variables. Six-month and twelve-month follow-ups were increased to 1100 variables in order to collect client clinical experience data. Twenty-four and thirty-six month interviews are further increased to 1184 variables in order to measure perception and effect on participants of stigma reduction provided through the elimination of felony records.

Each interview lasts 1 to 2 hours depending on the memory and speed of the respondents. The interview goal is a minimum 80% follow-up completion rate. During the first two years of follow-up both 6- and 12-month rates exceeded 85%. Interview data is supplemented by file studies of arrest records, including the number of participants maintaining sealing eligibility, and the number of criminal records expunged. Additionally, two focus groups of clients receiving strengths-based services will be conducted in each

county at 3, 6, 12, 18, 24, and 30 months to provide feedback on client perceptions. Groups will consist of clients both in compliance and not in compliance and of case managers for both experimental and control groups. Groups will consist of 8 to 12 participants chosen at random. Additional file study data will be gathered on the number of case management sessions and the number and frequency of other interventions in the intent-to-treat and control groups. In Clermont County the first-time felon pool is of insufficient size to support an evaluation design with experimental and control groups; however, because the first-time felony substance-abusing population presents unique demographics for analysis, *e.g.* rural, Caucasian, and greater percentage of females, examining the relationship of case management and motivation for stigma reduction is important. In Clermont, 150 first-time felons will participate in a strengths-based case management model and complete the evaluation instrument at baseline, 6-, 12, and 24-month points. Because the recruitment window was wider than in Cuyahoga, Clermont participants will not complete a 36-month instrument. A case study, including client, key informant, focus group and file data, will report the Clermont experience.

This OMB revision provides for conclusion of data collection by way of 24- and 36-month participant interviews, 24- and 30-month participant focus groups, case manager focus groups, and electronic files that will inform the Program Restitution and Rehabilitation Evaluation.

Data collection	Number of respondents	Responses per respondent	Hours per response	Total hour burden
Cuyahoga Follow-up Battery: 24- & 36 month .....	874	1	1.85	1617
Clermont Follow-up Battery: 24-month .....	90	1	1.85	167
Client Focus Groups: Cuyahoga @ 24- & 30-month .....	120	1	1.50	180
Electronic File Data: MCSIS (1), Probation (2) CISAI (1), TASC (1) .....	5	2	4.00	40
Quality Assurance (Tx Staff) Multimodality Quality Assurance (MQA) .....	6	1	.75	5
Stakeholders.				
Attitudes Towards Sealing Records .....	18	2	.08	3
Cuyahoga and Clermont Focus Groups .....	18	2	1.50	45
Case Manager Focus Groups .....	15	6	1.50	135
<b>Total Burden .....</b>	<b>1146</b>	<b>.....</b>	<b>.....</b>	<b>2192</b>
<b>3-Year Annual Average .....</b>	<b>349</b>	<b>.....</b>	<b>.....</b>	<b>731</b>

**APPENDIX I**  
**LEGISLATION**

42 USC 290aa (Section 501 (d) (4) of the Public Health Service Act).....I1

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[Laws in effect as of January 23, 2000]  
[Document affected by Public Law 106-310 Section 3102]  
[Document affected by Public Law 106-310 Section 3401(a)]  
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TITLE 42--THE PUBLIC HEALTH AND WELFARE

CHAPTER 6A--PUBLIC HEALTH SERVICE

SUBCHAPTER III-A--SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES  
ADMINISTRATION

Part A--Organization and General Authorities

Sec. 290aa. Substance Abuse and Mental Health Services  
Administration

(a) Establishment

The Substance Abuse and Mental Health Services Administration (hereafter referred to in this subchapter as the "Administration") is an agency of the Service.

(b) Agencies

The following entities are agencies of the Administration:

- (1) The Center for Substance Abuse Treatment.
- (2) The Center for Substance Abuse Prevention.
- (3) The Center for Mental Health Services.

(c) Administrator and Deputy Administrator

(1) Administrator

The Administration shall be headed by an Administrator (hereinafter in this subchapter referred to as the "Administrator") who shall be appointed by the President, by and with the advice and consent of the Senate.

(2) Deputy Administrator

The Administrator, with the approval of the Secretary, may

appoint a Deputy Administrator and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

(d) Authorities

The Secretary, acting through the Administrator, shall--

(1) supervise the functions of the agencies of the Administration in order to assure that the programs carried out through each such agency receive appropriate and equitable support and that there is cooperation among the agencies in the implementation of such programs;

(2) establish and implement, through the respective agencies, a comprehensive program to improve the provision of treatment and related services to individuals with respect to substance abuse and mental illness and to improve prevention services, promote mental health and protect the legal rights of individuals with mental illnesses and individuals who are substance abusers;

(3) carry out the administrative and financial management, policy development and planning, evaluation, knowledge dissemination, and public information functions that are required for the implementation of this subchapter;

(4) assure that the Administration conduct and coordinate demonstration projects, evaluations, and service system assessments and other activities necessary to improve the availability and quality of treatment, prevention and related services;

(5) support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs;

(6) in cooperation with the National Institutes of Health, the Centers for Disease Control and the Health Resources and Services Administration develop educational materials and intervention strategies to reduce the risks of HIV or tuberculosis among substance abusers and individuals with mental illness and to develop appropriate mental health services for individuals with such illnesses;

(7) coordinate Federal policy with respect to the provision of treatment services for substance abuse utilizing anti-addiction medications, including methadone;

(8) conduct programs, and assure the coordination of such programs with activities of the National Institutes of Health and the Agency for Healthcare Research and Quality, as appropriate, to evaluate the process, outcomes and community impact of treatment and prevention services and systems of care in order to identify the

manner in which such services can most effectively be provided;

(9) collaborate with the Director of the National Institutes of Health in the development of a system by which the relevant research findings of the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and, as appropriate, the Agency for Healthcare Research and Quality are disseminated to service providers in a manner designed to improve the delivery and effectiveness of treatment and prevention services;

(10) encourage public and private entities that provide health insurance to provide benefits for substance abuse and mental health services;

(11) promote the integration of substance abuse and mental health services into the mainstream of the health care delivery system of the United States;

(12) monitor compliance by hospitals and other facilities with the requirements of sections 290dd-1 and 290dd-2 of this title;

(13) with respect to grant programs authorized under this subchapter, assure that--

(A) all grants that are awarded for the provision of services are subject to performance and outcome evaluations; and

(B) all grants that are awarded to entities other than States are awarded only after the State in which the entity intends to provide services--

(i) is notified of the pendency of the grant application; and

(ii) is afforded an opportunity to comment on the merits of the application;

(14) assure that services provided with amounts appropriated under this subchapter are provided bilingually, if appropriate;

(15) improve coordination among prevention programs, treatment facilities and nonhealth care systems such as employers, labor unions, and schools, and encourage the adoption of employee assistance programs and student assistance programs;

(16) maintain a clearinghouse for substance abuse and mental health information to assure the widespread dissemination of such information to States, political subdivisions, educational agencies and institutions, treatment providers, and the general public;

(17) in collaboration with the National Institute on Aging, and in consultation with the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and the National Institute of Mental Health, as appropriate, promote and evaluate substance abuse services for older Americans in need of such services, and mental health services for older Americans who are seriously mentally ill; and

(18) promote the coordination of service programs conducted by other departments, agencies, organizations and individuals that are or may be related to the problems of individuals suffering from mental illness or substance abuse, including liaisons with the Social Security Administration, Health Care Financing Administration, and other programs of the Department, as well as liaisons with the Department of Education, Department of Justice, and other Federal Departments and offices, as appropriate.