

**Assisted Outpatient Treatment Evaluation
CLIENT INTERVIEW INSTRUMENT**

AOT Program Site: _____

Client ID#: _____

Interviewer Name/ID#: _____

Interview Date: ___/___/_____

Date of Last Interview (if applicable): ___/___/_____

Date of Entry into AOT: ___/___/_____

Date of Exit from AOT (if applicable): ___/___/_____

Date Received by RTI: ___/___/___

Date Entered: ___/___/___

Entered by: _____
First Name

Date Verified: ___/___/___

Verified by: _____
First Name

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-NEW. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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INTERVIEWER INSTRUCTIONS

This interview form comprises the questions that are being asked of all AOT recipients [non-AOT recipients] across case study sites at baseline [follow-up]. Please ensure that you are using the correct interview form. This form should be administered to the respondent, in its entirety.

1. Complete informed consent before beginning interview.
2. **Complete the Living Situation Grid interval calculation on page 9 before beginning the interview.**
3. There is a short introductory paragraph on page 4 that should be read to each respondent prior to conducting the interview. Please take time to review it prior to beginning the interview.
4. Read all questions exactly as worded so that each respondent is asked the same question in the same manner.
5. When directed to do so, you will need to show the respondent the appropriate RESPONSE CARD for each section. Always read ALL response options and their corresponding numbers to respondent after handing him/her the card.
6. DO NOT read response categories unless there is an instruction in *italics* to do so on the form. Also, NEVER READ “RF”, “NA” & “DK” response categories. These are ONLY for your use and should be used as little as possible.
7. Be sure that the respondent selects ONLY one of the response options provided. Do not assume responses based on the reaction of the respondent. S/he must either say the exact words or select a response number for each question. If the respondent is not sure which option to use, ask to which of the options their answer is closest.
8. At the end of the interview, be sure to review the entire instrument for completeness and for accuracy of recording. Specifically, please review the instrument for:
 - a. missing data
 - b. recording errors and inconsistencies
 - c. complete cover page information
 - d. legibility

If additional explanation is required for a question(s), please add notes in the margins or use post-it notes. If data are missing, and not retrievable, please note this directly on the form.

INTRODUCTION

[Review the Informed Consent Form and, if the individual agrees to participate and is competent to participate, proceed with the rest of the interview.]

[Read to participant. Specific language may be modified by local sites in response to IRB feedback.]

Now, I think we are ready to begin. I'm going to read to you a set of questions exactly as they are worded so that each person is asked the same questions. In some cases, you will be asked to respond in your own words and I will write down your answers. In other cases, you'll be given a list of answers and asked to choose the one that is best for you. We are interested in your personal opinion and experiences, so please be as accurate as you can in your response. Please take your time to respond and please feel free to ask me for clarification if you are not sure what is wanted. Sometimes I will be switching time frames and some of the questions might be repetitive. I apologize for this in advance and hope that you will bear with me when this happens. I will try to be very clear, but please ask me if you are not sure about the time period involved. Remember that your answers are confidential. This interview will last about one hour.

[EMPHASIZE] If at any time you feel you need a break or need to stop the interview, please let me know. We recognize that some of the questions may be difficult or upsetting, so we can take breaks or stop the interview as often as you need. Please don't hesitate to ask.

SECTION 1: DEMOGRAPHICS

1.1 Record sex as observed

- 1 Male
- 2 Female
- 9 DK

First I am going to ask you some general questions about yourself.

1.2 What is your birth date? ___/___/___ [RF 88/88/8888; DK 99/99/9999]

1.3 Are you Hispanic or Latino(a)?

- 0 No [SKIP to 1.4]
- 1 Yes
- 8 RF
- 9 DK

1.3a [If YES], Are you.... [Read list and CIRCLE ALL THAT APPLY]

- 1 Mexican, Mexican-American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Other Hispanic/Latino/a (specify_____)
- 8 RF
- 9 DK

1.4 Which of the following best describes your racial background?

[Show **RESPONSE CARD #1** and CIRCLE ALL THAT APPLY]

- 01 Caucasian (White)
- 02 African American (Black)
- 03 American Indian
- 04 Asian
- 05 Native Hawaiian or Other Pacific Islander
- 06 Alaska Native
- 07 Other (specify_____)
- 98 RF
- 99 DK

1.5 What is your current marital status? Are you ... [READ ALL RESPONSE OPTIONS ALOUD]

[Interviewer: If Respondent has more than one status, ask him/her to **select the most current option.**]

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

- 8 RF
- 9 DK

1.6 **Are you currently living with your spouse, partner, or with someone else as though you were married?** [*Interviewer: Sexual relations not necessary for a 'Yes' answer*]

- 0 No
- 1 Yes
- 8 RF
- 9 DK

1.7 **Do you have any children? By children I mean your own biological, step, foster, or other children that you take care of regularly.**

- 0 No [*SKIP to 1.8*]
- 1 Yes
- 8 RF
- 9 DK

1.7a [*If YES*], **How many children do you have under the age of 16 years and how many aged 16 years or older?**

_____ # of kids under 16 (RF 98; DK 99)

_____ # of kids 16 or older (RF 98; DK 99)

1.8 **How many years of schooling have you finished?** [*5th grade = 5 years, 8th grade = 8 years, four-year college = 16 years, etc.*]

_____ YRS (RF 98; DK 99)

1.9 **What is the highest degree that you have?**

- 0 None
- 1 High School/GED
- 2 Associates/Technical degree (e.g., LPN)
- 3 Bachelors
- 4 Masters
- 5 Doctorate, Law, Medical, etc
- 8 RF
- 9 DK

The time period that I am going to be asking you about for most of this interview is the past six months [the six months before you entered AOT]

[*Show Calendar*]

Sometimes I will be referring to other time periods and I will point those out to you on the calendar as well. [*Interviewer: If the individual was in the hospital immediately preceding AOT, the question should refer to the time period BEFORE inpatient hospitalization.*]

1.10 In the past six months, [In the six months before you entered AOT], did you attend college, work on a GED, or take part in worksite or school-based vocational training either full or part-time?

- 0 No
- 1 Yes
- 2 No opportunity
- 8 RF
- 9 DK

1.11 In the past 30 days, [In the 30 days before you entered AOT], did you work for pay? [Interviewer: This includes 'under the table' work.]

- 0 No [SKIP to 1.12]
- 1 Yes
- 8 RF
- 9 DK

1.11a [If YES], How many hours per week did you work?

_____ # of hours (RF 98; DK 99)

1.12 In the past six months, [In the six months before you entered AOT], which of the following describes your employment status MOST OF THE TIME?

Were you ... [READ ALL RESPONSE OPTIONS ALOUD]

- 1 Employed full time (35+ hrs./week)
- 2 Employed part time
- 3 Employed BOTH full time and part time
- 4 Unemployed
- 8 RF
- 9 DK

1.13 People with mental health, alcohol or drug problems sometimes qualify for disability benefits, like Medicaid, SSI or SSDI. In the past six months, [In the six months before you entered AOT], were you receiving benefits for a mental disability at any time?

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

1.14 In the past six months, [In the six months before you entered AOT], did you generally have enough money each month to cover:

<i>[REPEAT STEM FOR EACH QUESTION]</i>		No	Yes	NA	RF	DK
a.	food?	0	1	7	8	9
b.	clothing?	0	1	7	8	9
c.	housing?	0	1	7	8	9
d.	traveling around the city for things like shopping, medical appointments, visiting friends or relatives, social activities like movies or eating in restaurants?	0	1	7	8	9

1.15 **People with mental health, alcohol or drug problems sometimes qualify for disability benefits. If you are unable to handle your money, a “representative payee” or “rep-payee” (or guardian) can be appointed to receive the money for you. [Baseline interview only:] Are you now receiving benefits for a mental disability through a representative payee/guardian, or have you ever received benefits this way? [Follow-up interview only:] In the past six months (or since the baseline interview), have you been assigned a representative payee/guardian?**

- 0 No *[SKIP to SECTION 2]*
- 1 Yes *[GO to 1.16]*
- 8 RF
- 9 DK

1.16 **Did the representative payee/guardian ever make giving you the money or giving you spending money depend on whether you did what he or she wanted in terms of getting mental health, alcohol or drug treatment, or taking your medication?**

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

SECTION 2: HOUSING

2.1 LIVING SITUATION GRID

Note: You are encouraged to use pencil to complete this grid to avoid excessive cross-outs.

**COMPLETE THE INTERVAL CALCULATION IN THIS BOX
PRIOR TO BEGINNING INTERVIEW**

Instructions to Interviewer: This grid is used to build a chronological record of the Respondent’s residential history (including any period for which he/she was institutionalized and/or any temporary living situations). **The questions ask about the Respondent’s residential history in the six months before they entered AOT (baseline interview) or in the past six months (follow-up interview).** The respondent’s answers are recorded in the grid below.

Using the Calendar provided, begin this section by calculating the number of days in the 6-month interval about which you will be asking. Remember, the “past six months” is not necessarily equal to 180 days, so performing this calculation ahead of time is essential for accurate recording on the grid. A space has been provided below for you to enter the 6-month interval dates and the number of days included in that period.

For AOT Baseline samples, the Interval Start Date is the 6 Months Prior to Entry Date and the Interval End Date is the Entry Date, found on the cover page.

For all other samples, the Interval Start Date is the 6 Months Prior to Interview Date and the Interval End Date is the Interview Date, found on the cover page.

Interval Dates: ___ ___ / ___ ___ / ___ ___ -- ___ ___ / ___ ___ / ___ ___
 6 Months Prior to [Interview / Entry] Date [Interview / Entry] Date

Number of Days in Interval: ___ ___ ___

For each residence, record the following information on the grid:

- 1) **Exact Location** for each place the Respondent stayed overnight (street address, city and state)
- 2) **Type of Residence** (post-code after the interview using the location codes list – obtain enough information to do this)
- 3) **Exact Dates**, as accurately as possible, (to calculate total number of days)

Note: If Respondent is unable to recall exact dates, ask if s/he remembers the month or ground response to a specific holiday and **show Calendar**. If Respondent is still unable to recall exact dates, try to obtain total length of time stayed (e.g., 2 weeks, 1 month, etc.). Also, be sure to record only places where the Respondent stayed overnight.

I am going to ask you some questions about where you have lived in the past six months [in the six months before you entered AOT]. We would like to know all of the places where you’ve stayed during this time, including hospitals, homeless shelters and jails. Let’s look at this calendar together to help you remember where you have been living. Why don’t we start with where you are living right now [were living on ___ ___ / ___ ___ / ___ ___ ___ [insert Entry Date]] and work backward, month by month.

Location	A Residence Type	B Duration of Residence	
	<p><i>[Enter actual address, description of type of residence and <u>post-code</u> after interview]</i></p> <p>1. Where are you living right now [Where were you living on ____/____/____] [insert Entry Date]? [Where did you live before that? [Previous]]</p> <p>2. What is the address there?</p> <p>3. What type of place is/was that? [Enter description under address]</p> <hr/> <p style="text-align: center;">Address/Description Code</p>	<p><i>[Record the information as indicated below]</i></p> <p>4. How long did you live there, from what date to what date?</p>	
		<p>Dates of Residence <i>[Ex: 1/15-2/10]</i></p> <p><i>[Do not OVERLAP dates]</i></p>	<p>Number of Days</p>
1	(_____) _____	___/___-___/___	_____
2	(_____) _____	___/___-___/___	_____
3	(_____) _____	___/___-___/___	_____
4	(_____) _____	___/___-___/___	_____
5	(_____) _____	___/___-___/___	_____
6	(_____) _____	___/___-___/___	_____
7	(_____) _____	___/___-___/___	_____
8	(_____) _____	___/___-___/___	_____
9	(_____) _____	___/___-___/___	_____
10	(_____) _____	___/___-___/___	_____
11	(_____) _____	___/___-___/___	_____

12	(_____) _____	___/___-___/___	_____
13	(_____) _____	___/___-___/___	_____
14	(_____) _____	___/___-___/___	_____
15	(_____) _____	___/___-___/___	_____
16	(_____) _____	___/___-___/___	_____
17	(_____) _____	___/___-___/___	_____
18	(_____) _____	___/___-___/___	_____
19	(_____) _____	___/___-___/___	_____
20	(_____) _____	___/___-___/___	_____
21	(_____) _____	___/___-___/___	_____
22	(_____) _____	___/___-___/___	_____
23	(_____) _____	___/___-___/___	_____
24	(_____) _____	___/___-___/___	_____

[Interviewer: Make sure the next set of questions (2.2, 2.3, and 2.4) agrees with information provided in the Living Situation Grid. If the information conflicts, go back to grid and clarify with Respondent.]

2.2 In the past six months, **[In the six months before you entered AOT]**, approximately how many days were you homeless?

_____ (RF 998; DK 999)
 Number of Days

2.3 In the past six months, [In the six months before you entered AOT], approximately how many nights did you spend in jail?

____ ____ ____ (RF 998; DK 999)
Number of Nights

2.4 In the past six months, [In the six months before you entered AOT], approximately how many nights did you spend in a hospital, for any reason?

____ ____ ____ (RF 998; DK 999)
Number of Nights

2.5 Sometimes people feel that they can't live in a certain house or apartment unless they stay in mental health or substance use treatment. Did you ever live somewhere where you felt you were required to stay in mental health or substance use treatment (or required to continue taking your medication) in order to keep living in a house or apartment?

- 0 No [SKIP to SECTION 3]
- 1 Yes [GO to 2.6]
- 7 NA
- 8 RF
- 9 DK

2.6 Do you feel this way about where you currently live?

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

SECTION 3: PERCEIVED FUNCTIONING AND WELL-BEING

Now let’s talk about some of the things that you did with your time in the **past week**. I’m going to read you a list of things people may do with their free time. As I read each of these, please tell me whether you did that in the past week.

[Interviewer: “No Opportunity” should be checked if the Respondent had no opportunity to do the activity because it was not available or not accessible to him/her (e.g., during hospitalization or jail stay).]

3.1 In the past week..... [READ ALL RESPONSE OPTIONS ALOUD]

<i>[REPEAT STEM FOR EACH QUESTION]</i>		<u>No</u>	<u>Yes</u>	<u>No Opportunity</u>	<u>RF</u>	<u>DK</u>
a.	did you go shopping, or go to a restaurant or coffee shop?	0	1	2	8	9
b.	did you prepare a meal?	0	1	2	8	9
c.	did you wash from head to toe two or more times?	0	1	2	8	9
d.	did you clean your room or apartment?	0	1	2	8	9
e.	did you help with household chores such as dishes, cleaning, or yard work?	0	1	2	8	9

The next set of questions is about your relationship with your family and close friends, including any relatives with whom you live. *[Interviewer: ‘Family’ is defined by Respondent; not necessarily biological; NA (no family) should only be circled if the Respondent really has no family (i.e., all deceased). If the Respondent has no contact with his/her family, circle ‘Not at all’]*

3.2 In the past month, [In the month before you entered AOT], did you live with one or more family members or friends?

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

3.3 In the past month, [In the month before you entered AOT], how often did you spend time with one or more family members?

*[Show **RESPONSE CARD #2** and READ ALL RESPONSE OPTIONS ALOUD.]*

- 1 At least once a day
- 2 At least once a week
- 3 At least once
- 4 Not at all **[SKIP to 3.5]**
- 7 NA (no family) **[SKIP to 3.5]**
- 8 RF

9 DK

3.4 **In the past month, [In the month before you entered AOT], when you spent time with your family, did you feel listened to most of the time, some of the time, or hardly ever?**

- 1 Most of the time
- 2 Some of the time
- 3 Hardly ever
- 8 RF
- 9 DK

3.5 **Now I'd like to know about other people in your life. Do you have any close friends who are not family members? [Interviewer: Exclude treatment staff]**

- 0 No
- 1 Yes
- 8 RF
- 9 DK

[If NO to 3.5, code "Not at all" in 3.6 and SKIP to Section 4]

3.6 **In the past month, [In the month before you entered AOT], how often did you do things with any of these close friends?**

[Show RESPONSE CARD #2]

- 1 At least once a day
- 2 At least once a week
- 3 At least once
- 4 Not at all
- 8 RF
- 9 DK

3.7 **In general, how would you rate your mental health? Would you say it is poor, fair, good, or excellent?**

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent
- 8 RF
- 9 DK

Please look at this scale. This is called the Delighted-Terrible Scale. The scale goes from terrible, which is the lowest ranking of 1, to delighted, which is the highest ranking of 7. All you have to do is tell me what point on the scale best describes how you feel.

[Read responses and show RESPONSE CARD #3]

3.8 **How do you feel about your life as a whole?**

- 01 Terrible

- 02 Unhappy
- 03 Mostly Dissatisfied
- 04 Mixed
- 05 Satisfied
- 06 Mostly Pleased
- 07 Delighted
- 98 RF
- 99 DK

SECTION 4: Modified COLORADO SYMPTOMS INDEX (CSI)

Now I am going to ask you some more questions about any psychological or emotional difficulties that you may have had. I am going to ask you how often you experienced certain problems during the past month. For each problem I mention, I'll ask you to look at this list of choices [Show **RESPONSE CARD #4**] and pick one that best describes how often you have had the problem in the past month.

[Interviewer: *This is the past month from TODAY. Use Calendar to orient Respondent to this time frame.*]

		<u>At least every day</u>	<u>Several times a week</u>	<u>Several times during the month</u>	<u>Once during the month</u>	<u>Not at all</u>	<u>RF</u>	<u>DK</u>
4.1	In the <u>past month</u> , how often have you felt nervous, tense, worried, frustrated or afraid?	1	2	3	4	5	8	9
4.2	In the <u>past month</u> , how often have you felt depressed?	1	2	3	4	5	8	9
4.3	In the <u>past month</u> , how often have you felt lonely?	1	2	3	4	5	8	9
4.4	In the <u>past month</u> , how often have others told you that you acted "paranoid" or suspicious?"	1	2	3	4	5	8	9
4.5	In the <u>past month</u> , how often did you hear voices, or hear or see things that other people didn't think were there? <i>[If NOT AT ALL, SKIP to 7]</i>	1	2	3	4	5*	8	9
4.6	In the <u>past month</u> , how often did your [voices], or [things that you see/hear], interfere with your doing things? <i>[Refer to what is mentioned in the above question]</i>	1	2	3	4	5	8	9
4.7	<i>[Read slowly]</i> In the <u>past month</u> , how often did you have trouble making up your mind about something, like deciding where you wanted to go or what you wanted to do, or how to solve a problem?	1	2	3	4	5	8	9
4.8	<i>[Read slowly]</i> In the <u>past month</u> , how						8	9

		<u>At least every day</u>	<u>Several times a week</u>	<u>Several times during the month</u>	<u>Once during the month</u>	<u>Not at all</u>	<u>RF</u>	<u>DK</u>
	often did you have trouble thinking straight, or concentrating on something you needed to do like worrying so much, or thinking about problems so much that you can't remember or focus on other things?	1	2	3	4	5		
4.9	In the <u>past month</u> , how often did you feel that your behavior or actions were strange or different from that of other people?	1	2	3	4	5	8	9
4.10	In the <u>past month</u> , how often did you feel out of place, like you didn't fit in?	1	2	3	4	5	8	9
4.11	In the <u>past month</u> , how often did you forget important things?	1	2	3	4	5	8	9
4.12	In the <u>past month</u> , how often did you have problems with thinking too fast (thoughts racing)?	1	2	3	4	5	8	9
4.13	In the <u>past month</u> , how often did you feel suspicious or paranoid?	1	2	3	4	5	8	9
4.14	In the <u>past month</u> , how often did you feel like hurting or killing yourself?	1	2	3	4	5	8	9
4.15	In the <u>past month</u> , how often have you felt like seriously hurting someone else?	1	2	3	4	5	8	9

SECTION 5: COMMUNITY VIOLENCE AND VICTIMIZATION

Note: You are encouraged to use pencil to complete this grid to avoid excessive cross-outs. I’m going to read you some types of problems that people sometimes have with one another, and I would like you to tell me whether or not each of these has happened in the past six months before you entered AOT].

[Interviewer: The primary measure to be calculated from this next series of questions will be the presence/absence of violence (yes/no) by the respondent in the community (not jail, hospital, etc as determined by the location column) in the past six months or the six months prior to entering AOT. Violence includes any respondent use of weapon, weapon threat in hand, sexual assault, or any other act (push, grab, shove, hit...other) that resulted in any injury (including bruise or cut) to another person. Secondary measures will include the type of violent act which is why it is important that each incident (separated by time or place) be coded in only one row (the most serious respondent act for each incident); and who else was involved (for that most serious incident) listing the person receiving the most injury first. We will not be able to count up the number of times violence occurred, and we will only have information for the most serious violence (the most injury or if no injury or same injury- then the most frequent) within a given category (row). We will also not include acts of pushing/shoving that occur as part of sports or jobs (unless they are excessive- then they should be noted) or acts towards animals or property, or acts that are clearly in self-defense (a mugging or similar extreme). These “questionable” acts should be listed at the bottom of the section with an explanation/ post-it to be evaluated later for inclusion.]

Interviewer Instructions: Record respondent’s answers in boxes below. Ask all of column A questions before moving to B-D. After all column A questions have been asked, begin from the bottom up (starting with the most serious category of violence reported by the respondent) and probe each endorsed type of violence. Only ask B-D for incidents where the respondent was the “perpetrator” (i.e., the non-shaded rows).

Begin probing by asking:

So you told me you were involved in an incident where you _____ someone...can you tell me a little bit more about that?

Then proceed to ask/confirm (if they have mentioned it in the description of the violence) the column questions about location, injury, etc for that type of incident. Make sure you probe for all incidents of that type—there may be more than one. Record the information for the most serious incident in that category.

After coding that row entirely, move up to the next most serious incident listed and ask:

You also mentioned that you _____ someone...was that a different event(s)?...can you tell me a little bit more about that?

Code only the most serious violent act per violent incident (if respondent pushed someone and hit someone during a single fight, only the hit counts). If there was no separate incident (that category of violence was already coded under a more serious category of violence, change the code (from 1 to 0) for that question to reflect that the violence is coded under another category.

Continue with this method of probing and coding until all violent respondent-perpetrator events have been probed.

IMPORTANT: If respondent reports violence (weapon use, weapon threat in hand, sexual assault, or any other act resulting in injury to another person) then there is no need to probe the shaded victimization questions. IF THE RESPONDENT HAS NOT REPORTED VIOLENCE, BUT SAYS YES TO ANY VICTIMIZATION QUESTION (#1,4,9) ASK:

Earlier you told me that someone hurt or attempted to hurt you. Did you react to them in a violent or aggressive manner?

Probe and update the grid to reflect any violence in response to victimization. [Get information to help rule out clear examples of self-defense (e.g. mugging).]

PROBE QUESTIONS:	A.	B. Where	C. Who else	D. Was anyone physically
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So you told me you were involved in an incident where you__someone... can you tell me a little bit more about that?		[Yes or No]	did this happen?	was involved in this incident? [victim only]	hurt (besides you)? [If No, probe--] Not even bruises or cuts?
In those six months, were there any other incidents where you__someone? You also mentioned that you __ someone... was that a different event(s)?...can you tell me a little bit more about that?		0 No [Skip B-D] 1 Yes	[Write answer verbatim and post-code]	[Write answer verbatim and post-code]	0 No 1 Yes 8 RF 9 DK
5.1	In those six months, did anyone throw an object at you (<i>pause</i>), push, grab, or shove you?	_____	____ _	____ _	_____
5.2	In those six months, did you throw something at anyone?	_____	____ _	____ _	_____
5.3	Did you push, grab, or shove anyone?	_____	____ _	____ _	_____
5.4	In those six months, did anyone slap, kick, (<i>pause</i>), or hit you with a fist or object, (<i>pause</i>) or beat you up, or try to physically force you to have sex?	_____ [If Yes, circle act (hit, sex, etc.) to the left]	____ _	____ _	_____
5.5	Did you slap anyone?				

		_____	_____	_____	_____
PROBE QUESTIONS: <i>So you told me you were involved in an incident where you__someone... can you tell me a little bit more about that?</i> <i>In those six months, were there any other incidents where you__someone?</i> <i>You also mentioned that you __ someone... was that a different event(s)?...can you tell me a little bit more about that?</i>		A. [Yes or No] 0 No [Skip B-D] 1 Yes	B. Where did this happen? <i>[Write answer verbatim and post-code]</i>	C. Who else was involved in this incident? <i>[victim only]</i> <i>[Write answer verbatim and post-code]</i>	D. Was anyone physically hurt (besides you)? <i>[If No, probe--]</i> Not even bruises or cuts? 0 No 1 Yes 8 RF 9 DK
5.6	Did you kick, bite or choke anyone?	_____	_____	_____	_____
5.7	In those six months, did you hit anyone with a fist or beat anyone up?	_____	_____	_____	_____
5.8	Did you try to physically force anyone to have sex against his or her will?	_____	_____	_____	_____
5.9	In those six months, did anyone threaten you with a knife or a gun or other lethal	_____	_____	_____	_____

	weapon in their hand (e.g., bat, rock) (<i>pause</i>) or use a knife or gun on you?				
PROBE QUESTIONS: <i>So you told me you were involved in an incident where you __someone... can you tell me a little bit more about that?</i>		A. [Yes or No]	B. Where did this happen?	C. Who else was involved in this incident? <i>[victim only]</i>	D. Was anyone physically hurt (besides you)? <i>[If No, probe--]</i> Not even bruises or cuts?
<i>In those six months, were there any other incidents where you __someone? You also mentioned that you __ someone... was that a different event(s)?...can you tell me a little bit more about that?</i>		0 No [Skip B-D] 1 Yes	<i>[Write answer verbatim and post-code]</i>	<i>[Write answer verbatim and post-code]</i>	0 No 1 Yes 8 RF 9 DK
5.10	Did you threaten anyone with a gun or knife or other lethal weapon in your hand?				
5.11	Did you use a knife or fire a gun at anyone?				
5.12	Did you do anything else that might be considered violent? <i>[specify _____ _____ _____]</i>				

		_____	_____	_____	_____
--	--	-------	-------	-------	-------

[Interviewer: *Be sure to include thorough detail for incidents that may be deemed self-defense (e.g. mugging).*

NOTE: Self-defense is to be used in rare instances - not where the respondent was not the instigator/aggressor. In most cases they are coded as a participant or co-combatant regardless of who “started it.”]

Record any details/clarifications (including the question #) here and on separate page:

5.13 **Since you turned 16, has someone broken into or tried to force their way into your home?**

- 0 No [SKIP to 5.14]
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

5.13a **Did this happen in the past six months [In the six months before you entered AOT]?**

- 0 No
- 1 Yes
- 8 RF
- 9 DK

5.14 **Since you turned 16, have you seen or heard a gun fired while you were in your home (i.e., seen or heard it fire from your home, not necessarily fired in your home)?**

- 0 No [SKIP to 5.15]
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

5.14a **Did this happen in the past six months [In the six months before you entered AOT]?**

- 0 No
- 1 Yes
- 8 RF
- 9 DK

5.15 **Since you turned 16, have you lived with people or near people you were afraid of?**

- 0 No [SKIP to 5.16]
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

5.15a **Did this happen in the past six months [In the six months before you entered AOT]?**

- 0 No
- 1 Yes
- 8 RF

9 DK

5.16 Since you turned 16, have you sometimes been afraid to go to sleep at night because you thought you could be attacked or robbed by the people around you?

- 0 No [SKIP to 5.17]
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

5.16a Did this happen in the past six months [in the six months before you entered AOT]?

- 0 No
- 1 Yes
- 8 RF
- 9 DK

5.17 During the past six months, [During the six months before you entered AOT] have you...?

<i>[REPEAT STEM FOR EACH QUESTION]</i>		No	Yes	RF	DK
a.	thought about hurting or killing yourself?	0	1	8	9
b.	talked about hurting or killing yourself?	0	1	8	9
c.	made threats to hurt or kill yourself?	0	1	8	9
d.	actually attempted to hurt or kill yourself?	0	1	8	9

SECTION 6: TREATMENT HISTORY AND SERVICE USE

[Baseline interview only]

[Interviewer: If R prefers another term for “mental health problems,” use that term if it will help.]

6.1 How old were you the first time you were seen by a counselor, doctor, or other professional for mental health, alcohol or drug problems?

____ (NA 97; RF 98; DK 99)
Age in Years

6.2 Have you ever been admitted to a hospital for mental health, alcohol or drug problems?

[Interviewer: Overnight at the ER (more than 5 hours), crisis stabilization and detox count as admissions.]

- 0 No ***[SKIP to 6.3]***
- 1 Yes ***[GO to 6.2a]***
- 8 RF
- 9 DK

6.2a How many times? *[If number is greater than 2 but exact number is unknown, choose 5 or more]*

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more
- 8 RF
- 9 DK

6.2b How old were you the first time you were admitted to a hospital for mental health, alcohol or drug problems?

____ (RF 98; DK 99)
Age in Years

6.2c How many times have you been hospitalized for mental health, alcohol or drug problems in the past 3 years? *[If number is greater than 2 but exact number is unknown, choose 5 or more]*

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more
- 8 RF
- 9 DK

6.3 Have you ever been admitted to a hospital involuntarily, that is under legal involuntary commitment?

- 0 No
- 1 Yes
- 8 RF
- 9 DK

Now I'd like to talk about treatment that you have received in the past six months [In the six months before you entered AOT]. I am going to ask you about different types of treatment that you may have received, where you received the treatment and how many times you were treated at each facility. If you have any questions about what I am asking, please do not hesitate to ask me.

[Interviewer: Repeat all definitions as necessary.]

6.4 In the past six months, [In the six months before you entered AOT], did you receive treatment for a physical complaint, injury or medical problem?

No	Yes	RF	DK
0	1	8	9

[If NO, skip to 6.5]

[Interviewer: Make sure the number of nights mentioned in 6.4c agrees with the information provided in the Living Situation Grid (2.1). If the information conflicts, go back to the grid and ask the Respondent for clarification.]

<p>[If YES to 6.4]</p> <p>a. Where did you receive treatment for a physical complaint, injury or medical problem? [Record facility name ONLY]</p> <p>ASK PROBE: Are there any other places you received treatment for a physical complaint, injury, or medical problem?</p> <p>[FOR MULTIPLE ADMISSIONS TO THE SAME FACILITY, INCLUDE ALL ADMISSIONS ON ONE LINE, AND TOTAL THE NUMBER OF TIMES/NIGHTS. Exception: ER visits that lead to an overnight stay should be recorded on two lines: one for the ER time and one for the overnight]</p>		<p>b. Is this facility an emergency room, outpatient facility, hospital or inpatient facility, residential facility, shelter, or jail?</p> <ul style="list-style-type: none"> 01 Emergency Room 02 Outpatient Facility 03 Hospital/Inpatient Facility 04 Residential Facility 05 Shelter 06 Jail 98 RF 99 DK 	<p>c. <u>FOR EMERGENCY ROOMS AND OUTPATIENT FACILITIES ASK.</u></p> <p>How many times did you receive medical treatment at this facility where you did not stay overnight?</p> <p><u>FOR OVERNIGHT HOSPITAL, INPATIENT, RESIDENTIAL FACILITIES, JAILS, AND SHELTERS ASK.</u></p> <p>How many nights did you stay at this facility?</p> <p>Please denote "Times" by entering a "t" and "Nights" by entering an "n."</p>
Facility name		Code	Total Number of Times/Nights
1		_____	_____
2		_____	_____
3		_____	_____

4				
5				
6				

[Interviewer: Read the following definitions as needed for Section 6]

By **emergency room**, I mean a hospital emergency room visit where you **did not stay overnight**.

By **outpatient facility**, I mean a facility, other than a hospital, where you **did not stay overnight** to receive treatment.

By **hospital or inpatient facility**, I mean a facility where you stayed **overnight** to receive treatment. This includes general hospitals, psychiatric hospitals and crisis stabilization units. Inpatient facilities are typically for **shorter term stabilization**.

By **residential facility**, I mean a facility other than a hospital, crisis stabilization unit or inpatient facility, where you stayed **overnight** for treatment. Residential facilities are typically for **longer term recovery**.

By **shelter**, I mean homeless or domestic violence shelter.

By **jail**, I mean anywhere you were confined because of criminal charges, such as a prison, or a booking center.

6.5 **In general, how would you rate your physical health? Would you say it is poor, fair, good, or excellent?**

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent
- 8 RF
- 9 DK

6.6 **If you want help with your care for physical health problems, do you have a place that you can go?**

- 0 No
- 1 Yes
- 8 RF
- 9 DK

6.7 **Do you have a doctor or other health care professional that you can see if you have physical health care problems?**

- 0 No
- 1 Yes
- 8 RF
- 9 DK

6.8 In the past six months, **[In the six months before you entered AOT]**, did you receive treatment for mental or emotional difficulties, including worry or nerves?

No	Yes	RF	DK
0	1	8	9

[If NO, skip to 6.9]

[Interviewer: Make sure the number of nights mentioned in 6.8d agrees with the information provided in the Living Situation Grid (2.1). If the information conflicts, go back to the grid and ask the Respondent for clarification.]

<p>[If YES to 6.8]</p> <p>a. Where did you receive mental health treatment? <i>[Record facility name ONLY]</i></p> <p>ASK PROBE: Are there any other places where you received mental health treatment?</p> <p>[FOR MULTIPLE ADMISSIONS TO THE SAME FACILITY, INCLUDE ALL ADMISSIONS ON ONE LINE, AND TOTAL THE NUMBER OF TIMES/NIGHTS/MEETINGS. Exception: ER visits that lead to an overnight stay should be recorded on two lines: one for the ER time and one for the overnight]</p>	<p>b. Is this facility an emergency room, outpatient facility, hospital or inpatient facility, residential facility, shelter, jail, or peer support/self-help group location?</p> <p><i>[Interviewer: Read the definitions contained in question 6.4 if Respondent asks for additional clarification]</i></p> <p>01 Emergency Room 02 Outpatient Facility 03 Hospital/Inpatient Facility 04 Residential Facility 05 Shelter 06 Jail 07 Peer Support/Self-help Group Location 98 RF 99 DK</p>	<p>c. What types of treatment or therapy did you receive at this particular facility for your mental health treatment?</p> <p><i>[Interviewer: Show RESPONSE CARD #5 and enter letters for all that apply to each individual facility. ACROSS ALL VISITS TO THAT FACILITY separated by commas. Example: a,g,h]</i></p>	<p>d. <u>FOR EMERGENCY ROOMS AND OUTPATIENT FACILITIES ASK.</u></p> <p>How many <u>times</u> did you receive mental health treatment at this facility where you <u>did not stay overnight</u>?</p> <p><u>FOR OVERNIGHT HOSPITAL, INPATIENT, RESIDENTIAL FACILITIES, JAILS, AND SHELTERS ASK.</u></p> <p>How many <u>nights</u> did you stay at this facility for mental health treatment?</p> <p><u>FOR PEER SUPPORT/SELF-HELP GROUP LOCATIONS ASK,</u></p> <p>How many <u>meetings</u> did you attend at this location for your mental health problems?</p> <p><i>Please denote "Times" by entering a "t," "Nights" by entering an "n," and "Meetings" by entering an "m."</i></p>
<p>Facility</p>	<p>Code</p>	<p>Code</p>	<p>Total Number of Times/Nights/Meetings</p>
1	_____	____,____,____,____,____	_____
2	_____	____,____,____,____,____	_____
3	_____	____,____,____,____,____	_____
4	_____	____,____,____,____,____	_____
5	_____	____,____,____,____,____	_____
6	_____	____,____,____,____,____	_____

6.9 In the past six months, **[In the six months before you entered AOT]** did you receive alcohol or drug abuse treatment, including detoxification treatment? *[If Respondent asks or appears unsure as to what “detoxification treatment” is, say: “Detoxification treatment, or detox, usually takes place in an inpatient hospital or similar setting. In detox, a person who is physically dependent on and/or addicted to a substance is withdrawn from it. Often times, medications are taken to lessen the short-term withdrawal symptoms.”]*

No	Yes	RF	DK
0	1	8	9

[If NO, skip to 6.10]

[Interviewer: Make sure the number of nights mentioned in 6.9d agrees with the information provided in the Living Situation Grid (2.1). If the information conflicts, go back to the grid and ask the Respondent for clarification.]

<p>[If YES to 6.9]</p> <p>a. Where did you receive alcohol or drug abuse treatment, including detox? <i>[Record facility name ONLY]</i></p> <p>ASK PROBE: Are there any other places you received alcohol or drug abuse treatment?</p> <p>[FOR MULTIPLE ADMISSIONS TO THE SAME FACILITY, INCLUDE ALL ADMISSIONS ON ONE LINE, AND TOTAL THE NUMBER OF TIMES/NIGHTS/MEETINGS. Exception: ER visits that lead to an overnight stay should be recorded on two lines: one for the ER time and one for the overnight]</p>	<p>b. Is this facility an emergency room, outpatient facility, hospital or inpatient facility, residential facility, shelter, jail, or peer support/self-help group location?</p> <p><i>[Interviewer: Read the definitions contained in question 6.4 if Respondent asks for additional clarification]</i></p> <p>01 Emergency Room 02 Outpatient Facility 03 Hospital/Inpatient Facility 04 Residential Facility 05 Shelter 06 Jail 07 Peer Support/Self-help Group Location 98 RF 99 DK</p>	<p>[SKIP THIS COLUMN FOR DETOX.]</p> <p>c. What types of treatment or therapy did you receive at this particular facility for your alcohol or drug abuse treatment?</p> <p><i>[Interviewer: Show RESPONSE CARD #5 and enter letters for all that apply to each individual facility. ACROSS ALL VISITS TO THAT FACILITY separated by commas. Example: a,g,h]</i></p> <p>[SKIP THIS COLUMN FOR DETOX.]</p>	<p>d. <u>FOR EMERGENCY ROOMS AND OUTPATIENT FACILITIES ASK,</u></p> <p>How many times did you receive alcohol or drug abuse treatment at this facility where you did not stay overnight?</p> <p><u>FOR OVERNIGHT HOSPITAL, INPATIENT, RESIDENTIAL FACILITIES, JAILS, AND SHELTERS ASK,</u></p> <p>How many nights did you stay at this facility for your alcohol or drug abuse treatment?</p> <p><u>FOR PEER SUPPORT/SELF-HELP GROUP LOCATIONS ASK,</u></p> <p>How many meetings did you attend at this location for your alcohol or drug abuse problems?</p> <p><i>Please denote “Times” by entering a “t,” “Nights” by entering an “n,” and “Meetings” by entering an “m.”</i></p>
<p>Facility</p>	<p>Code</p>	<p>Code</p>	<p>Total Number of Times/Nights/Meetings</p>
<p>1</p>	<p>_____</p>	<p>____,____,____,____,____</p>	<p>_____</p>
<p>2</p>	<p>_____</p>	<p>____,____,____,____,____</p>	<p>_____</p>
<p>3</p>	<p>_____</p>	<p>____,____,____,____,____</p>	<p>_____</p>
<p>4</p>	<p>_____</p>	<p>____,____,____,____,____</p>	<p>_____</p>
<p>5</p>	<p>_____</p>	<p>____,____,____,____,____</p>	<p>_____</p>

6.10 **In those six months, did you receive BOTH mental health and substance abuse treatment at the same time?** [Interviewer: Be sure that the response to this question agrees with the responses to questions 6.8 and 6.9]

- 0 No [SKIP to 6.11]
- 1 Yes [GO to 6.10a]
- 8 RF
- 9 DK

6.10a **Did the same person or program provide both mental health and substance abuse treatment?**

- 0 No
- 1 Yes
- 8 RF
- 9 DK

6.11 **In those six months, did you receive any other treatment, such as parenting classes or vocation/job training?**

No	Yes	RF	DK
0	1	8	9

[If NO, skip to 6.12]

6.11a **What other types of treatment did you receive?** [Interviewer: All physical health, mental health and substance abuse treatment should be recorded in questions 6.4, 6.8, and 6.9. This question pertains to all other types of treatment including, but not limited to parenting, vocation/job training etc. Obtain as much information as possible.]

- 1. _____ [GO TO 6.11b line 1]
- 2. _____ [GO TO 6.11b line 2]
- 3. _____ [GO TO 6.11b line 3]
- 4. _____ [GO TO 6.11b line 4]
- 5. _____ [GO TO 6.11b line 5]
- 6. _____ [GO TO 6.11b line 6]
- 7. _____ [GO TO 6.11b line 7]

[Interviewer: Make sure the number of nights mentioned in 6.11e agrees with the information provided in the Living Situation Grid (2.1). If the information conflicts, go back to the grid and ask the Respondent for clarification.]

[If YES to 6.11]	c. Is this facility an emergency room, outpatient facility,	d. What types of treatment or therapy did you receive	e. <u>FOR EMERGENCY ROOMS AND OUTPATIENT FACILITIES</u>
------------------	---	---	---

<p>b. Where did you receive this treatment? [Record facility name ONLY]</p> <p>ASK PROBE: Are there any other places you received treatment besides the ones we already talked about?</p> <p>[FOR MULTIPLE ADMISSIONS TO THE SAME FACILITY, INCLUDE ALL ADMISSIONS ON ONE LINE, AND TOTAL THE NUMBER OF TIMES/NIGHTS/MEETINGS. Exception: ER visits that lead to an overnight stay should be recorded on two lines: one for the ER time and one for the overnight]</p>	<p>hospital or inpatient facility, residential facility, shelter, jail, or peer support/self-help group location?</p> <p>[Interviewer: Read the definitions contained in question 6.4 if Respondent asks for additional clarification]</p> <p>01 Emergency Room 02 Outpatient Facility 03 Hospital/Inpatient Facility 04 Residential Facility 05 Shelter 06 Jail 07 Peer Support/Self-help Group Location 98 RF 99 DK</p>	<p>at this particular facility for your _____ [enter type of treatment from 6.11a]?</p> <p>[Interviewer: Show RESPONSE CARD #5 and enter letters for all that apply to each individual facility. ACROSS ALL VISITS TO THAT FACILITY separated by commas. Example: a,g,h]</p>	<p><u>ASK,</u></p> <p>How many <u>times</u> did you receive _____ [enter type of treatment from 6.11a] treatment at this facility where you <u>did not stay overnight</u>?</p> <p><u>FOR OVERNIGHT HOSPITAL, INPATIENT, RESIDENTIAL FACILITIES, JAILS, AND SHELTERS ASK,</u></p> <p>How many <u>nights</u> did you stay at this facility for _____ [enter type of treatment from 6.11a] treatment?</p> <p><u>FOR PEER SUPPORT/SELF-HELP GROUP LOCATIONS ASK,</u></p> <p>How many <u>meetings</u> did you attend at this location for this issue?</p> <p>Please denote “Times” by entering a “t,” “Nights” by entering an “n,” and “Meetings” by entering an “m.”</p>
<p style="text-align: center;">Facility</p>	<p style="text-align: center;">Code</p>	<p style="text-align: center;">Code</p>	<p style="text-align: center;">Total Number of Times/Nights/Meetings</p>
1	_____	_____,_____,_____,_____,_____	_____
2	_____	_____,_____,_____,_____,_____	_____
3	_____	_____,_____,_____,_____,_____	_____
4	_____	_____,_____,_____,_____,_____	_____
5	_____	_____,_____,_____,_____,_____	_____
6	_____	_____,_____,_____,_____,_____	_____
7	_____	_____,_____,_____,_____,_____	_____
8	_____	_____,_____,_____,_____,_____	_____

6.12 In the past six months, [In the six months before you entered AOT], how often did you keep your appointments to see a psychiatrist, psychologist, case manager, nurse, counselor, or therapist for mental health, alcohol, or drug problems?

[Show **RESPONSE CARD #6** and READ ALL RESPONSE OPTIONS ALOUD]

[Interviewer: If only 1 appointment and person did not go, use code 5. If 2 appointments and person went to 1, code as 3. Do not count as “missed” if clinic cancelled or rescheduled Respondent.

[You should always ask question 6.12. If the Respondent answered “No” to BOTH questions 5.8 and 5.9 and the Respondent had no appointments, use code 7 – “NA.” If the Respondent answered “No” to BOTH questions 5.8 and 5.9 but responds using any code 1 through 5, ask the Respondent for clarification since information about missed appointments implies that treatment took place in the past six months.]

- 1 Never missed an appointment
- 2 Missed 1 or 2 times, but basically kept my appointments
- 3 Missed several times, but went at least half the time
- 4 Kept less than half of appointments
- 5 Avoided keeping appointments altogether
- 7 NA
- 8 RF
- 9 DK

SECTION 7: MEDICATION USE

Now, I am going to ask you some questions about medications you may have been prescribed for mental health, alcohol, or drug problems in the past six months, **[In the six months before you entered AOT]**.

- 7.1 **In the past six months, **[In the six months before you entered AOT]**, were you prescribed or did you take any medications, either pills or shots, to help with emotional or psychological difficulties or substance abuse problems or the way you were feeling or behaving? *[Interviewer: Use Calendar if necessary.]***

[Interviewer: If the Respondent answered “No” to BOTH questions 6.8 and 6.9 and answers “Yes” to 7.1, ask the Respondent for clarification. It is unusual, though not impossible, for an individual to get prescribed or take prescription mental health and/or substance abuse medication in a six month period without having also received mental health or substance abuse treatment, which includes medication management. In this instance, we want you to probe.]

- 0 No **[SKIP TO SECTION 8]**
- 1 Yes, pills only
- 2 Yes, shots only
- 3 Yes, pills and shots
- 8 RF
- 9 DK

- 7.2 **In those six months, how often did you take medicine for mental health, alcohol, or drug problems prescribed by the doctor?**

*[Show **RESPONSE CARD #7** and READ ALL RESPONSE OPTIONS ALOUD]*

[Interviewer: If multiple medications, average across meds.; record detailed notes in the margin if necessary]

- 01 Never missed taking medicine
- 02 Missed only 1 or 2 times, but basically took it all
- 03 Missed several times, but took at least half of the time
- 04 Took less than half
- 05 Stopped taking medicine altogether
- 06 Never took medication
- 97 NA
- 98 RF
- 99 DK

SECTION 8: SUBSTANCE USE

Now I'm going to ask about your use of alcohol and drugs in the **past 30 days** [in the 30 days before you entered AOT]. [Interviewer: If the individual was in the hospital immediately preceding AOT, the question should refer to the time period BEFORE inpatient hospitalization.]

8.1 In the **past 30 days**, [In the 30 days before you entered AOT], how often did you have at least a little to drink?

[Show RESPONSE CARD #8]

- 0 Not at all [SKIP TO top of next page]
- 1 1 to 3 days in the past month
- 2 1 to 2 days a week
- 3 3 to 4 days a week
- 4 Almost every day
- 7 NA
- 8 RF
- 9 DK

8.1a On the days when you drank an alcoholic beverage, on average how many drinks did you have? [Interviewer: Please note, any consumption of alcohol constitutes a drink, even a 'sip.']

_____ (RF 98; DK 99)
Number of Drinks

8.2 In the **past 30 days**, before you entered AOT, did you ever have more than ten drinks at one time?

- 0 No
- 1 Yes
- 8 RF
- 9 DK

8.3 In the **past 30 days**, before you entered AOT],.....?

[REPEAT STEM FOR EACH QUESTION]		No	Yes	RF	DK
a.	Did you feel you ought to cut down on your drinking?	0	1	8	9
b.	Did people annoy you by criticizing your drinking?	0	1	8	9
c.	Did you feel bad or guilty about your drinking?	0	1	8	9
d.	Did you have a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?	0	1	8	9

For the following questions, I am going to ask you about your use of drugs, other than alcohol, to get high or to change the way you feel. This may include street drugs like marijuana or cocaine. It may also include taking too much of a drug prescribed to you, or taking a drug prescribed to someone else, in order to get high or to change the way you feel. As a reminder, what you tell me is confidential.

By drugs, I mean...*[Read responses and show RESPONSE CARD #9]*

Sedatives or Tranquilizers [Quaalude, Seconal, Valium, Xanax, Librium, barbiturates, other]

Cannabis [marijuana, pot, grass, hashish, other]

Stimulants [amphetamine, speed, uppers, crystal meth, dexadrine, other]

Opioids [heroin, morphine, opium, Methadone, Darvon, Codeine, Percodan, Demerol, other]

Cocaine [coke, crack, freebase, other]

Hallucinogens [LSD, mescaline, peyote, psilocybin, STP, PCP, angel dust, mushrooms, other]

Inhalants [glue, paint thinner, aerosol spray, gasoline, liquid paper, other]

Other [steroids, Ecstasy, other]

**8.4 In the past 30 days, before you entered AOT], how often
did you use drugs to get high or change the way you feel?**

[Show RESPONSE CARD #10]

- 0 Not at all *[SKIP to SECTION 8]*
- 1 1 to 3 days in the past month
- 2 1 to 2 days a week
- 3 3 to 4 days a week
- 4 Almost every day
- 7 NA
- 8 RF
- 9 DK

8.5 In the past 30 days, before you entered AOT],.....?

<i>[REPEAT STEM FOR EACH QUESTION]</i>		No	Yes	RF	DK
a.	Did you feel you ought to cut down on your drug use?	0	1	8	9
b.	Did people annoy you by criticizing your drug use?	0	1	8	9
c.	Did you feel bad or guilty about your drug use?	0	1	8	9
d.	Did you take drugs to steady your nerves or to stop symptoms of withdrawal?	0	1	8	9

SECTION 9: SATISFACTION WITH TREATMENT

[Interviewer: Refer to questions 6.8, 6.9, & 7.1. If Respondent had NO mental health treatment (6.8) AND NO substance abuse treatment (6.9) AND NO MH/SA medications (7.1) in the past six months (i.e., answered “No” to ALL 6.8, 6.9 and 7.1), SKIP TO SECTION 10. If the Respondent answered “Yes” to ANY or ALL 6.8, 6.9, and/or 7.1 continue with 9.1]

Now let’s talk more about the treatment you have received for mental health, drug and alcohol problems in the past six months [In the six months before you entered AOT]. Specifically, I am referring to the services you said you received at [insert names of facilities from Questions 6.8 and 6.9].

[Show RESPONSE CARD #11 and READ ALL RESPONSE OPTIONS ALOUD]

		<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Neutral</u> <u>or Mixed</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	<u>NA</u>	<u>RF</u>	<u>DK</u>
9.1	I liked the services that I have received in those six months.	1	2	3	4	5	7	8	9
9.2	I was able to get all the services I thought I needed.	1	2	3	4	5	7	8	9
9.3	Staff where I received services believed that I could grow, change and recover.	1	2	3	4	5	7	8	9
9.4	I deal more effectively with daily problems.	1	2	3	4	5	7	8	9
9.5	I am better able to control my life.	1	2	3	4	5	7	8	9
9.6	I am getting along better with my family.	1	2	3	4	5	7	8	9
9.7	I do better in school and/or work.	1	2	3	4	5	7	8	9
9.8	My symptoms are not bothering me as much.	1	2	3	4	5	7	8	9
9.9	I am better able to stay out of trouble with the law.	1	2	3	4	5	7	8	9

SECTION 10: THERAPEUTIC ALLIANCE & TREATMENT MOTIVATION

Next are some statements about how people might think or feel about their case manager or treatment support person they work with the most. Who is that person for you? _____ Please think about your experiences with this person in the past six months before you entered AOT]. Remember, your answers are confidential.

[Interviewer: If no person identified, circle NA for 10.1-10.12 and SKIP to SECTION 11]

[Interviewer: Fill in the blanks with the person mentioned by the Respondent as you read each statement.]

		<u>Seldom</u>	<u>Sometimes</u>	<u>Fairly Often</u>	<u>Very Often</u>	<u>Always</u>	<u>NA</u>	<u>RF</u>	<u>DK</u>
10.1	As a result of these sessions I am clearer as to how I might be able to change.	1	2	3	4	5	7	8	9
10.2	What I am doing in therapy gives me new ways of looking at my problem.	1	2	3	4	5	7	8	9
10.3	I believe _____ likes me.	1	2	3	4	5	7	8	9
10.4	_____ and I collaborate on setting goals for my therapy.	1	2	3	4	5	7	8	9
10.5	_____ and I respect each other.	1	2	3	4	5	7	8	9
10.6	_____ and I are working towards mutually agreed upon goals.	1	2	3	4	5	7	8	9
10.7	I feel that _____ appreciates me.	1	2	3	4	5	7	8	9
10.8	_____ and I agree on what is important for me to work on.	1	2	3	4	5	7	8	9
10.9	I feel _____ cares about me even when I do things that he/she does not approve of.	1	2	3	4	5	7	8	9
10.10	I feel the things I do in therapy will help me to accomplish the changes that I want.	1	2	3	4	5	7	8	9
10.11	_____ and I have established a good understanding of the kind of changes that would be good for me.	1	2	3	4	5	7	8	9
10.12	I believe the way we are working with my problem is correct.	1	2	3	4	5	7	8	9

SECTION 11: PERCEIVED COERCION TO ADHERE TO TREATMENT

[Interviewer: Refer to questions 6.8, 6.9, & 7.1. If Respondent had NO mental health treatment (6.8) AND NO substance abuse treatment (6.9) AND NO MH/SA medications (7.1) in the past six months (i.e., answered “No” to ALL 6.8, 6.9 and 7.1), READ THE FOLLOWING INTRODUCTION:

Think back over your most recent experience of going to mental health, alcohol or drug treatment or medication management. Think about all of the things people might have done to keep you going to the mental health or alcohol or drug treatment center OR taking medications as prescribed. Then tell me how you feel about the following statements.

[Show RESPONSE CARD #11]

Think back over your experience of going to mental health, alcohol or drug treatment or medication management in the past six months [In the six months before you entered AOT]. Think about all of the things people might have done to keep you going to the mental health or alcohol or drug treatment center OR taking medications as prescribed. Then tell me how you feel about the following statements.

[Show RESPONSE CARD #11]

		<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Neutral</u> <u>or</u> <u>Mixed</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	<u>NA</u>	<u>RF</u>	<u>DK</u>
11.1	I felt free to do what I wanted about getting treatment.	1	2	3	4	5	7	8	9
11.2	I chose to get treatment.	1	2	3	4	5	7	8	9
11.3	It was my idea to get treatment.	1	2	3	4	5	7	8	9
11.4	I had a lot of control over whether I got treatment.	1	2	3	4	5	7	8	9
11.5	I had more influence than anyone else on whether I got treatment.	1	2	3	4	5	7	8	9

SECTION 12: GENERAL PRESSURES TO ADHERE TO TREATMENT

12.1 In the past six months, [In the six months before you entered AOT]...

Did you feel that if you did not keep your treatment appointments or take your prescribed medications:

<i>[REPEAT STEM FOR EACH QUESTION]</i>		<u>No</u>	<u>Yes</u>	<u>NA</u>	<u>RF</u>	<u>DK</u>
a.	Someone would make you go to the hospital?	0	1	7	8	9
b.	Someone would commit you to the hospital?	0	1	7	8	9
c.	Someone would notify the sheriff/judge/police?	0	1	7	8	9
d.	Someone would not give you spending money?	0	1	7	8	9
e.	Someone would force you to leave where you live?	0	1	7	8	9
f.	Someone would try to take your children from your custody or stop you from seeing them?	0	1	7	8	9
g.	Someone would fire you from your job?	0	1	7	8	9
h.	Someone would make life difficult in other ways? If so, in what ways? (specify: _____)	0	1	7	8	9

[Interviewer: Please make sure you distinguish between ‘No’ and ‘NA’ answers, especially for 12.1f and 12.1g. For example, if a Respondent answers ‘No’ to 12.1f—is this because they did not experience someone trying to take their children from their custody, or is it because they do not have children, and thus is not applicable.]

12.2 On a scale of 1 to 5, where 1 is Not at All and 5 is Greatly, how much did these pressures bother you?

- 1 Not at All
- 2
- 3
- 4
- 5 Greatly
- 8 RF
- 9 DK

Now, try to think of all the pressures or things people may have done to try to get you to get treatment and stay in treatment for mental health, alcohol or drug problems, then tell me how you feel about the following statements.

[Show **RESPONSE CARD #11**]

12.3 Overall, the pressures or things people have done...

[Interviewer: Use NA if Respondent says no one has tried to get him or her to receive or stay in treatment or take medications]

[REPEAT STEM FOR EACH QUESTION]		<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral or Mixed</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>NA</u>	<u>RF</u>	<u>DK</u>
a.	Made me more likely to keep appointments and take my medications.	1	2	3	4	5	7	8	9
b.	Were done by people who tried to be fair to me.	1	2	3	4	5	7	8	9
c.	Were for my own good.	1	2	3	4	5	7	8	9
d.	Were not done out of real concern for me.	1	2	3	4	5	7	8	9
e.	Helped me get and stay well.	1	2	3	4	5	7	8	9
f.	Helped me gain more control over my own life.	1	2	3	4	5	7	8	9
g.	Did not make me feel respected as a person.	1	2	3	4	5	7	8	9
h.	Should be done again in the future if needed.	1	2	3	4	5	7	8	9
i.	Made me angry.	1	2	3	4	5	7	8	9

SECTION 13: SPECIFIC LEVERAGE: ASSISTED OUTPATIENT TREATMENT (AOT)

Now, we are going to talk about mental health treatment orders from a judge, often called Assisted Outpatient Treatment.

13.1 Sometimes people with mental health and alcohol or drug problems are put on Assisted Outpatient Treatment, or “AOT,” by a judge at a legal hearing. If you are on AOT, the judge orders you to receive treatment in the community, whether you want it or not. Have you ever been on AOT?

- 0 No *[SKIP to 13.9]*
- 1 Yes
- 2 Not Sure *[SKIP to 13.9]*
- 8 RF

13.2 Are you currently on AOT?

- 0 No
- 1 Yes *[SKIP to 13.4]*
- 2 Not Sure *[SKIP to 13.9]*
- 8 RF

13.3 *[If not currently on AOT]* Were you on AOT in the past six months?

- 0 No
- 1 Yes
- 2 Not Sure *[SKIP to 13.9]*
- 8 RF

13.4 Since you have been on AOT/When you were under AOT, did someone tell you that you had to keep your appointments because of the AOT order?

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

13.5 When people are under AOT, do you think they are more likely to keep their mental health or substance abuse appointments?

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

13.6 **When people are under AOT do you think they are more likely to take their medication?**

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

13.7 **When people are under AOT, do you think that most other people think less of them?**

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

13.8 **When people are under AOT, do you think they are more likely to stay out of the hospital?**

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

13.9 **Would you be willing to accept an AOT court order if it helped keep you well enough to stay out of the hospital?**

- 0 No
- 1 Yes
- 2 Not Sure
- 8 RF

SECTION 14: AOT UNDERSTANDING

Now I want to read to you some specific statements about what may happen when people are on an AOT order. Some of these things can happen and some things cannot. Please answer True, False, or I Don't Know.

14.1 When they have an AOT order, people are required to...

<i>[REPEAT STEM FOR EACH QUESTION]</i>		<u>True</u>	<u>False</u>	<u>RF</u>	<u>DK</u>
a.	Come back to court to see the judge on a regular basis.	1	2	8	9
b.	Stay on the AOT order for a minimum of 2 years.	1	2	8	9
c.	Meet with a case manager or other mental health professional regularly.	1	2	8	9
d.	Go to mental health treatment appointments that are part of the treatment plan.	1	2	8	9
e.	Take medications that are part of the treatment plan.	1	2	8	9
f.	Take lie detector tests.	1	2	8	9
g.	Do physical exercise.	1	2	8	9
h.	Follow the treatment plan.	1	2	8	9

		<u>True</u>	<u>False</u>	<u>RF</u>	<u>DK</u>
14.2	If your treatment team or physician find out about any violation they can penalize you with an involuntary admission.	1	2	8	9
14.3	Individuals under AOT court orders may not receive services that do not appear on the court order.	1	2	8	9
14.4	AOT may be ordered for an individual who is currently compliant with treatment.	1	2	8	9
14.5	Individuals under AOT court orders receive priority access for certain services in the community.	1	2	8	9
14.6	An individual subject to an AOT order who refuses to comply with treatment can be forcibly medicated outside a hospital.	1	2	8	9

SECTION 15: PROCEDURAL JUSTICE: AOT EXPERIENCES

Now I am going to ask you some questions about your experiences with AOT. Please rate the following questions using this scale [Show RESPONSE CARD #12].

		<u>Not at All</u>	<u>Some what</u>	<u>Definitely</u>	<u>NA</u>	<u>RF</u>	<u>DK</u>
15.1	Were you given the opportunity to voluntarily comply with treatment before seeing the judge/magistrate for the AOT order?	1	2	3	7	8	9
15.2	During the AOT hearing, or in the lead-up to the hearing, did you have enough opportunity to tell the court (judge) or treatment providers what you think they need to hear about your personal and legal situation?	1	2	3	7	8	9
15.3	Did you feel like you were forced to see the judge for the AOT hearing?	1	2	3	7	8	9
15.4	Did you feel as though you had enough control over whether you were put on AOT and told to go to treatment?	1	2	3	7	8	9
15.5	During the AOT court hearing(s), did the judge seem genuinely interested in you as a person?	1	2	3	7	8	9
15.6	During the AOT court hearing(s), did the judge treat you respectfully?	1	2	3	7	8	9
15.7	During the AOT court hearing(s), did the judge treat you fairly?	1	2	3	7	8	9
15.8	do you think that other people thought less of you as a person, or looked down on you, because you were on AOT?	1	2	3	7	8	9
15.9	Are you satisfied with how the judge and lawyers treat you and deal with your AOT case?	1	2	3	7	8	9
15.10	[ASK AT FOLLOW-UP INTERVIEWS] Do you feel as though you have a say in whether you are doing well enough to stop seeing the judge (exit from AOT) and attend treatment voluntarily?	1	2	3	7	8	9

15.11 In your time under the AOT court order, have you had to appear in front of the judge as part of a regularly scheduled status hearing?

- 0 No *[SKIP to 15.12]*
- 1 Yes *[GO to 15.11a]*
- 7 NA
- 8 RF
- 9 DK

15.11a About how many times have you attended these status hearings? *[If number is greater than 2 but exact number is unknown, choose 5 or more]*

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more
- 8 RF
- 9 DK

15.12 In your time under the AOT court order, have you had to appear in front of the judge because you were not compliant with the order?

- 0 No *[SKIP to 16.1]*
- 1 Yes *[GO to 15.12a]*
- 7 NA
- 8 RF
- 9 DK

15.12a About how many times were you brought to court because you weren't compliant with treatment? *[If number is greater than 2 but exact number is unknown, choose 5 or more]*

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more
- 8 RF
- 9 DK

SECTION 16: SPECIFIC LEVERAGE: CRIMINAL JUSTICE SYSTEM

We've talked a lot about mental health and alcohol and drug problems people sometimes have. Now let's talk about contacts with the police and courts. Sometimes the police are called to take someone to an emergency room, mental health center, or hospital to see a doctor—even if the person is not arrested or charged with breaking the law.

16.1 **Have you ever been arrested?**

- 0 No [SKIP to END]
- 1 Yes [GO to 16.2]
- 8 RF
- 9 DK

16.2 **How many times have you been arrested?**

____ (RF 998; DK 999)
Number of Times

16.2a *[If Respondent does not know exact number of arrests, ask this follow up question]:*

Do you think it was one or two times, or three or more times?

- 1 One or two times
- 2 Three or more times
- 8 RF
- 9 DK

16.3 **How old were you the last time you were arrested?**

____ (RF 98; DK 99)
Age in Years

16.4 **Tell me the most serious offense you have ever been arrested for.**

[Interviewer: Write down verbatim answer and post-code later.]

Code

98 RF
99 DK

16.5 **Have you been arrested in the past six months, In the six months before you entered AOT?**

- 0 No
- 1 Yes
- 8 RF
- 9 DK

16.6 Are you currently on probation or parole?

- 0 No
- 1 Yes
- 8 RF
- 9 DK

16.7 Sometimes a police officer or a prosecutor or a judge tells you or your lawyer that the charges would be dropped or reduced if you get treatment in the community for your mental health, alcohol or drug problems. Did anyone ever tell you or your lawyer this?

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

16.8 Sometimes a judge tells you or your lawyer that you can avoid going to jail or prison if you get treatment in the community for your mental health, alcohol or drug problems. Did anyone ever tell you or your lawyer this?

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

16.9 In the past six months, **[In the six months before you entered AOT]**, how many times were you picked up by the police and taken to see a doctor when you were not arrested or charged with breaking the law?

Number of Times (RF 998; DK 999)

16.10 In the past six months, **[In the six months before you entered AOT]**, how many times were you arrested (read your rights) because you were suspected of breaking the law?

Number of Times (RF 998; DK 999)

CONCLUSION

This is the end of the interview. Thank you very much for your time and participation.

Reminders

Disengagement. Reassure participant once again that the information obtained in this interview is confidential, thank participant for his or her cooperation.

(If applicable) Remind participant of the next interview (in roughly six months). Discuss and record possible settings for the next interview and information on how to contact participant to arrange it.