

Criminal Justice Kentucky Treatment Outcome Study (CJTOS)  
For use with clients ages 18 and older

**Psychosocial and Substance Abuse History**

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**FOR JULY 2010 RELEASE**

CJTOS web address – <https://ukcdar.uky.edu/limesurvey/index.php?sid=55522&lang=en&newtest=Y>

**Counselor, please answer the following questions before beginning the interview with the client:**

1. **At which institution will the client be receiving substance abuse treatment?** \_\_\_\_\_
  - Boyle County Detention Center
  - Breckinridge County Detention Center
  - Christian County Detention Center
  - Clark County Detention Center
  - Daviess County Detention Center
  - Dismas - Owensboro
  - Floyd County Detention Center
  - Fulton County Detention Center
  - Grant County Detention Center
  - Grayson County Detention Center
  - Green River Correctional Complex
  - Hardin County Detention Center
  - Hope Center
  - Hopkins County Detention Center
  - KCIW
  - Kenton County Detention Center
  - Kentucky State Reformatory
  - Luther Lockett Correctional Complex
  - Marion Adjustment Center
  - Marion County Detention Center
  - Mason County Detention Center
  - Northpoint Training Center
  - Otter Creek Correctional Center
  - Pike County Detention Center
  - Powell County Detention Center
  - Roederer Correctional Complex
  - Shelby County Detention Center
  - St. Ann's - Louisville
  - Three Forks Regional Jail
  - Western Kentucky Correctional Complex
  
2. Clinician or staff person's name helping the client fill out the CJTOS survey:  
First and Last Name: \_\_\_\_\_

## **INTRODUCTION**

The following questions are part of the **Criminal Justice Kentucky Treatment Outcome Study or CJKTOS**. CJKTOS is an important part of Kentucky's plan to improve substance abuse treatment. CJKTOS involves collecting information from clients before and after treatment to gain insight into the treatment process and the individuals involved in treatment programs.

**CJKTOS is a confidential two part survey.**

**Part one** is a face-to-face interview with your counselor completed as part of your treatment intake process and takes about 30 minutes. You will answer a series of questions about physical and mental health, education and employment, substance use, legal involvement, and recovery support.

**Part two** is a phone interview about 12 months from release. At the end of part one, you'll be asked to volunteer for the second half of the study. If you agree, your name will be included in the pool of clients who may get a phone call from the **University of Kentucky Health Follow-up Study** to answer similar questions in about one year. Clients who complete the **second half of the survey** are sent a "thank you" check for **\$20** from the University of Kentucky.

It is very important for you to know that **all of your follow-up information is confidential**. Your name will never be reported or even linked with the answers given in these surveys. When we write up reports they include overall findings about the entire group of participants, not individuals. We have a **Federal Certificate of Confidentiality that prohibits us from even revealing information about a person under a court order**. Your responses to these questions are well protected.

Your participation also helps improve future treatment for others and provides important information about the experiences of people in substance abuse treatment.

**PHYSICAL HEALTH**

**Let's start with questions about you and your physical health prior to this incarceration.**

1. In coming to this program, how would you describe what you are MOST interested in receiving from the program?

Choose one of the following answers

- Information about substance abuse
- Treatment for my mental health
- Help with my legal situation
- Treatment for my substance abuse problems
- Information about mental health

2. What type of medical insurance did you have prior to this incarceration?

Choose one of the following answers

- 0 = No medical insurance
- 1 = Insurance through your employer
- 2 = Insurance through your partner's employer
- 3 = Private insurance (self-employed)
- 4 = Medicaid
- 5 = Medicare
- 6 = VA/ Champus
- 7 = Other: Specify \_\_\_\_\_

3. How tall are you in feet and inches? \_\_\_\_\_feet \_\_\_\_\_inches

4. How much do you weigh in pounds? \_\_\_\_\_lbs

5. What is your gender?

- 1 = Male
- 2 = Female
- 3 = Transgender

6. Are you currently pregnant? *(if no or NA, skip a)* 0 = No 1 = Yes 99 = NA

a. How many weeks have you been pregnant? \_\_\_\_\_weeks

7. Have you ever been told by a doctor that you had any of the following chronic medical problems?

Check any that apply

- None
- diabetes
- cardiovascular disease
- chronic obstructive pulmonary disease
- asthma
- hepatitis B
- hepatitis C
- severe dental problems gum disease, bad teeth
- cancer
- arthritis
- HIV
- TB (tuberculosis)
- Sexually transmitted infections (STI)
- Other: Specify:\_\_\_\_\_



13. During the 30 days prior to your incarceration, for about how many days did **poor physical or mental health** keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_days
14. Could you tell me how you were feeling in the 7 days prior to this incarceration? How often did you experience the following:

		None of the time	A little of the time	Some of the time	Good bit of the time	Most of the time	All of the time
a	Felt stressed out?	0	1	2	3	4	5
b	Slept poorly?	0	1	2	3	4	5
c	Experienced fatigue (constant feelings of tiredness)?	0	1	2	3	4	5
d	Felt bad?	0	1	2	3	4	5
e	Experienced changes in eating patterns (eating significantly more or less)?	0	1	2	3	4	5
f	Experienced anxiety <b>and/or</b> panic attacks (sudden or constant feelings of anxiety or panic)?	0	1	2	3	4	5
g	Experienced unexplained aches and pains?	0	1	2	3	4	5
h	Experienced an increased heart rate? (not from exercise)	0	1	2	3	4	5
i	Experienced colds/flu/allergies?	0	1	2	3	4	5
j	Experienced high blood pressure?	0	1	2	3	4	5
k	Been depressed (consistently down, less interested or able to enjoy things you used to enjoy)?	0	1	2	3	4	5
l	Re-experienced a traumatic event in a distressing way (such as dreams, intense recollections, flashbacks, or physical reactions)?	0	1	2	3	4	5
m	Used illegal drugs to reduce stress, anxiety, worry or fear?	0	1	2	3	4	5
n	Used alcohol to reduce stress, anxiety, worry, or fear?	0	1	2	3	4	5
o	Used prescription drugs to reduce stress, anxiety, worry, or fear?	0	1	2	3	4	5

### **MORE ABOUT YOUR FAMILY AND LIVING SITUATION**

The next set of questions will ask you to tell us more about your family and living situation.

1. What is your current marital status?
  - 1 = Married
  - 2 = Widowed
  - 3 = Separated
  - 4 = Divorced
  - 5 = Never Married

2. How many still living children have you ever had in your lifetime? (include adopted/stepchildren; do NOT include foster children and miscarriages. *(If 0, skip part a-c)* \_\_\_\_\_ child/ren

a. Starting with your youngest child, list current age, and if each child lived with you in the 12 months prior to this incarceration:

Child	Current Age	Lived with you in the 12 months prior to this incarceration?
1		0 = No 1 = Yes
2		0 = No 1 = Yes
3		0 = No 1 = Yes
4		0 = No 1 = Yes
5		0 = No 1 = Yes
6		0 = No 1 = Yes
7		0 = No 1 = Yes
8		0 = No 1 = Yes
9		0 = No 1 = Yes
10		0 = No 1 = Yes
11		0 = No 1 = Yes
12		0 = No 1 = Yes
13		0 = No 1 = Yes
14		0 = No 1 = Yes
15		0 = No 1 = Yes
16		0 = No 1 = Yes
17		0 = No 1 = Yes
18		0 = No 1 = Yes
19		0 = No 1 = Yes
20		0 = No 1 = Yes

b. How many of your children are in someone else's temporary legal custody? \_\_\_\_\_ child/ren

c. For how many of your children in your lifetime have you lost parental rights (parental rights were terminated)? \_\_\_\_\_ child/ren

3. Did you have caregiver responsibility for any children who are not your own children in the 12 months prior to this incarceration? (stepchildren, foster children, partner's children, grandchildren, nieces/nephews)  
0 = No 1 = Yes

4. In the 12 months prior to this incarceration, did you consider yourself to be homeless? 0 = No 1 = Yes *(If no, skip a)*

a. Why did you consider yourself to be homeless in the 12 months prior to this incarceration?

- 1 = Staying in a shelter
- 2 = Staying temporarily with friends/family
- 3 = Have no home to go to after you leave treatment
- 4 = Other: Specify \_\_\_\_\_

5. In the 12 months prior to this incarceration, where would you say that you lived most of the time?

- 1 = Your own home or apartment
- 2 = Someone else's home or apartment
- 3 = Residential program, Recovery Center
- 4 = Prison, jail or detention center
- 5 = Hospital
- 6 = Military base
- 7 = Halfway house, Oxford House
- 8 = Shelter or on the street

6. **With whom** did you live most of the time in the 12 months prior to this incarceration? Select all that apply.
- Your intimate partner (boy/girlfriend, wife/husband)
  - Your children or your partner's children
  - Your parents
  - Friends
  - Other family members (siblings, aunt, uncle, grandparent, etc...)
  - Alone
7. What was the zip code of the place you lived for most of the 12 months prior to this incarceration?  
 \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Don't remember
8. In the 30 days prior to this incarceration, how many NIGHTS did you live in a facility where you were not free to come and go as you pleased like a hospital, jail, or residential drug treatment program (not a shelter)?  
 \_\_\_\_\_TOTAL days

### **EDUCATION & EMPLOYMENT**

The next group of questions is about education and employment.

1. How many years of education have you completed?

0 = Never attended	7 = 7 <sup>th</sup> grade	14 = Some college
1 = 1 <sup>st</sup> grade	8 = 8 <sup>th</sup> grade	15 = Some voc/tech school
2 = 2 <sup>nd</sup> grade	9 = 9 <sup>th</sup> grade	16 = Voc/tech diploma
3 = 3 <sup>rd</sup> grade	10 = 10 <sup>th</sup> grade	17 = Associate's degree
4 = 4 <sup>th</sup> grade	11 = 11 <sup>th</sup> grade	18 = Bachelor's degree
5 = 5 <sup>th</sup> grade	12 = 12 <sup>th</sup> grade	19 = Master's degree
6 = 6 <sup>th</sup> grade	13 = GED	20 = Doctorate degree

2. Have you ever been told you have a learning disability? 0=No 1=Yes

3. Have you ever had to repeat a grade? 0=No 1=Yes

4. Have you ever been in special education? 0=No 1=Yes

- a. If yes, which grades were you in special education? Choose ALL that apply.

- 1 = 1<sup>st</sup> grade
- 2 = 2<sup>nd</sup> grade
- 3 = 3<sup>rd</sup> grade
- 4 = 4<sup>th</sup> grade
- 5 = 5<sup>th</sup> grade
- 6 = 6<sup>th</sup> grade
- 7 = 7<sup>th</sup> grade
- 8 = 8<sup>th</sup> grade
- 9 = 9<sup>th</sup> grade
- 10 = 10<sup>th</sup> grade
- 11 = 11<sup>th</sup> grade
- 12 = 12<sup>th</sup> grade

5. Are you a veteran (this includes anyone who has served or is currently serving in the armed forces)?

0 = No 1 = Yes (if no, skip a-e)

- a. In what war did you last serve?

- 1 = Korean
- 2 = Vietnam
- 3 = Iraq, 1990
- 4 = Operation Iraqi Freedom (OIF)
- 5 = Operation Enduring Freedom (OEF)
- 6 = Did not serve in a war
- 7 = Other: Specify \_\_\_\_\_

- b. Do you have a service-connected disability? 0 = No 1 = Yes

- c. In the 12 months prior to this incarceration, did you receive health services at a Veterans Administration Hospital or VA center? 0 = No 1 = Yes
- d. In the 12 months prior to this incarceration, were you on active duty? 0 = No 1 = Yes
- e. In the 12 months prior to this incarceration, were you in the National Guard? 0 = No 1 = Yes
6. Is someone in your immediate family member currently on active duty or in the National Guard? 0 = No 1 = Yes
7. How many months in the 12 months prior to this incarceration were you employed at least part-time? Two weeks or more at a job counts as one month. \_\_\_\_\_ Months
8. What was your usual employment status in the 12 months prior to this incarceration? Include all jobs to figure your total hours worked per week on average.
- 0 = Not employed *(Skip to Q 9)*
  - 1 = Fulltime (35 hours or more per week)
  - 2 = Part-time (<35 hours per work)
  - 3 = Occasional, from time to time, seasonal work
- a. How long did you have your last job? Enter longest time if multiple jobs. \_\_\_\_\_ Months
- b. What was your hourly wage? If multiple jobs, enter the highest wage. \$\_\_\_\_\_.\_\_
- c. How would you describe the type of business where you last worked?
- 1 = Restaurant, fast food
  - 2 = Hotel
  - 3 = Convenience store
  - 4 = Factory
  - 5 = Grocery store
  - 6 = Construction sites/building upkeep
  - 7 = Repair shop
  - 8 = Retail store/ department store/building or other supply store
  - 9 = Warehouse
  - 10= Health care (hospital, nursing home, etc)
  - 11 = Farm
  - 12 = Mine
  - 13 = School or college
  - 14 = Childcare/ adult daycare
  - 15 = Transportation
  - 16 = Other (specify) \_\_\_\_\_
- d. Did you supervise others at work? 0 = No 1 = Yes
- e. Were you also in school or receiving additional vocational training while working? 0 = No 1 = Yes



9. Overall, on a scale of 1 to 10, with 1 representing the people who are worst off, those who have the least money, least education, and worst jobs or no job, and 10 representing the people who are best off, have the most money, most education and best jobs, how would you rate yourself on that scale?

Select the number that best represents where you see yourself.

Best Off	
	10
	9
	8
	7
	6
	5
	4
	3
	2
	1
Worst Off	

10. Now I am going to ask you some questions about how things have gone for you in your household in the 12 months prior to this incarceration. Answer "Yes" or "No" to each question.

In the 12 months prior to this incarceration...	0 = NO 1 = YES
a. Did you/your family have difficulty paying the full amount of rent or mortgage?	Yes No
b. Were you/your family evicted from your home/apartment for not paying the rent?	Yes No
d. Were you/your family unable to pay the gas or electric bill?	Yes No
e. Did you/your family have your telephone service disconnected by the telephone company because payments were not made?	Yes No
f. Was there a time when you or someone in your household needed to see a doctor or go to the hospital but wasn't able to because of financial reasons?	Yes No
g. Was there a time when you or someone in your household needed to see a dentist but didn't go because of financial reasons?	Yes No
h. Was there a time when you or someone in your household needed to fill a prescription for medication but was unable to because of cost?	Yes No
i. Was there a time when there was not enough food in your household to eat?	Yes No

**SUBSTANCE USE**

The next group of questions is about your substance use in the 12 months and 30 days prior to this incarceration. I want to remind you that anything you say is only between us. Nobody will ever see your name attached to your answers.

NOTE: If there was ANY use within a month it counts as a month's use. Also, non-prescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed) should be counted as the use of drugs.

<b>1. TOBACCO USE</b>	
In the 12 months prior to this incarceration, how many months did you use cigarettes, cigars, smoking or smokeless tobacco? <i>(If zero, skip to alcohol use)</i>	# of months
In the 30 days prior to this incarceration, how many days did you use cigarettes, cigars, smoking or smokeless tobacco?	# of days
How old were you when you began smoking regularly (on a daily basis)?	Years old
On the days you smoke cigarettes, how many cigarettes on average do you smoke a day (20 in a pack)?	# cigarettes

<b>2. ALCOHOL USE</b>	
<b>Alcohol includes</b> beer, wine, wine coolers, liquor and grain alcohol.  One drink is equivalent to a 12-ounce beer or wine cooler, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
In the 12 months prior to this incarceration how many months did you... Drink any alcohol? <i>(If zero, skip to illicit drug use)</i>	# of months
Drink alcohol to intoxication?	# of months
Have 5 or more (4 or more if female) alcoholic drinks in a period of about 2 hours?	# of months
In the 30 days prior to this incarceration how many days did you... Drink any alcohol?	# of days
Drink alcohol to intoxication?	# of days
Have 5 or more (4 or more if female) alcoholic drinks in a period of about 2 hours?	# of days
How old were you when had your first alcoholic drink, other than a few sips?	Years old
Who introduced you to alcohol? (choose one)	<input type="checkbox"/> Adult family member <input type="checkbox"/> Adult who isn't family <input type="checkbox"/> Intimate partner/spouse <input type="checkbox"/> Brother or sister (step, foster) <input type="checkbox"/> Friend(s)/Peers <input type="checkbox"/> Other: Specify other person _____

3. The next group of questions are about your drug use prior to this incarceration. Exclude any prescription drugs that were taken as prescribed—focus only on illicit use of drugs.	Check if used
<b>In the 12 months prior to this incarceration, have you used...</b>	
a. Cocaine/crack? (Cocaine crystal, free-base cocaine, crack, or rock cocaine)	
b. Marijuana? (Hashish/Pot)	
c. Heroin ?	
d. Methadone not prescribed for you ? (dolophine, LAAM)	
e. Subutex/Suboxone or buprenorphine that was not prescribed for you?	
f. Other opiates/analgesics, pain killers not prescribed for you? (morphine, Percocet, Oxycontin, Lortab, Dilaudid.)	
g. Hallucinogens? (PCP, Other Hallucinogens/Psychedelics, LSD, Mushrooms, Mescaline, psilocybin)	
h. Stimulants not prescribed for you? (methamphetamine, Dexedrine, crystal, uppers, speed, MDMA, Ritalin, Ecstasy, crank, Concerta)	
i. Barbiturates not prescribed for you? (mephobarbital, Mebacut, pentobarbital, Nembutal, Seconal, Amytal)	
j. Sedatives, hypnotics, muscle relaxants or tranquilizers not prescribed for you? (Ativan, Xanax, Valium, Klonopin, Benzodiazepines, Librium, Halcion, GHB, liquid ecstasy, Soma, Flexeril, Ketamine, Special K, Vitamin K, downers, nerve pills)	
k. Inhalants? (poppers, Rush, Whippets or "huffing" paint, glue, aerosol can spray)	
l. I did NOT use ANY drugs in the 12 months prior to this incarceration	

4. DRUG USE (Program pulls up only substances chosen in question 3)		
Prior to this incarceration, how many months in the past 12 months did you use the following drugs? How many days in the past 30 days?	# OF MONTHS IN THE PAST 12 MONTHS	# OF DAYS IN THE PAST 30 DAYS
a. Cocaine/crack (Cocaine crystal, free-base cocaine, crack, or rock cocaine)		
b. Marijuana (Hashish/Pot)		
c. Heroin (smack, H, junk, skag)		
d. Methadone not prescribed for you (dolophine, LAAM)		
e. Subutex® /Suboxone® or buprenorphine that was not prescribed for you		
f. Other opiates, analgesics, pain killers not prescribed for you (morphine, Percocet, oxycodone, Oxycontin, Lortab, hydrocodone, Dilaudid)		

<i>If any use, please check all drugs that were used.</i>	<input type="checkbox"/> Morphine <input type="checkbox"/> Dilaudid ® <input type="checkbox"/> Demerol ® <input type="checkbox"/> Percocet®/ Percodan ®/OxyContin/Oxycodone/Roxicodone <input type="checkbox"/> Darvon ® <input type="checkbox"/> Codeine <input type="checkbox"/> Tylenol ® 2, 3, 4 <input type="checkbox"/> Lortab ® <input type="checkbox"/> Ultram ® /Tramadol <input type="checkbox"/> Fentanyl	<input type="checkbox"/> Morphine <input type="checkbox"/> Dilaudid ® <input type="checkbox"/> Demerol ® <input type="checkbox"/> Percocet®/ Percodan ®/OxyContin/Oxycodone/Roxicodone <input type="checkbox"/> Darvon ® <input type="checkbox"/> Codeine <input type="checkbox"/> Tylenol ® 2, 3, 4 <input type="checkbox"/> Lortab ® <input type="checkbox"/> Ultram ® /Tramadol <input type="checkbox"/> Fentanyl
<b>g. Hallucinogens</b> (PCP, Other Hallucinogens/Psychedelics, LSD, Mushrooms, Mescaline, psilocybin)		
<b>h. Stimulants not prescribed for you</b> (methamphetamine, Dexedrine, crystal, uppers, speed, MDMA, Ritalin, Strattera, Adderall, Ecstasy, crank)		
<i>If any use, please check all drugs that were used.</i>	<input type="checkbox"/> Methamphetamine, speed, crank, crystal <input type="checkbox"/> Amphetamine, Adderall, Dexedrine <input type="checkbox"/> MDMA, ecstasy <input type="checkbox"/> Ritalin, Concerta, Strattera	<input type="checkbox"/> Methamphetamine, speed, crank, crystal <input type="checkbox"/> Amphetamine, Adderall, Dexedrine <input type="checkbox"/> MDMA, ecstasy <input type="checkbox"/> Ritalin, Concerta, Strattera
<b>i. Barbiturates not prescribed for you</b> (mephobarbital, Mebucut, pentobarbital, Nembutal, Seconal, Amytal)		
<b>j. Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you</b> (Ativan, Xanax, Valium, Klonopin, Benzodiazepines, Librium, Halcion, GHB, liquid ecstasy, Soma, Flexeril, Ketamine, Special K, Vitamin K, downers, nerve pills)		
<i>If any use, please check all drugs that were used.</i>	<input type="checkbox"/> Benzodiazepines (Valium, Ativan, Xanax) <input type="checkbox"/> GHB <input type="checkbox"/> Ketamine <input type="checkbox"/> Other tranquilizers <input type="checkbox"/> Muscle relaxants	<input type="checkbox"/> Benzodiazepines (Valium, Ativan, Xanax) <input type="checkbox"/> GHB <input type="checkbox"/> Ketamine <input type="checkbox"/> Other tranquilizers <input type="checkbox"/> Muscle relaxants
<b>k. Inhalants</b> (poppers, Rush, Whippets or “huffing” paint, glue, aerosol can spray)		

5. In the 12 months prior to this incarceration, what was your primary substance of choice? (choose only one)

- Alcohol
- Cocaine/crack
- Marijuana
- Heroin
- Methadone not prescribed for you

- Subutex® /Suboxone® or buprenorphine that was not prescribed for you
  - Other opiates, analgesics, pain killers not prescribed for you
  - Hallucinogens
  - Stimulants not prescribed for you
  - Barbiturates not prescribed for you
  - Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you
  - Inhalants
6. In the 30 days prior to this incarceration, how many days did you use more than one substance per day? (including alcohol, but excluding tobacco products) \_\_\_\_\_ days
7. How old were you when you first began to use illicit drugs like marijuana, cocaine, heroin, tranquilizers, stimulants, sedatives, barbiturates, inhalants or prescription painkillers not prescribed for you? \_\_\_\_\_ years
8. Who introduced you to illicit drugs? (Choose one)
- Adult family member
  - Adult who isn't family
  - Intimate partner/spouse
  - Brother or sister (step, foster)
  - Friend(s)/Peers
  - Other: Specify other person \_\_\_\_\_
9. Before this incarceration, did you ever **inject any drugs**? 0 = No 1 = Yes
10. Were you under the influence of alcohol and/or drugs when you committed the offense that led to your current incarceration? 0 = No 1 = Yes
11. How many times in your lifetime have you received inpatient/residential treatment for substance abuse problems (exclude current episode)? \_\_\_\_\_
12. How many times in your lifetime have you received outpatient treatment for substance abuse problems? \_\_\_\_\_
13. How many times in your lifetime have you received detox treatment for substance abuse problems? \_\_\_\_\_

**Thinking about the 30 days prior to this incarceration....**

14. In the 30 days prior to this incarceration how much **money would you say you spent on ALCOHOL**? Include only cash or monetary payments for alcohol you used or were planning on using.  
\$ \_\_\_\_\_
15. In the 30 days prior to this incarceration, how many days did you **experience ALCOHOL problems**? (craving, withdrawal, want to quit but unable) \_\_\_\_\_ days
16. In the 30 days prior to this incarceration, how many days did you **experience DRUG problems**? (craving, withdrawal, want to quit but unable) \_\_\_\_\_ days
17. How **troubled or bothered were you by ALCOHOL problems in the 30 days** prior to this incarceration?
- 0 = Not at all
  - 1 = Slightly
  - 2 = Moderately
  - 3 = Considerably
  - 4 = Extremely
18. How **troubled or bothered were you by DRUG problems in the 30 days** prior to this incarceration?
- 0 = Not at all
  - 1 = Slightly
  - 2 = Moderately
  - 3 = Considerably
  - 4 = Extremely

19. How important to you now is **treatment for these ALCOHOL problems?**

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

20. How important to you now is **treatment for these DRUG problems?**

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

### **LEGAL INVOLVEMENT**

In this section you will be asked to answer questions about your involvement with the criminal justice system in the 12 months prior to this incarceration.

1. **In the 12 months** before this incarceration, how many NIGHTS were you incarcerated in jail, prison, or a detention center? \_\_\_\_ nights
2. **For which of the following have you been arrested & charged in the 12 months prior to this incarceration (Check all that apply):**

- Shoplifting/vandalism
- Parole/Probation violations
- Drug charges
- Forgery or theft by deception
- Weapons offense
- Burglary, larceny, B & E
- Robbery
- Assault
- Arson
- Rape, sodomy, or sexual abuse
- Homicide/manslaughter
- Prostitution
- Contempt of Court
- Disorderly conduct, vagrancy, public intoxication
- Stalking
- Child support
- Escape
- Receiving stolen property
- Theft by unlawful taking
- Wanton endangerment
- Domestic violence (EPO, DVO violation)
- Driving while intoxicated
- Other major driving violations (reckless driving, speeding, no license, etc.)
- Other charges: Specify \_\_\_\_\_
- None

- a. How many times were you arrested & charged in the 12 months prior to this incarceration? (*program will only show items selected in 2*)

- Shoplifting/vandalism? \_\_\_\_ times
- Parole/Probation violations? \_\_\_\_ times
- Did any of your parole/probation violation charges in the 12 prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes

- Drug charges? \_\_\_\_\_times
  - Specify which drug charges:
    - Trafficking
    - Possession
    - Paraphernalia
    - Manufacturing or cultivating drugs
- Forgery or theft by deception ?\_\_\_\_\_times
  - Did any of your forgery charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Weapons offense ?\_\_\_\_\_times
  - Did any of your weapons charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Burglary, larceny, B & E? \_\_\_\_\_times
  - Did any of your burglary charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Robbery? \_\_\_\_\_times
  - Did any of your robbery charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Assault ?\_\_\_\_\_times
  - Did any of your assault charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Arson? \_\_\_\_\_times
  - Did any of your arson charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Rape, sodomy, or sexual abuse ?\_\_\_\_\_times
  - Did any of your rape charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Homicide/manslaughter ?\_\_\_\_\_times
  - Did any of your homicide/manslaughter charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Prostitution? \_\_\_\_\_times
- Contempt of Court? \_\_\_\_\_times
  - Did any of your contempt of court charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Disorderly conduct, vagrancy, public intoxication ?\_\_\_\_\_times
- Stalking ?\_\_\_\_\_times
  - Did any of your stalking charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Child support charges ?\_\_\_\_\_times
- Escape charges ?\_\_\_\_\_times
- Receiving stolen property charges ?\_\_\_\_\_times
- Theft by unlawful taking charges ?\_\_\_\_\_times
  - Did any of your theft by unlawful taking charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
- Wanton endangerment charges? \_\_\_\_\_times

- Did any of your wanton endangerment charges in the 12 months prior to this incarceration involve your intimate partner as a victim? 0 = No 1 = Yes
  - Domestic violence charges? \_\_\_\_\_times
    - Have you been charged with protective order (EPO/DVO) violations in the 12 months prior to this incarceration? 0 = No 1 = Yes
  - Driving while intoxicated? \_\_\_\_\_times
  - Other major driving violations (reckless driving, speeding, no license, etc.)? \_\_\_\_\_times
  - Other charges ? \_\_\_\_\_times
- b. How many of the charges in the 12 months prior to this incarceration resulted in convictions? \_\_\_\_\_charges
3. How many months have you served for THIS incarceration? (Counselor: If it is less than one month enter 1)

### **PEER GROUP RELATIONSHIPS/LEISURE & RECREATIONAL ACTIVITIES**

1. Prior to this incarceration, with whom did you spend most of your free time?
  - Family
  - Friends
  - Alone
2. Were you satisfied with spending your time this way?
  - No
  - Indifferent
  - Yes
3. How many close friends do you have? \_\_\_\_\_
4. Would you say you have had a close, long-lasting relationship with any of the following people in your life:
  - Mother
  - Father
  - Brothers/sisters
  - Sexual partners/spouse
  - Children
  - Friends
  - Other – Please specify the other type of person/people with whom you have had a close, long lasting relationship: \_\_\_\_\_
5. In the 12 months prior to this incarceration, how many days per week on average were you involved in hobbies or activities that you liked to do? (ex: basketball, fishing, etc...) \_\_\_\_\_

### **EMOTIONAL HEALTH**

While people have problems due to drug or alcohol use, many also have problems in other areas of life like health, employment, or relationships. In the next section you will be asked if you feel you have significant problems in certain areas of your emotional health. This is an opportunity for you to describe problems you may have had in the 12 months prior to this incarceration.

#### **In the 12 months prior to this incarceration...**

1. Did you have a two week period when you were consistently depressed or down, most of the day, nearly every day? 0 = No 1 = Yes
2. Did you have a two week period when you were much less interested in most things or much less able to enjoy the things you used to enjoy most of the time? 0 = No 1 = Yes  
*(If no to both Q1 & Q2, skip to Q10)*



**In that two-week period, when you felt depressed or uninterested....**

3. Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e.,  $\pm 8$  lbs for a 160 lb person in a month)? If yes to either, select "Yes."  
0 = No 1 = Yes
4. Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively)? 0 = No 1 = Yes
5. Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day? 0 = No 1 = Yes
6. Did you feel tired or without energy most every day? 0 = No 1 = Yes
7. Did you feel worthless or guilty almost every day? 0 = No 1 = Yes
8. Did you have difficulty concentrating or making decisions almost every day? 0 = No 1 = Yes
9. Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead? 0 = No 1 = Yes
10. **In the 12 months prior to this incarceration, did you have a period lasting 6 months or longer** where you worried excessively or were anxious about multiple things on more days than not (like family, health, finances, school, or work difficulties)? 0 = No 1 = Yes *(If no to Q10, skip to Q17)*

**During the time when you were anxious, did you ...**

11. Feel restless, keyed up or on edge? 0 = No 1 = Yes
12. Feel tense (i.e., muscle tension)? 0 = No 1 = Yes
13. Feel easily fatigued? 0 = No 1 = Yes
14. Have difficulty concentrating or have your mind go blank? 0 = No 1 = Yes
15. Feel irritable? 0 = No 1 = Yes
16. Have trouble falling or staying asleep or have restless sleep? 0 = No 1 = Yes

**During the 12 months prior to this incarceration, did you have...**

17. Thoughts about ending your life or committing suicide? 0 = No 1 = Yes *(If no, skip a-c)*

Since you had thoughts about ending your life or committing suicide in the 12 months before you entered treatment...

- a. Did you have a plan to commit suicide? 0 = No 1 = Yes
- b. Had you gotten a gun, pills or other things to carry out your plan? 0 = No 1 = Yes
- c. Did you attempt to commit suicide? 0 = No 1 = Yes

**RECOVERY SUPPORTS**

1. In the 30 days prior to this incarceration, how many times did you attend AA, NA or other self-help group meetings (count # of meetings attended)? *(If 0, skip a)* \_\_\_\_\_ meetings
  - a. How many of those meetings were in religious or faith affiliated recovery self-help groups? \_\_\_\_\_ meetings
2. Did you have contact with an AA or NA sponsor in the 30 days prior to this incarceration?

0 = No 1 = Yes 2 = Don't have a sponsor

3. In the 30 days prior to this incarceration, did you have contact with family or friends-who were supportive of your recovery? 0 = No 1 = Yes
4. How many people can you count on for recovery support when you need it? \_\_\_\_\_people
5. Which of the following will be the most useful to you in getting off illicit drugs or alcohol?
- 1 = Employment
  - 2 = Support from my family
  - 3 = Counseling
  - 4 = Self-help programs and services
  - 5 = Support from my friends
  - 6 = My faith or religion
  - 7 = Other people in recovery
  - 8 = The need to stay out of jail or prison
  - 9 = Other: Specify what will be most useful \_\_\_\_\_
6. Based on what you know about yourself and your situation, how good are the chances that you can get off and stay off of drugs/alcohol?
- 1 = Very poor
  - 2 = Moderately poor
  - 3 = Uncertain
  - 4 = Moderately good
  - 5 = Very good

#### **DEMOGRAPHICS**

15. Your name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

16. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_

17. Do you have an inmate number? 0 = No 1 = Yes

a. If yes, what is your inmate number? \_ \_ \_ \_ \_

18. What charge(s) are you currently serving time for?: (Check all that apply)

- Shoplifting/vandalism
- Parole/Probation violations
- Drug charges
- Forgery or theft by deception
- Weapons offense
- Burglary, larceny, B & E
- Robbery
- Assault
- Arson
- Rape, sodomy, or sexual abuse
- Homicide/manslaughter
- Prostitution
- Contempt of Court
- Disorderly conduct, vagrancy, public intoxication
- Stalking
- Child support
- Escape
- Receiving stolen property
- Theft by unlawful taking
- Wanton endangerment
- Domestic violence (EPO, DVO violation)
- Driving while intoxicated

- Other major driving violations (reckless driving, speeding, no license, etc.)
- Other charges? Specify other charges: \_\_\_\_\_

19. What is your county of conviction: \_\_\_\_\_

20. What is your program status? \_\_\_\_\_inmate \_\_\_\_\_parolee (halfway back) \_\_\_\_\_jail diversion

21. What was your date of referral to the substance abuse treatment program? \_\_/\_\_/\_\_\_\_

22. What is your parole eligibility or parole upon completion date? \_\_/\_\_/\_\_\_\_

23. What is the date you entered treatment? \_\_/\_\_/\_\_\_\_

24. Prior to this incarceration, how many months were you on the street (not incarcerated or in another controlled environment)? \_\_\_\_\_ months

25. What race /ethnicity do you consider yourself to be? Select all that apply.

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- American Indian
- Alaskan Native
- Asian or Pacific Islander
- Hispanic-Mexican
- Hispanic-Puerto Rican
- Hispanic-Cuban
- Other Hispanic
- Other: Specify your other race \_\_\_\_\_

26. Please enter your social security number (This is used for matching service event data. It is kept encrypted and only accessed by authorized staff at the University of Kentucky.): \_\_\_\_/\_\_\_\_/\_\_\_\_

## **FOLLOW-UP STUDY STATUS**

Part Two of CJKTOS is a second 20 minute telephone interview that takes place about 12 months following release. The **University of Kentucky is responsible for interviews in Part Two of CJKTOS**. When they call you for a follow-up phone interview, they remind you that this is part two of the “**UK Health Follow-up Study**.” The interviewers never reveal your identity or that you were in substance abuse treatment. Clients who complete the **second half of the survey** are sent a “thank you” check for **\$20** from the University of Kentucky.

Remember, **all of your information is confidential**. Your name will never be reported or even linked with the answers given in these surveys. When we write up reports they include overall findings about the entire group of participants, not individuals. We have a **Federal Certificate of Confidentiality that prohibits us from even revealing information about a person under a court order**. Your responses to these questions are well protected.

Please read over the consent form and decide if you'd be willing to complete Part Two of CJKTOS in about 12 months.

### ***[Insert consent form]***

1. Does the client agree to being contacted by telephone in approximately 12 months following release for a follow-up interview?  
0 = No    1 = Yes

### ***If client answers “No”***

**Thank you for answering these questions. Your information helps improve substance abuse treatment in Kentucky.**

### ***If client answers “Yes”***

**Thank you for agreeing to be in the follow-up study!** The last part of the survey asks for some simple locator information that is important to help the UK Health Follow-up Study call you for the second interview. UK will use this information **ONLY** to locate you for a follow-up interview. Like all the rest of the responses you have just given, the locator information is stored encrypted in a password-protected file to which only approved study staff has access.

**Please provide as much information as possible so that you can be contacted in 12 months for Part Two of CJKTOS, the UK Health Follow-up Study.**

### **CLIENT'S:**

2. Phone number
3. Address
4. City name
5. State name
6. Zip code
7. Email address

Sometimes contact information changes when you move or switch phone numbers. Please give the names, addresses, and phone numbers of two people who will always know where you are. If needed, they might be called to see if they have updated phone numbers for you to help complete the UK Health Follow-up Study interview. Remember, the interviewers will **NEVER** reveal that you were in substance abuse treatment or give out any personal information other than that you agreed to be called for the UK Health Follow-up Study.

### **FIRST CONTACT:**

8. First and last name
9. Relationship with the client
10. Phone number
11. Address
12. City name
13. State name
14. Zip code
15. Email address

### **SECOND CONTACT:**

16. First and last name

17. Relationship with the client
18. Phone number
19. Address
20. City name
21. State name
22. Zip code
23. Email address

Thank you for answering these questions. Your information helps improve substance abuse treatment in Kentucky.