

**Criminal Justice Kentucky Treatment Outcome Study (CJKTOS)**  
**Instrument Version 6.4– Effective July 1, 2009**  
**For use with clients ages 18 and older**

**At which institution will the client be receiving substance abuse treatment?** \_\_\_\_\_

- Boyd County Detention Center
- Breckinridge Cty Dt Ctr
- Christian Cty Dt Ctr
- Clark Cty Dt Ctr
- Daviess Cty Dt Ctr
- Floyd Cty Dt Ctr
- Grayson Cty Dt Ctr
- Green River Corr Cmplx
- Hardin Cty Dt Ctr
- Hope Center
- Hopkins Cty Dt Ctr
- KCIW
- Kenton Cty Dt Ctr
- Luther Luckett Corr Cmplx
- Marion Adjst Ctr
- Marion Cty Det Ctr
- Mason Cty Det Ctr
- Northpoint Trn Ctr
- Otter Creek Corr Ctr
- Pike Cty Dt Ctr
- Powell Cty Dt Ctr
- Roederer Corr Cmplx
- Three Forks Reg Jail

**Clinician name: First and Last Name:** \_\_\_\_\_

**DEMOGRAPHICS**

**Counselor: Please inform your client that these questions are asked to meet state law requirements and as part of a research study at the University of Kentucky. Please enter the CLIENT's name below:**

1. **Client's name?** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. **What is your date of birth?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

3. **What is your social security number** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

4. **Do you have an inmate number?** \_\_\_yes \_\_\_no

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

5. **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 charges
- Escape charges
- 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: \_\_\_\_\_

6. **What is your county of conviction:** \_\_\_\_\_
7. **What your program status?** \_\_\_\_\_inmate \_\_\_\_\_parolee (halfway back) \_\_\_\_\_jail diversion
8. **What was your date of referral to the substance abuse treatment program?** \_\_\_/\_\_\_/\_\_\_
9. **Enter score from Application B:** \_\_
10. **Enter score from Application C:** \_\_
11. **Enter score from Application F:** \_\_
12. **What is your parole eligibility date?** \_\_\_/\_\_\_/\_\_\_
13. **What is the date you entered treatment?** \_\_\_/\_\_\_/\_\_\_

**[Counselor: The first sets of questions are basic demographic information. Ask the client the following questions and record the responses]**

14. **What is your gender?** \_\_\_Male \_\_\_Female \_\_\_Transgender
15. **What race 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 \_\_\_\_\_

16. **Do you have a particular religion you follow?**
- Protestantism
  - Catholicism
  - Judaism
  - Islamic
  - Other: Specify your other religion \_\_\_\_\_
  - None

17. **What is your current relationship status?**
- Married
  - Cohabiting
  - Widowed
  - Separated
  - Divorced
  - Never Married

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

**EDUCATION & EMPLOYMENT**

The next group of questions are about education and employment.

19. How many years of education have you completed?

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Never attended | <input type="checkbox"/> 7th grade  | <input type="checkbox"/> some college         |
| <input type="checkbox"/> 1st grade      | <input type="checkbox"/> 8th grade  | <input type="checkbox"/> some voc/tech school |
| <input type="checkbox"/> 2nd grade      | <input type="checkbox"/> 9th grade  | <input type="checkbox"/> voc/tech diploma     |
| <input type="checkbox"/> 3rd grade      | <input type="checkbox"/> 10th grade | <input type="checkbox"/> associate's degree   |
| <input type="checkbox"/> 4th grade      | <input type="checkbox"/> 11th grade | <input type="checkbox"/> bachelor's degree    |
| <input type="checkbox"/> 5th grade      | <input type="checkbox"/> 12th grade | <input type="checkbox"/> master's degree      |
| <input type="checkbox"/> 6th grade      | <input type="checkbox"/> GED        | <input type="checkbox"/> doctorate degree     |

20. Are you a veteran (this includes anyone who has served or is currently serving in the armed forces)? (if no, skip a-e) \_\_\_\_\_yes \_\_\_\_\_no

a. In what war did you **last** serve?

- Korean
- Vietnam
- Iraq, 1990
- Operation Iraqi Freedom (OIF)
- Operation Enduring Freedom (OEF)
- None
- Other: Specify \_\_\_\_\_

b. Do you have a service-connected disability? \_\_\_\_\_yes \_\_\_\_\_no

c. Do you receive health services at a Veterans Administration Hospital or VA center? \_\_\_\_\_yes \_\_\_\_\_no

d. Are you currently on active duty? \_\_\_\_\_yes \_\_\_\_\_no

e. Are you in the National Guard? \_\_\_\_\_yes \_\_\_\_\_no

21. Is someone in your immediate family currently on active duty or in the National Guard? \_\_\_\_\_yes \_\_\_\_\_no

22. Prior to this incarceration did you have a valid driver's license? (if no, skip a, b) \_\_\_\_\_yes \_\_\_\_\_no

a. Prior to this incarceration did you have an automobile available for use? (if no, skip b) \_\_\_\_\_yes \_\_\_\_\_no

b. Prior to this incarceration did you own the automobile? \_\_\_\_\_yes \_\_\_\_\_no

23. What was your usual employment pattern in the 12 months prior to this incarceration?

- Full-time (35+ hrs/week)
- Part-time (<35 regular hrs)
- Part-time (irregular, day work)
- Student
- Service/Military
- Retired/Disability
- Unemployed
- Unpaid/Homemaker, childcare, etc.
- In controlled environment

24. How many days were you paid for working in the 30 days prior to this incarceration (Include "under the table work")? \_\_\_\_\_days

25. How much money did you received from all sources in the 30 days prior to this incarceration?  
\$ \_\_\_\_\_

**CONTROLLED ENVIRONMENTS (HOSPITAL, JAIL, TREATMENT)**

26. In the 30 days prior to this incarceration how many days were you in a controlled environment like a hospital, jail, or residential drug treatment program (not a shelter)? \_\_\_\_days
27. In the 12 months prior to this incarceration, how many DAYS were you incarcerated (jail, prison, detention center)? \_\_\_\_days
- In the 30 days prior to this incarceration, how many days were you incarcerated (jail, prison, detention center)? \_\_\_\_days
  - In the 30 days prior to this incarceration, how many days were you in residential alcohol or drug treatment? \_\_\_\_days
  - In the 30 days prior to this incarceration, how many days were you in the hospital (inpatient treatment, not ER)? \_\_\_\_days

**PHYSICAL HEALTH**

28. Do you have any chronic medical problems that continue to interfere with your life? \_\_\_\_yes \_\_\_\_no
29. Do you have any chronic physical pain (bodily pain that has lasted more than 3 months)? (If no, skip a - c) \_\_\_\_yes \_\_\_\_no
- Rate your level of bodily pain at the present moment. (Choose one rating)  
1- no pain at all 2 3 4 5 6 7 8 9 10 -worst possible pain
  - Choose all of the prescription pain killers that you have taken for pain:
    - None
    - Percocet®/Percodan®, oxycodone
    - Darvon®
    - Codeine
    - Methadone
    - Tylenol® 2,3,4
    - OxyContin®
    - Lortab®, hydrocodone
    - Morphine
    - Ultram®/Tramadol
    - Other: Please specify the other prescription pain killer you have taken: \_\_\_\_\_
  - Were these substances prescribed for your pain by a doctor? \_\_\_\_yes \_\_\_\_no
30. How many times have you EVER had a head injury from being hit, having an auto accident or other incident that resulted in being knocked out? (Enter 0 if none and skip a) \_\_\_\_\_times
- What was the longest time you were ever unconscious from a head injury?
    - Less than 30 minutes
    - Between 30 minutes and 24 hours
    - More than 24 hours

**SUBSTANCE USE**

31. Have you ever in your lifetime used cigarettes, cigars, smoking or smokeless tobacco? (if no, skip a-b) \_\_\_\_yes \_\_\_\_no
- In the 12 months prior to this incarceration, how many months did you use cigarettes, cigars, smoking or smokeless tobacco? (If 0, skip b) \_\_\_\_months
  - In the 30 days prior to this incarceration, how many days did you use cigarettes, cigars, smoking or smokeless tobacco? \_\_\_\_days

32. **Have you ever in your lifetime used any alcohol? (if no, skip a-d)** \_\_\_\_yes \_\_\_\_no
- In the 12 months prior to this incarceration, how many months did you use any alcohol? **(If 0, skip b-d)** \_\_\_\_months
  - In the 12 months prior to this incarceration, how many months did you use alcohol to intoxication? **(If 0, skip d)** \_\_\_\_months
  - In the 30 days prior to this incarceration, how many days did you use any alcohol? **(If 0, skip d)** \_\_\_\_days
  - In the 30 days prior to this incarceration how many days did you use alcohol to intoxication? \_\_\_\_days
33. **Have you ever in your lifetime used cocaine/crack? (if no, skip a-b)** \_\_\_\_yes \_\_\_\_no
- In the 12 months prior to this incarceration, how many months did you use cocaine/crack? **(If 0, skip b)** \_\_\_\_months
  - In the 30 days prior to this incarceration, how many days did you use cocaine/crack? \_\_\_\_days
34. **Have you ever in your lifetime used marijuana/hashish, pot? (if no, skip a-b)** \_\_\_\_yes \_\_\_\_no
- In the 12 months prior to this incarceration, how many months did you use marijuana/hashish, pot? **(If 0, skip b)** \_\_\_\_months
  - In the 30 days prior to this incarceration, how many days did you use marijuana/hashish, pot? \_\_\_\_days
35. **Have you ever in your lifetime used heroin? (smack, H, junk, skag) (if no, skip a-b)** \_\_\_\_yes \_\_\_\_no
- In the 12 months prior to this incarceration, how many months did you use heroin? **(If 0, skip b)** \_\_\_\_months
  - In the 30 days prior to this incarceration, how many days did you use heroin? \_\_\_\_days
36. **Have you ever in your lifetime used other opiates/ analgesics?** (Morphine, Percodan®, Dilaudid®, oxycodone, hydrocodone, OxyContin®, prescription pain killers) **(if no, skip a-d)** \_\_\_\_yes \_\_\_\_no
- In the 12 months prior to this incarceration, how many months did you use other opiates/ analgesics? **(If 0, skip b-d)** \_\_\_\_months
  - Check **all** that were used in the 12 months prior to this incarceration.
    - Morphine
    - Dilaudid®
    - Demerol®
    - Percocet®/Percodan®
    - Darvon®
    - Codeine
    - Tylenol® 2, 3, 4
    - OxyContin®
    - Lortab®
    - Ultram®/Tramadol
  - In the 30 days prior to this incarceration, how many days did you use other opiates/ analgesics? **(If 0, skip d)** \_\_\_\_days
  - Check **all** that were used in the 30 days prior to this incarceration.
    - Morphine
    - Dilaudid®
    - Demerol®
    - Percocet®/Percodan®
    - Darvon®
    - Codeine
    - Tylenol® 2, 3, 4
    - OxyContin®
    - Lortab®
    - Ultram®/Tramadol

37. **Have you ever in your lifetime used non-prescription methadone?(if no, skip a-b)** \_\_\_\_yes \_\_\_\_no  
 a. In the 12 months prior to this incarceration, how many months did you use non-prescription methadone? **(If 0, skip b)** \_\_\_\_months  
 b. In the 30 days prior to this incarceration, how many days did you use non-prescription methadone? \_\_\_\_days
38. **Have you ever in your lifetime used PCP or other hallucinogens/ psychedelics, LSD, mushrooms, mescaline? (or psilocybin) (if no, skip a-b)** \_\_\_\_yes \_\_\_\_no  
 a. In the 12 months prior to this incarceration, how many months did you use PCP or other hallucinogens/ psychedelics, LSD, mushrooms, mescaline? (or psilocybin) **(If 0, skip b)** \_\_\_\_months  
 b. In the 30 days prior to this incarceration, how many days did you use PCP or other hallucinogens / psychedelics, LSD, mushrooms, mescaline? (or psilocybin) \_\_\_\_days
39. **Have you ever in your lifetime used stimulants such as methamphetamines or other amphetamines, uppers?(if no, skip a-d)** \_\_\_\_yes \_\_\_\_no  
 a. In the 12 months prior to this incarceration, how many months did you use stimulants such as methamphetamines or other amphetamines, uppers? **(If 0, skip b-d)** \_\_\_\_months  
 b. Check all that were used in the 12 months prior to this incarceration.  
 Methamphetamines, crank  
 Other amphetamines, speed  
 MDMA, ecstasy  
 c. In the 30 days prior to this incarceration, how many days did you use stimulants such as methamphetamines or other amphetamines, uppers? **(If 0, skip d)** \_\_\_\_days  
 d. Check all that were used in the 30 days prior to this incarceration.  
 Methamphetamines, crank  
 Other amphetamines, speed  
 MDMA, ecstasy
40. **Have you ever in your lifetime used barbiturates such as mephobarbital (Mebacut®); and pentobarbital sodium (nembutal®)? (if no, skip a-b)** \_\_\_\_yes \_\_\_\_no  
 a. In the 12 months prior to this incarceration, how many months did you use barbiturates? **(If 0, skip b)** \_\_\_\_months  
 b. In the 30 days prior to this incarceration, how many days did you use barbiturates? \_\_\_\_days
41. **Have you ever in your lifetime used tranquilizers or other sedatives, hypnotics, such as benzodiazepines (diazepam- Valium, alprazolam – Xanax, triazolam – Halcion, and estazolam); GHB- Georgia Home Boy, liquid ecstasy; Ketamine-Special K, Vitamin K? (if no, skip a-d)** \_\_\_\_yes \_\_\_\_no  
 a. In the 12 months prior to this incarceration, how many months did you use tranquilizers, or other sedatives, hypnotics?**(If 0, skip b-d)** \_\_\_\_months  
 b. Check all that were used in the 12 months prior to this incarceration.  
 Benzodiazepines  
 Non-prescription GHB  
 Ketamine  
 Other tranquilizers  
 c. In the 30 days prior to this incarceration, how many days did you use tranquilizers, or other sedatives, hypnotics? **(If 0, skip d)** \_\_\_\_days  
 d. Check all that were used in the 30 days prior to this incarceration.  
 Benzodiazepines  
 Non-prescription GHB  
 Ketamine  
 Other tranquilizers
42. **Have you ever in your lifetime used inhalants, poppers, rush, whippets? (paint, glue, gasoline, aerosol can spray -- "huffing") (if no, skip a-b)** \_\_\_\_yes \_\_\_\_no  
 a. In the 12 months prior to this incarceration, how many months did you used inhalants, poppers, rush, whippets? (paint, glue, gasoline, aerosol can spray -- "huffing") **(If 0, skip b)** \_\_\_\_months

- b. In the 30 days prior to this incarceration, how many days did you use inhalants, poppers, rush, whippets? (paint, glue, gasoline, aerosol can spray -- "huffing") \_\_\_ days
43. **Have you ever in your lifetime used more than one substance per day (including alcohol but not including tobacco use)? (if no, skip a-b)** \_\_\_yes \_\_\_no
- a. In the 12 months prior to this incarceration, how many months did you use more than one substance per day (including alcohol but not including tobacco use)? **(If 0, skip b)** \_\_\_ months
- b. In the 30 days prior to this incarceration, how many days did you use more than one substance per day (including alcohol but not including tobacco use)? \_\_\_ days
44. **Prior to this incarceration, did you EVER inject any drugs?** \_\_\_yes \_\_\_no
45. **Were you under the influence of alcohol and/or drugs when you committed the offense that led to your current incarceration?** \_\_\_yes \_\_\_no
46. **How many times in your lifetime have you been treated for substance abuse prior to this current treatment episode?** (count previous treatment episodes including detox, exclude current episode) \_\_\_ times
47. **How much money would you say you spent ON ALCOHOL in the 30 days prior to this incarceration?** (include only cash or monetary payments for alcohol the client used or was planning on using)  
\$ \_\_\_\_\_
48. **In the 30 days prior to this incarceration, how many days did you experience ALCOHOL problems?** (craving, withdrawal, want to quit but unable) \_\_\_ days
49. **In the 30 days prior to this incarceration, how many days did you experience DRUG problems?** (craving, withdrawal, want to quit but unable) \_\_\_ days
50. **How troubled or bothered were you by ALCOHOL problems in the 30 days prior to this incarceration?**
- Not at all
  - Slightly
  - Moderately
  - Considerably
  - Extremely
51. **How troubled or bothered were you by DRUG problems in the 30 days prior to this incarceration?**
- Not at all
  - Slightly
  - Moderately
  - Considerably
  - Extremely
52. **How important to you now is treatment for these ALCOHOL problems?**
- Not at all
  - Slightly
  - Moderately
  - Considerably
  - Extremely
53. **How important to you now is treatment for these DRUG problems?**
- Not at all
  - Slightly
  - Moderately
  - Considerably
  - Extremely

**LEGAL INVOLVEMENT**

54. a. 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 \_\_\_\_\_

b. How many times were you arrested & charged in the 12 months prior to this incarceration? (*program will only show items selected in 54a*)

- Shoplifting/vandalism ? \_\_\_\_\_ times
- Parole/Probation violations ? \_\_\_\_\_ times
  - o Did any of your parole/probation violation charges in the 12 prior to this incarceration involve your intimate partner as a victim? \_\_\_\_\_ yes \_\_\_\_\_ no
- Drug charges ? \_\_\_\_\_ times
  - o Specify which drug charges:
    - o Trafficking
    - o Possession
    - o Paraphernalia
- Forgery or theft by deception ? \_\_\_\_\_ times
  - o Did any of your forgery charges in the 12 months prior to this incarceration involve your intimate partner as a victim? \_\_\_\_\_ yes \_\_\_\_\_ no
- Weapons offense ? \_\_\_\_\_ times
  - o Did any of your weapons charges in the 12 months prior to this incarceration involve your intimate partner as a victim? \_\_\_\_\_ yes \_\_\_\_\_ no
- Burglary, larceny, B & E ? \_\_\_\_\_ times
  - o Did any of your burglary charges in the 12 months prior to this incarceration involve your intimate partner as a victim? \_\_\_\_\_ yes \_\_\_\_\_ no
- Robbery ? \_\_\_\_\_ times
  - o Did any of your robbery charges in the 12 months prior to this incarceration involve your intimate partner as a victim? \_\_\_\_\_ yes \_\_\_\_\_ no
- Assault ? \_\_\_\_\_ times

- Did any of your assault charges in the 12 months prior to this incarceration involve your intimate partner as a victim? \_\_\_\_yes \_\_\_\_no
- Arson ? \_\_\_\_times
  - Did any of your arson charges in the 12 months prior to this incarceration involve your intimate partner as a victim? \_\_\_\_yes \_\_\_\_no
- 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? \_\_\_\_yes \_\_\_\_no
- 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? \_\_\_\_yes \_\_\_\_no
- 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? \_\_\_\_yes \_\_\_\_no
- 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? \_\_\_\_yes \_\_\_\_no
- 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? \_\_\_\_yes \_\_\_\_no
- 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? \_\_\_\_yes \_\_\_\_no
- Domestic violence charges ? \_\_\_\_times
  - Have you been charged with protective order (EPO/DVO) violations in the 12 months prior to this incarceration? \_\_\_\_yes \_\_\_\_no
- Driving while intoxicated ? \_\_\_\_times
- Other major driving violations (reckless driving, speeding, no license, etc.) ? \_\_\_\_times
- Other charges ? \_\_\_\_times

c. How many of the charges in the 12 months prior to this incarceration resulted in convictions? \_\_\_\_charges

55. **How many months have you served for THIS incarceration? (Counselor: If it is less than one month enter 1) \_\_\_\_\_**

**LIVING SITUATION**

56. In the 12 months prior to your incarceration, what were your usual living arrangements? (Select ALL that apply)

- Alone
- With intimate partner and children
- With intimate partner alone
- With children alone (under age 18, include stepchildren)
- With your parents
- With your parents and children
- With other family
- With adult friends
- Controlled environment
- Shelter
- Military base
- Halfway house or Oxford house

57. What was the zip code where you were living before you were incarcerated? \_\_\_\_\_

58. Are you currently pregnant? (Skip a if No, only ask females) \_\_\_\_\_yes \_\_\_\_\_no

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

59. How many children have you had in your lifetime? (include adopted/stepchildren; do NOT include foster children and miscarriages) (If 0, skip a-b) \_\_\_\_\_child/ren

a. For how many of your children in your lifetime have you lost parental rights (parental rights were terminated)? (Only show # of children selected in 59) \_\_\_\_\_child/ren

b. How many of your children are in someone else's custody? (Only show # of children selected in 59) \_\_\_\_\_child/ren

60. Prior to this incarceration did you live with anyone who has a current alcohol problem? \_\_\_\_\_yes \_\_\_\_\_no

61. Prior to this incarceration, did you live with anyone who uses non-prescribed drugs? \_\_\_\_\_yes \_\_\_\_\_no

**ABUSE HISTORY**

62. Have you ever in your lifetime been emotionally abused? (If no, skip a) \_\_\_\_\_yes \_\_\_\_\_no

a. Was this by... (check all that apply)

- Adult family member
- Adult who isn't family
- Intimate partner/spouse
- Brother or sister (step, foster)
- Other: Specify other person \_\_\_\_\_

63. In your lifetime have you ever been physically abused? (If no, skip a) \_\_\_\_\_yes \_\_\_\_\_no

a. Was this by... (check all that apply)

- Adult family member
- Adult who isn't family
- Intimate partner/spouse
- Brother or sister (step, foster)
- Other: Specify other person \_\_\_\_\_

64. In your lifetime have you ever been sexually abused? (If no, skip a) \_\_\_\_\_yes \_\_\_\_\_no

a. Was this by... (check all that apply)

- Adult family member
- Adult who isn't family
- Intimate partner/spouse
- Brother or sister (step, foster)
- Other: Specify other person \_\_\_\_\_

**EMOTIONAL HEALTH**

65. **In your lifetime, have you had a significant period in which you experienced SERIOUS DEPRESSION that was not a direct result of drug/alcohol use? (If no, skip a-b)** \_\_\_\_yes \_\_\_\_no
- How about in the 30 days prior to this incarceration -- did you have a significant period in which you experienced SERIOUS DEPRESSION that was not a direct result of drug/alcohol use? (If Yes, autofill b with Yes) \_\_\_\_yes \_\_\_\_no
  - How about in the 12 months prior to this incarceration -- did you have a significant period in which you experienced SERIOUS DEPRESSION that was not a direct result of drug/alcohol use? \_\_\_\_yes \_\_\_\_no
66. **In your lifetime, have you had a significant period in which you experienced SERIOUS ANXIETY OR TENSION that was not a direct result of drug/alcohol use? (If no, skip a-b)** \_\_\_\_yes \_\_\_\_no
- How about in the 30 days prior to this incarceration -- did you have a significant period in which you experienced SERIOUS ANXIETY OR TENSION that was not a direct result of drug/alcohol use? (If Yes, autofill b with Yes) \_\_\_\_yes \_\_\_\_no
  - How about in the 12 months prior to this incarceration -- did you have a significant period in which you experienced SERIOUS ANXIETY OR TENSION that was not a direct result of drug/alcohol use? \_\_\_\_yes \_\_\_\_no
67. **In your lifetime, have you had a significant period in which you experienced HALLUCINATIONS that was not a direct result of drug/alcohol use? (If no, skip a-b)** \_\_\_\_yes \_\_\_\_no
- How about in the 30 days prior to this incarceration -- did you have a significant period in which you experienced HALLUCINATIONS that was not a direct result of drug/alcohol use? (If Yes, autofill b with Yes) \_\_\_\_yes \_\_\_\_no
  - How about in the 12 months prior to this incarceration -- did you have a significant period in which you experienced HALLUCINATIONS that was not a direct result of drug/alcohol use? \_\_\_\_yes \_\_\_\_no
68. **In your lifetime, have you had a significant period in which you experienced TROUBLE UNDERSTANDING, CONCENTRATING, OR REMEMBERING that was not a direct result of drug/alcohol use? (If no, skip a-b)** \_\_\_\_yes \_\_\_\_no
- How about in the 30 days prior to this incarceration -- did you have a significant period in which you experienced TROUBLE UNDERSTANDING, CONCENTRATING, OR REMEMBERING that was not a direct result of drug/alcohol use? (If Yes, autofill b with Yes) \_\_\_\_yes \_\_\_\_no
  - How about in the 12 months prior to this incarceration -- did you have a significant period in which you experienced TROUBLE UNDERSTANDING, CONCENTRATING, OR REMEMBERING that was not a direct result of drug/alcohol use? \_\_\_\_yes \_\_\_\_no
69. **In your lifetime, have you had a significant period in which you experienced TROUBLE CONTROLLING VIOLENT BEHAVIOR that was not a direct result of drug/alcohol use? (If no, skip a-b)** \_\_\_\_yes \_\_\_\_no
- How about in the 30 days prior to this incarceration -- did you have a significant period in which you experienced TROUBLE CONTROLLING VIOLENT BEHAVIOR that was not a direct result of drug/alcohol use? (If Yes, autofill b with Yes) \_\_\_\_yes \_\_\_\_no
  - How about in the 12 months prior to this incarceration -- did you have a significant period in which you experienced TROUBLE CONTROLLING VIOLENT BEHAVIOR that was not a direct result of drug/alcohol use? \_\_\_\_yes \_\_\_\_no

70. In your lifetime, have you had a significant period in which you experienced THOUGHTS OF SUICIDE that was not a direct result of drug/alcohol use? (If no, skip a-b) \_\_\_\_yes \_\_\_\_no

- a. How about in the 30 days prior to this incarceration -- did you have a significant period in which you experienced SERIOUS THOUGHTS OF SUICIDE that was not a direct result of drug/alcohol use? (If Yes, autofill b with Yes) \_\_\_\_yes \_\_\_\_no
- b. How about in the 12 months prior to this incarceration -- did you have a significant period in which you experienced SERIOUS THOUGHTS OF SUICIDE that was not a direct result of drug/alcohol use? \_\_\_\_yes \_\_\_\_no

71. In your lifetime, have you had a significant period in which you ATTEMPTED SUICIDE that was not a direct result of drug/alcohol use? (If no, skip a-b) \_\_\_\_yes \_\_\_\_no

- a. How about in the 30 days prior to this incarceration -- did you have a significant period in which you ATTEMPTED SUICIDE that was not a direct result of drug/alcohol use? (If Yes, autofill b with Yes) \_\_\_\_yes \_\_\_\_no
- b. How about in the 12 months prior to this incarceration -- did you have a significant period in which you ATTEMPTED SUICIDE that was not a direct result of drug/alcohol use? \_\_\_\_yes \_\_\_\_no

72. In your lifetime, have you been PRESCRIBED MEDICATION for any psychological/emotional problems? (If no, skip a-b) \_\_\_\_Yes \_\_\_\_No

- a. How about in the 30 days prior to this incarceration -- were you been prescribed medication for any psychological/emotional problems? (If Yes, autofill b with Yes) \_\_\_\_yes \_\_\_\_no
- b. How about in the 12 months prior to this incarceration -- were you prescribed medication for any psychological/emotional problems? \_\_\_\_yes \_\_\_\_no

**RECOVERY SUPPORTS**

Rate how much you agree or disagree with the following statements:

73. You want to get your life straightened out.

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree

74. It is urgent that you find help immediately for your substance use.

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree

75. You are tired of the problems caused by substance use.

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree

76. Your life has gone out of control.

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree

77. **You need help in dealing with your substance use.**

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree

78. **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?**

- Very poor
- Moderately poor
- Uncertain
- Moderately good
- Very good

79. **In the 30 days prior to this incarceration, how many times did you attend AA, NA or other self-help group meetings that were not affiliated with a religious or faith-based organization (count # of meetings attended)?** \_\_\_\_\_meetings

80. **Did you have contact with a sponsor in the 30 days prior to this incarceration?** \_\_\_\_yes \_\_\_\_no  
\_\_\_\_Don't have a sponsor

81. **In the 30 days prior to this incarceration, how many times did you attend any religious or faith affiliated recovery self-help groups (excluding those previously counted)?** \_\_\_\_\_meetings

82. **In the 30 days prior to this incarceration, did you have contact with family or friends who were supportive of your recovery?** \_\_\_\_yes \_\_\_\_no

83. **How many people can you count on when you need to?** \_\_\_\_people

84. **What will be most useful to you in getting off drugs or alcohol? (select the most important one)**

- Employment
- Support of family and friends
- Counseling
- Self-help
- Support from co-workers/employer
- Clergy, religious or youth leader
- Other people in recovery
- Other: Specify what will be most useful \_\_\_\_\_

**This is the end of the interview, unless your client agreed to participate in the 12-month follow-up interview that is conducted by UK. Please continue by collecting locator information or thank the client for his/her time.**

**FOLLOW-UP STUDY STATUS**

85. **Does the client agree to participate in the follow-up study 12 months from now?** \_\_\_\_yes \_\_\_\_no

86. **Is the BEGINNING date under "THIS FORM VALID" on the top RIGHT corner of the first page of the consent form : 4/29/09? PLEASE CONFIRM** \_\_\_\_yes \_\_\_\_no **(If Yes, Skip a)**

a. Please enter the beginning date shown on your consent form: \_\_\_\_\_

87. **Please have the client sign on the box.**

88. **Clinician agrees a copy of the consent form was given to the client.** \_\_\_\_OK

89. **Does client agree to allow UK, at the time of follow-up, to contact him/her if residing in detention or treatment?** \_\_\_\_yes \_\_\_\_no

**[Counselor: The last section is the locator information. This information will help UK contact the client for the 12 month follow-up. Please enter as much information as possible.]**

- 90. **Client's phone number**
- 91. **Client's address number**
- 92. **Client's street name**
- 93. **Client's apartment number (if applicable)**
- 94. **Client's city name**
- 95. **Client's state name**
- 96. **Client's zip code**

**Please give the names, addresses, and phone numbers of two relatives who have a telephone (preferably female relatives such as a mother, sister, or aunt) or a relative/guardian and one other person who would know how to contact you a year from now if you should move.**

**FIRST CONTACT:**

- 97. **First contact's first name**
- 98. **First contact's last name**
- 99. **First contact's phone number**
- 100. **First contact's relationship with the client**
- 101. **First contact's address number**
- 102. **First contact's street name**
- 103. **First contact's apartment number (if applicable):**
- 104. **First contact's city name**
- 105. **First contact's state name**
- 106. **First contact's zip code**

**SECOND CONTACT:**

- 107. **Second contact's first name**
- 108. **Second contact's last name**
- 109. **Second contact's relationship with the client**
- 110. **Second contact's phone number**
- 111. **Second contact's address number**
- 112. **Second contact's street name**
- 113. **Second contact's apartment number (if applicable)**
- 114. **Second contact's city name**
- 115. **Second contact's state name**
- 116. **Second contact's zip code**

Thank you for answering the questions. Your information will help improve substance abuse treatment in Kentucky.