



Kentucky **Opioid Replacement**  
Treatment Outcome Study (KORTOS)

FY2018 Intake Interview

*Effective July 2017*

*Updated July 2018*

 Center on Drug and  
Alcohol Research

For more information on the KORTOS assessment, please see Logan, T., Cole, J., Miller, J., Scrivner, A., & Walker, R. (2016). *Evidence Base for the Kentucky Opioid Replacement Treatment Outcome Study Assessment and Methods*. Lexington, KY: University of Kentucky, Center on Drug and Alcohol Research; or email [tk.logan@uky.edu](mailto:tk.logan@uky.edu)

# Kentucky Opioid Replacement Treatment Outcome Study (KORTOS) Opioid Treatment Program (OTP) Intake Interview

Effective July 2017 Updated July 2018

Please use the online data collection program either through the Online Data Entry link for the Intake Interview at <https://ukcdar.uky.edu/KORTOS>

If you have to use the paper version for the KORTOS intake interview (i.e., internet is down, no computer available at the interview time), be sure to enter the paper responses in the online KORTOS website within **7 days** so that the data can be used for the study

**Step 1: Select “Create New Client” from the main KORTOS Client Information System screen and enter basic client identifiers:**

All client information is confidential (with identifiers stored separately from intake responses), is encrypted (or scrambled) such that only those with a specific key can read them, and can only be accessed by authorized staff. This information is used for matching service event data.

1. Client’s name: First \_\_\_\_\_ Last \_\_\_\_\_
2. What is the client’s date of birth? \_\_\_\_\_ (YYYY-MM-DD)
3. What is the client’s social security number? \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

## Preliminary Questions

**Step 2: Once a client is created, select “Submit Baseline” next to the client name on the KORTOS Client Information System main screen to start entering the intake interview data.**

4. To track clients accurately and to allow us to contact program staff if we have questions, please enter the contact information for the staff member conducting the intake interview with the client.

- a. Clinician/Staff Person’s First and Last Name: \_\_\_\_\_
- b. Clinician/Staff Person’s email: \_\_\_\_\_
- c. Clinician/Staff Person’s work phone number (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Please answer the following questions before beginning the interview with the client.**

1. **Date of Intake Interview** [Date this Intake Interview was actually completed with the client]:  
\_\_\_\_\_ (MM/DD/YYYY)

*Note: If you are recording the interview responses on the paper version please enter it into the web data collection survey within 7 days.*

2. Client treatment is/will be:
  - a. Methadone Maintenance
  - b. Buprenorphine (Suboxone, Subutex)
3. **Date of entry into this treatment episode** [Date the client was admitted into this treatment episode]:  
\_\_\_\_\_ (MM/DD/YYYY)

## Introduction

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*The following questions are part of the **Kentucky Opioid Replacement Treatment Outcome Study or KORTOS**. KORTOS is an important part of Kentucky's plan to improve medication assisted treatment. KORTOS involves collecting information from clients as they enter treatment and about 6 months after intake to check-in on the client's progress and to gain insight into the medication assisted treatment process. Federal and local governments often respond to substance abuse problems by funding more jails and prisons. **KORTOS helps provide support for medication assisted treatment programs as a better alternative to jails and prisons for people who have substance use problems.***

**KORTOS has two parts.**

**Part one** is a face-to-face interview with your counselor completed as part of your treatment intake process and takes about 20 minutes. You will be asked questions about your treatment needs, physical and mental health, substance use history, treatment history, criminal justice involvement history, education, employment, housing, and recovery support.

The information you report at the intake interview may be printed by the clinic staff in a narrative format and used in your client files or for other purposes.

**Part two** is a follow-up phone interview about 6 months from now. At the end of part one, you'll be asked if you would like to volunteer for the follow-up interview. 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 6 months. Clients who complete the **follow-up interview** 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 Interview information is confidential**. Your name will never be reported or even linked with the answers given in the follow-up survey. 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 ever revealing information about a person, even under a court order**. Your responses to the follow-up survey questions are well protected.

**Your participation helps improve future medication assisted treatment options for others like yourself!**

Please read over the consent form provided at the end of intake interview and decide if you'd be willing to be contacted for the follow-up interview in about 6 months.

## Section A. Basic Client Information

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*These first few questions are basic questions we need to get the interview started and to learn a little more about what services you might be interested in.*

1. What is your gender?

1 = Male

2 = Female

3 = Transgender (male to female)

4 = Transgender (female to male)

2. 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, please specify your other race: \_\_\_\_\_

3. What would you consider to be your primary source of referral to this center?

1 = A clinic, hospital, physician, nurse

2 = Drug Court

3 = Probation/parole

4 = Court referred (other court referral not mentioned above)

5 = Family/Friend/Spouse/Partner

6 = Transfer or referral from another OTP program

7 = A substance abuse treatment facility (not OTP)

8 = Mental Health/Psychiatric care provider

9 = Because of pregnancy

10 = Self-referred

11 = None of the above

3a. Were you ordered to this treatment episode by the court or other state agency? 0= No 1 = Yes

## Calendar

The questions in this interview ask about a variety of timeframes. Some questions will ask about **ever**, others will ask about the **6 months or 30 days before** you entered this program. To help you remember what timeframe we are going to be talking about, we will use a calendar we fill out together. Because this may have been a while ago, to help you remember I would like to ask you for something memorable about any of those months. For example,

*Note: It is not necessary to spend a lot of time answering these questions. These questions are meant to help jog the client’s memory and to help anchor the timeframes that will be referred to throughout the interview.*

1. Fill in the appropriate dates going back 30 days (starting with the most recent 30 days). Then fill in the rest of the calendar so that a 6-month period is showing.
2. Each month should then be anchored in at least one event that has special meaning for the client (Note: not all holidays or special days mean the same thing to all clients so it is critical that they decide what to put for each month as an anchor).
  - a. Any holidays or other special days during this period (e.g., Halloween)
  - b. Any birthdays for you, your partner, your children, or other close relative.
  - c. Did anything special (positive or negative) happen to you in this time period (e.g., change in job, major illness, start school, graduate, pregnant)?
  - d. Did you move at all during this time period? What months did you move?
  - e. Any changes in your relationship status during these months?
  - f. Anything else memorable that you can think of?

Month number	1 (past 30 days)	2	3	4	5	6
<u>Event(s)</u>						

***If using a paper copy please print and refer to this calendar throughout the interview. If using the computer please refer to the calendar on screen throughout the interview.***

## Section B. Physical Health

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The next few questions ask about physical health. Physical health is important to consider so that we can identify and track any health concerns and needs you may have.

1. How would you rate your overall health during the 6 months before entering this program?

- 1 = Poor
- 2 = Fair
- 3 = Good
- 4 = Very good
- 5 = Excellent

2. Have you **ever** been told by a doctor that you have any of the following chronic medical problems? (**Check ALL that apply**)

- |  |   |
|--|---|
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Cirrhosis of the liver   |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Pancreatitis   |
| <input type="checkbox"/> Cardiovascular/heart disease ( <i>e.g., high blood pressure, stroke, congestive heart failure, angina</i> ) | <input type="checkbox"/> TB (tuberculosis)  |
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) ( <i>e.g., emphysema</i> )                                     | <input type="checkbox"/> Hepatitis B  |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Hepatitis C  |
| <input type="checkbox"/> Seizures  | <input type="checkbox"/> HIV/AIDS   |
| <input type="checkbox"/> Severe dental problems  | <input type="checkbox"/> Other sexually transmitted infections (STI) ( <i>e.g., chlamydia, gonorrhea, genital herpes, trichomoniasis, syphilis, HPV</i> ) |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> None of the above  |
| <input type="checkbox"/> Kidney disease/failure  |   |

3. Thinking about your **physical health**, which includes physical illness and injury, during the 30 days before entering this program, how many days was your physical health not good? \_\_\_\_\_ days

4. Thinking about your **mental health**, which includes stress, depression and problems with emotions, during the 30 days before entering this program, how many days was your mental health not good? \_\_\_\_\_ days

**(Skip Q5 if 0 days in both Q3 and Q4)**

5. During the 30 days before entering this program, 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

6. Body-mass index number or BMI is based on a person's height and weight. BMI helps to show current health status and suggests the possibility of certain health risks. How tall are you in feet and inches?  
\_\_\_\_\_ Feet \_\_\_\_\_ Inches

7. How much do you weigh in pounds? \_\_\_\_\_

8. **[Females only]** Another area for special health care needs and services is during pregnancy. Are you currently pregnant? **(If no, skip to Q9)** 0 = No 1 = Yes 99= n/a (client is male)







<i>In the two-week period when you felt depressed or uninterested...</i>	No	Yes
a. Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e., ±8 lbs for a 160 lb person in a month)? (If yes to either, circle Yes)	0	1
b. 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	1
c. Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day?	0	1
d. Did you feel tired or without energy almost every day?	0	1
e. Did you feel worthless or guilty almost every day?	0	1
f. Did you have difficulty concentrating or making decisions almost every day?	0	1
g. Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead?	0	1

3. **In the 6 months before entering this program**, did you worry excessively or were you anxious about multiple things on more days than not for all 6 months (like family, health, finances, school, or work difficulties)? **(If no to Q3, skip to Q4)** 0 = No 1 = Yes

<i>During the time when you were anxious, did you...</i>	No	Yes
a. Feel restless, keyed up or on edge?	0	1
b. Feel tense (i.e., muscle tension)?	0	1
c. Feel easily fatigued?	0	1
d. Have difficulty concentrating or have your mind go blank?	0	1
e. Feel irritable?	0	1
f. Have trouble falling or staying asleep or have restless sleep?	0	1

**During the 6 months before entering this program, did you...**

4. Have thoughts about ending your life or committing suicide? 0 = No 1 = Yes

5. Attempt to commit suicide? 0 = No 1 = Yes

6. How much do you worry about your personal safety?

- 0-Not at all
- 1-Only a little
- 2-Somewhat
- 3-A fair amount
- 4-A great deal

This next set of questions asks about hurtful things that others may have done to you when you were a child (less than 18 years old). These questions are important because our background can sometimes influence our emotions and coping styles. Research has shown that stressful events that happen to us in childhood and things that happen to us as adults matter. The questions only have a YES or NO response and will not ask you to provide details about any of your experiences. **(Interviewer note: if the client is unsure of whether something happened or not please mark it as a no).**

While you were growing up, before your 18 <sup>th</sup> birthday:	No	Yes
1. Did a household member go to prison?	0	1
2. Were your parents separated or divorced (before you turned 18 years old)?	0	1
3. Did you live with anyone who was a problem drinker or alcoholic or used street (illegal) drugs?	0	1
4. Was a household member depressed or mentally ill or did a household member attempt suicide?	0	1
5a. Did you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?	0	1
5b. Did you often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	0	1
6a. Did you often feel that no one in your family loved you or no one thought you were important or special?	0	1
6b. Did you often feel that your family didn't look out for each other, feel close to each other, or support each other?	0	1
7a. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her?	0	1
7b. Was your mother or stepmother sometimes or often kicked, bitten, hit with a fist, or hit with something hard?	0	1
7c. Was your mother or stepmother ever repeatedly hit lasting at least a few minutes or threatened with a gun or knife?	0	1
8a. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you?	0	1
8b. Did a parent or other adult in the household often act in a way that made you afraid that you might be physically hurt?	0	1
9a. Did a parent or other adult in the household often push, grab, slap, or throw something at you?	0	1
9b. Did a parent or other adult in the household ever hit you so hard that you had marks or were injured?	0	1
10a. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way?	0	1
10b. Did an adult or person at least 5 years older than you ever try to or actually have oral, anal, or vaginal sex with you?	0	1

11. The next group of questions asks about situations in which you may have been the victim of a crime, harmed by someone else, or felt unsafe in your lifetime and in the six months before you entered this program. They are only yes or no questions and if you select yes, you will be asked if the perpetrator was a partner or ex-partner, an acquaintance or family member, or a stranger.

	Ever		6 months before entering this program	
	No	Yes	No	Yes
a. Have you been robbed or mugged (someone stole your wallet, money, or other personal valuables) by force or threatened use of force?	0	1	0	1
If ever, was it by... <b>(circle all that apply)</b> 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)				
b. Have you been assaulted or attacked by someone?	0	1	0	1
If ever, was it by... <b>(circle all that apply)</b> 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)				
c. Have you been directly or indirectly threatened with a gun or held at gunpoint?	0	1	0	1
If ever, was it by... <b>(circle all that apply)</b> 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)				
d. Have you been stalked by someone who scared you?	0	1	0	1
If ever, was it by... <b>(circle all that apply)</b> 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)				
e. Have you been sexually assaulted/raped?	0	1	0	1
If ever, was it by... <b>(circle all that apply)</b> 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well)				
f. Have you been abused by a dating or intimate partner?	0	1	0	1

**If NO to all of victimization questions, then skip to Section D.**

12. Thinking about the experiences you just told me about, please indicate how much you have been bothered by those experiences in the 6 months before entering this program.

<i>In the 6 months before entering this program, how much:</i>	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. were you bothered by repeated, disturbing, and unwanted memories of those experience(s)?	0	1	2	3	4
b. did you avoid external reminders of those experience(s) (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4

<i>In the 6 months before entering this program, how much:</i>	Not at all	A little bit	Moderately	Quite a bit	Extremely
c. did you have strong negative beliefs about yourself, other people, or the world because of those experiences (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
d. did you feel jumpy or easily startled?	0	1	2	3	4

## Section D. More About You & Your Living Situation

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*The next set of questions will ask you to tell us more about you, your family, and living situation either currently or before you began coming to the opiate treatment program. Family and living situations can be risk or protective factors for recovery.*

1. Did you consider yourself to be homeless at any point during the 6 months before you entered this program? **(If no, go to Q2)** 0 = No 1 = Yes

1a. Why did you consider yourself to be homeless at that time? Select one.

- 1 = Staying in a shelter
- 2 = Staying temporarily with friends/family
- 3 = Staying on the street or living in your car
- 4 = Other, please specify: \_\_\_\_\_

1b. In the 6 months before entering this program how many months did you consider yourself homeless? (two weeks or more equals a month)

- 0 = Less than 1 month
- 1 = One month
- 2 = Two months
- 3 = Three months
- 4 = Four months
- 5 = Five months
- 6 = Six months

2. In the 30 days before you entered this program, how many nights were you 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 nights

3. In the 6 months before entering this program, where did you live most of the time? Select one.

- 1 = Your own home or apartment
- 2 = Someone else's home or apartment
- 3 = Residential program
- 4 = Recovery Center
- 5 = Prison, jail or detention center
- 6 = Hospital
- 7 = Military base
- 8 = Halfway house, Sober Living Home
- 9 = Shelter or on the street
- 10 = Other, please specify: \_\_\_\_\_

4. How many children that are still living have you ever had in your lifetime? \_\_\_\_ number **(If 0, go to Q5)**
- 4a. How many of those children were under the age of 18 at any point in the 6 months before you entered the program? \_\_\_\_\_ number **(If 0, go to Q5)**
- 4b. How many of your children under the age of 18 lived with you at any point in the 6 months before you entered the program? \_\_\_\_\_ number
5. Did you have caregiver responsibility for any children who are not your own children (e.g., stepchildren, foster children, partner’s children, grandchildren, nieces/nephews) in the 6 months before you entered this program?      0 = No   1 = Yes
6. Many individuals have to travel to obtain needed health care services. What was the county and state where you lived for most of the 6 months before entering this program?  
\_\_\_\_\_ County/Town/City      \_\_\_\_\_ State    \_\_\_ Don’t remember
7. What is your current marital status?  
1 = Married (include same-sex and common-law marriages) **(Skip to Section E)**  
2 = Separated  
3 = Divorced  
4 = Widowed  
5 = Never married
8. If not married, are you currently living with an intimate partner (other than a spouse)? 0=No   1 = Yes

## Section E. Education & Employment

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*This next group of questions is about your educational background and employment status. This information is important to understand program outcomes.*

1. How many years of education have you completed? Please choose your highest completed level from the following list.
- |                           |                             |                           |
|---------------------------|-----------------------------|---------------------------|
| 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. Are you a veteran or currently in the military, Reserves, or National Guard? This includes anyone who has served or is currently serving in the armed forces. **(if no, go to Q3)**    0 = No    1 = Yes

2a. In what war did you last serve?

1 = Korean

2 = Vietnam, Southeast Asia

3 = Iraq, 1990 (Persian Gulf, Operation Desert Storm)

4 = Operation Iraqi Freedom (OIF)

5 = Operation Enduring Freedom (OEF)

6 = Bosnia or Somalia

7 = Did not serve in a war/not deployed to a combat zone

8 = Other, specify: \_\_\_\_\_

2b. Do you have a service-connected disability?

0 = No 1 = Yes

2c. Do you receive health services at a Veterans Administration Hospital or VA center? 0 = No 1 = Yes

2d. Are you currently on active duty?

0 = No 1 = Yes

2e. Are you in the National Guard?

0 = No 1 = Yes

3. How many months in the 6 months before entering this program have you been employed at least part-time? Two weeks or more at a job counts as one month. \_\_\_\_\_ Months

4. What was your usual employment pattern in the 6 months before entering this program (i.e., your work pattern most of the time)? *Include all jobs to figure your total hours worked per week on average. If on leave (maternity, disability) how many hours typically will you work when you return to the job?*

1 = Full time (35+ hours per week)

2 = Part-time (<35 hours per week)

3 = Part-time (irregular, day work)

4 = Unemployed, student

5 = Retired

6 = Disability/applied for disability

7 = Unemployed, homemaker/caregiver

8 = Unemployed

9 = In a controlled environment (jail, hospital, etc.)

5. What was your employment status **in the 30 days before you entered this program**? Include all jobs to figure your total hours worked per week on average. If on leave (maternity, disability) how many hours typically will you work when you return to the job?

0 = Not employed (**Skip to Q6**)

1 = Fulltime (35+ hours per week)

2 = Part-time (<35 hours per work)

3 = Occasional, from time to time, or seasonal work

5a. How long have you had this job (in months)? Enter longest time if you have had multiple jobs.  
\_\_\_\_\_ Months

5b. What was your hourly wage? If multiple jobs, enter the highest wage. If you receive a salary, please estimate how much you made an hour based on the typical number of hours you work in a week. \_\_\_\_\_.

5c. What type of work do you do? Select one. If multiple jobs, select the type of job you work most often.

- 1 = **Professional** (e.g., librarian, healthcare professional such as RN, EMT, dental hygienist, physician, claims adjuster, mental health counselors, social workers, probation officers, paralegal, court reporter, teacher, teacher assistant, entertainer, photographer, clergy)
- 2 = **Service** (e.g., food preparation and serving, child care, adult day care, health care support such as CNA, massage therapist, phlebotomist, landscaping, janitorial/cleaning, housekeeping, pest control, police officer, lifeguard, security guard, hair stylist, personal trainer, restaurant manager)
- 3 = **Sales and Office** (e.g., office and administrative support, cashier, retail sales, real estate, telemarketer, bookkeeping, bank teller, hotel desk clerk, postal service, data entry worker, store manager)
- 4 = **Natural Resources, Construction, and Maintenance** (e.g., mining, fishing, farming, nursery worker, logging, forestry, construction, carpenter, plumber, roofer, mechanic, repair shop, computer repair, utility worker, heating/air conditioning tech)
- 5 = **Production, Transportation, and Material Moving** (e.g., factory production line, baker, butcher, dry cleaning, tailor, woodworking, power plant, flight attendant, bus driver, taxi driver, packager, welder, sanitation worker)
- 6 = **Military Specific**
- 7 = **Other, specify:** \_\_\_\_\_

5d. Were you also in school or receiving additional vocational training while working?

0 = No 1 = Yes

**(If Employed, SKIP Q6, ask everyone Q7)**

6. If you were not employed in the 30 days before you entered this program, how would you describe yourself? Select one.

- 1 = Unemployed, but looking for work
- 2 = Unemployed, but on furlough or temporarily laid-off
- 3 = Unemployed, but keeping house or caring for children fulltime
- 4 = On disability/applied for disability
- 5 = Retired
- 6 = Student/in training
- 7 = In a controlled environment/prohibited from working
- 8 = Unemployed, not looking for work
- 9 = Other, specify: \_\_\_\_\_

7. Do you expect to be employed in the next 6 months? 0 = No 1 = Yes

8. Do you currently receive SSI or SSDI benefits? 0 = No 1 = Yes

9. Now I'm going to ask you some questions about how things have gone for you in your household in the 6 months before entering this program.

<i>In the 6 months before entering this program</i>	<b>NO</b>	<b>YES</b>
a. Did you/your family have difficulty paying the full amount of rent or mortgage?	0	1
b. Were you/your family evicted from your home/apartment for not paying the rent?	0	1
c. Were you/your family unable to pay the gas or electric bill?	0	1
d. Were you/your family unable to pay your phone/cell phone bill?	0	1
e. Was there a time when there was not enough food in your household to eat?	0	1
f. Did you or someone in your household need to see a doctor or go to the hospital but weren't able to because of financial reasons?	0	1
g. Did you or someone in your household need to see a dentist but didn't go because of financial reasons?	0	1
h. Did you or someone in your household need to fill a prescription for medication but were unable to because of cost?	0	1

## Section F. Substance Use

The next group of questions is about your substance use in the 6 months and 30 days before you entered this program. 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>	
a. In the 6 months before entering this program, how many months did you <b>smoke tobacco products</b> (e.g., cigarettes, cigars, pipes, bidis, cigarillos)? Do NOT include use of electronic cigarettes (electronic vapor products, e-cigarettes, e-pipes, vape pipes, vaping pens, and e-hookahs). <b>(If zero, skip to Q1d, how old)</b>	_____ # OF MONTHS
b. In the 30 days before entering this program, how many days did you <b>smoke tobacco products</b> (e.g., cigarettes, cigars, pipes, bidis, cigarillos)?	_____ # OF DAYS
c. How old were you when you began smoking regularly (on a daily basis)?	_____ Years old 0 = Never used regularly
d. On the days you smoke cigarettes, how many cigarettes on average do you smoke a day (20 in a pack)?	_____ # CIGARETTES
e. In the 6 months before entering this program, how many months did you use <b>E-cigarettes</b> (electronic cigarettes, devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)?	_____ # OF MONTHS
f. In the 30 days before entering this program, how many days did you use <b>E-cigarettes</b> (electronic cigarettes, devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)?	_____ # OF DAYS



<b>1. TOBACCO USE</b>	
g. In the 6 months before entering this program, how many months did you use <b>smokeless tobacco</b> (e.g., chewing tobacco, snuff, dissolvable tobacco)? <b>(If zero, skip to Q1i, how old)</b>	_____ # OF MONTHS
h. In the 30 days before entering this program, how many days did you use <b>smokeless tobacco</b> (e.g., chewing tobacco, snuff, dissolvable tobacco)	_____ # OF DAYS
i. How old were you when you began using <b>smokeless tobacco</b> regularly (on a daily basis)?	_____ Years old 0 = Never used

<b>2. ALCOHOL USE</b>	
<i>Alcohol includes 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.</i>	
a. How old were you when had your first alcoholic drink, other than a few sips?	_____ Years old 0 = Never used
<b>In the 6 months before entering this program, how many months did you...</b>	
b. Drink any alcohol? <b>(If zero, skip to Q3, illicit drug use)</b>	_____ # OF MONTHS
c. Drink alcohol to intoxication?	_____ # OF MONTHS
d. Have 5 or more (4 or more if female) alcoholic drinks in a period of about 2 hours?	_____ # OF MONTHS
<b>In the 30 days before entering this program, how many days did you...</b>	
e. Drink any alcohol? <b>(If zero, skip to Q3, illicit drug use)</b>	_____ # OF DAYS
f. Drink alcohol to intoxication?	_____ # OF DAYS
g. Have 5 or more (4 or more if female) alcoholic drinks in a period of about 2 hours?	_____ # OF DAYS

<b>3. Select all the drugs you have used in the 6 months before entering this program:</b>	<b>If used</b>	
	<b>No</b>	<b>Yes</b>
Marijuana (e.g., Hashish/Pot)	0	1
Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you (e.g., Benzodiazepines (such as Valium, Xanax, Librium, and Halcion) GHB, liquid ecstasy, Ketamine, (such as Special K, Vitamin K), downers, nerve pills)	0	1
Barbiturates not prescribed for you (e.g., mephobarbital, Mebacut, pentobarbital, Nembutal®, Seconal®, Amytal®)	0	1
Opiates/opioids, analgesics, pain killers not prescribed for you (e.g., morphine, Percocet®, oxycodone, Oxycontin®, Lortab®, hydrocodone, Dilaudid®, opana)	0	1

3. Select all the drugs you have used in the 6 months before entering this program:	If used	
	No	Yes
Stimulants not prescribed for you (e.g., methamphetamine, Dexedrine®, Adderall®, crystal, uppers, speed, MDMA, Ritalin®, Ecstasy, crank)	0	1
Cocaine/crack (e.g., Cocaine crystal, free-base cocaine, crack, or rock cocaine)	0	1
Heroin (e.g., smack, H, junk, skag)	0	1
Hallucinogens/psychedelics (e.g., PCP, LSD, Mushrooms, Mescaline, psilocybin)	0	1
Inhalants (e.g., poppers, Rush, Whippets or “huffing” paint, glue, aerosol can spray)	0	1
Methadone not prescribed for you (e.g., dolophine, LAAM)	0	1
Subutex®/Suboxone® or buprenorphine that was not prescribed for you (include butran patch)	0	1
Synthetic/Designer/Novel drugs (e.g., synthetic marijuana, Serenity, ren, K2, spice, bath salts, kratom, flakka)	0	1
<b>I did NOT use ANY drugs in the 6 months before entering this program (skip to Q5)</b>	1 = No drugs used	

4. DRUG USE DETAILS (Online program will display only substances chosen in question 3)		
Before you entered this program...	How many months in that 6-month period did you use the following drugs?	How many days in that 30 days period did you use the following drugs?
a. Marijuana	_____	_____
	# OF MONTHS	# OF DAYS
b. Other opiates, analgesics, pain killers not prescribed for you	_____	_____
	# OF MONTHS	# OF DAYS
<i>If any use, please check all drugs that were used.</i>	1=Morphine 2=Dilaudid 3=Demerol 4=Pcet / dan/Oxy/ Roxi 5=Darvon 6=Codeine (Tyl 2, 3, 4) 8= Lortab/hydrocodone 9 =Ultram/Tram 10 =Fentanyl 11=Opana 12=Other (e.g., Zohydro, Moxduo)	1=Morphine 2=Dilaudid 3=Demerol 4=Pcet / dan/Oxy/ Roxi 5=Darvon 6=Codeine (Tyl 2, 3, 4) 8 =Lortab/hydrocodone 9 =Ultram/Tram 10 =Fentanyl 11=Opana 12=Other (e.g., Zohydro, Moxduo)
c. Methadone not prescribed for you	_____	_____
	# OF MONTHS	# OF DAYS
d. Subutex®/Suboxone® or buprenorphine that was not prescribed for you	_____	_____
	# OF MONTHS	# OF DAYS
e. Heroin	_____	_____
	# OF MONTHS	# OF DAYS
f. Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you	_____	_____
	# OF MONTHS	# OF DAYS



b. If yes, in what county or city was the Needle Exchange Program? \_\_\_\_\_county/city

9. Prior to this current admission, how many times in your lifetime have you received services for substance abuse? Count previous treatment episodes including detox, drug court, and recovery programs, exclude current episode. \_\_\_\_\_times
10. Have you participated in any medication-assisted treatment in the 6 months before entering the program? In other words, have you received medication (like Suboxone, methadone, or Vivitrol) from a clinic or a doctor's office to help with your substance abuse?

0 = No (If No skip to Q11)  
1 = Yes

10a. What type of medication did you receive (Please choose all that apply)?

- 1 = Suboxone/Subutex (buprenorphine)
- 2 = Methadone
- 3 = Vivitrol
- 4 = Antabuse
- 5 = Other (Please specify) \_\_\_\_\_

10b. How many total months out of the past 6 months did you use any of those medications prescribed to you? \_\_\_\_\_ Months

10c. How many days in the past 30 did you use any of those medications prescribed to you? \_\_\_\_\_ Days

10d. Thinking about the most recently prescribed medication-assisted treatment, do you think medication: (Please select one)

- 1=Helped you TREAT your drug problems
- 2=HAD NO EFFECT on your drug problems
- 3= Made your drug problems WORSE

**Even though you may not have used alcohol or drugs prior to entering treatment, you may have spent money or been anxious, bothered or worried about your ability to stay sober. Thinking about the 30 days before you entered this program...**

11. How much money would you say you spent on ALCOHOL in the 30 days before you entered this program? Include only cash or monetary payments for alcohol you used or were planning on using.  
\_\_\_\_\_

12. In the 30 days before you entered this program, how many days did you experience <u>alcohol/drug</u> problems (craving, withdrawal, wanting to quit but being unable, worrying about relapse)?	ALCOHOL	DRUGS
	_____	_____
	# OF DAYS	# OF DAYS

13. ALCOHOL	Not At All	Slightly	Moderately	Considerably	Extremely
a. How troubled or bothered were you by <b>ALCOHOL</b> problems in the 30 days before you entered this program?(your own problems)	0	1	2	3	4
b. How important to you was a treatment program, for yourself, for these <b>ALCOHOL</b> problems in the 30 days before you entered this program? (your own problems)	0	1	2	3	4
14. DRUG	Not At All	Slightly	Moderately	Considerably	Extremely
a. How troubled or bothered were you by <b>DRUG</b> problems in the 30 days before you entered this program? (your own problems)	0	1	2	3	4
b. How important to you was a treatment program, for yourself, for these <b>DRUG</b> problems in the 30 days before you entered this program? (your own problems)	0	1	2	3	4

**(ASK EVERYONE)**

In the past 6 months before you entered this program, have you:

	NO	YES
15. Used drugs or alcohol in larger amounts or over a longer period of time than you planned to?	0	1
16. Had an ongoing desire or been unable to cut down or control drug or alcohol use?	0	1
17. Found you spent a great deal of time in activities necessary to obtain, use alcohol or drugs, or to recover from their effects?	0	1
18. Felt craving or strong desire or urge to use drugs or alcohol?	0	1
19. Been unable to meet expectations in school or at home because of drug or alcohol use?	0	1
20. Continued using drugs or alcohol even though you had ongoing social or personal problems related to your drug or alcohol use?	0	1
21. Given up social, educational, or recreational activities because of drug or alcohol use?	0	1
22. Repeatedly used drugs or alcohol in situations where it was physically dangerous?	0	1
23. Continued substance use in spite of physical or emotional problems related to drugs or alcohol?	0	1
24. Had a need for greater amounts of drugs or alcohol to get the same effect?	0	1
25. Had a weaker effect from continued use of the same amount of drug or alcohol use?	0	1
26. Had withdrawal effects when not using drugs or alcohol?	0	1
27. Used drugs or alcohol to relieve or avoid withdrawal effects?	0	1

## Section G. Legal Involvement

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*In this section you will be asked to answer questions about your involvement with the criminal justice system in the 6 months before entering this program. Involvement in the criminal justice system can change over time and this information will help us understand that change.*

1. In the 6 months before entering this program, how many **NIGHTS** were you incarcerated (jail, prison, or a detention center)? \_\_\_\_\_ Nights
2. Are you currently on probation?    0 = No    1 = Yes
3. Are you currently on parole?        0 = No    1 = Yes
4. In the 6 months before entering this program, how many times were you arrested and charged for any offense? \_\_\_\_\_ Times
5. One can be convicted for several charges at the same time. How many times were you convicted of a crime in the 6 months before entering this program? Convictions are when you make a plea deal with the prosecutor about a charge or when a jury finds you guilty.

\_\_\_\_\_  
# OF MISDEMEANOR  
CONVICTIONS

\_\_\_\_\_  
# OF FELONY  
CONVICTIONS

## Section H. Recovery Supports

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*The final set of questions is about the recovery support you currently have available to you. Recovery supports are important to understand the recovery process over time.*

1. In the 30 days before you entered this program, how many times did you attend AA, NA, MA or other self-help group meetings (**count # of meetings attended**)? \_\_\_\_\_
2. Did you have contact with an AA, NA, MA or other sponsor in the 30 days before you entered this program?    0 = No    1 = Yes    2 = Don't have a sponsor
3. In the 30 days before you entered this program, did you have contact with family or friends who were supportive of your recovery?        0 = No        1 = Yes
4. In the 30 days before you entered this program, how many people could you count on for recovery support when you need it? \_\_\_\_\_ people

5. Besides substance abuse treatment and opiate replacement medication, what are the next two most useful things you believe will help you in getting or staying off illicit drugs or alcohol? (**Select TWO answers**)

- Employment
- Counseling
- Self Help (*this refers to programs or services like AA or NA*)
- My faith or religion
- Other people in recovery
- Support from family
- Support from friends
- Support from a partner (boy/girlfriend, spouse)
- Children (being responsible for dependents)
- The need to stay out of jail or prison
- Change in environment (staying away from certain people, places)
- Staying busy/keeping occupied
- Will power/self-talk/wanting it for myself (determination, motivation)
- Remembering the past/consequences
- Other, please specify: \_\_\_\_\_

6. Based on what you know about yourself and your situation, how good are the chances that you can get off and stay off drugs/alcohol?

- 1 = Very poor
- 2 = Moderately poor
- 3 = Uncertain
- 4 = Moderately good
- 5 = Very good

**Thank you for answering these questions.  
Your information helps improve medication assisted treatment in Kentucky.**

## Follow-Up Study

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*The KORTOS follow-up is a 20-minute phone interview that takes place in about 6 months from now. The University of Kentucky (UK) staff will contact you about the follow-up interview and you can agree or refuse to participate again at that time. When they call you for a follow-up phone interview, they will remind you that this is the second part of the “UK Health Follow-up Study.” The interviewers not reveal your identity or that you were in medication assisted treatment. Clients who complete the **follow-up interview** 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 by UK or even linked with the answers given in these interviews. When the reports are written up they will include overall findings about the entire group of participants, not individuals. UK has a **Federal Certificate of Confidentiality that prohibits revealing information about a person even with a court subpoena**. Your responses to these questions are well protected. Please read over the consent form on the next page with your counselor. Then decide if you’d be included in giving your opinions and thoughts about the program for the KORTOS follow-up in about 6 months.*



**UK HEALTH FOLLOW-UP STUDY**  
**Basic Consent to Participate in a Treatment Outcome Research Study**  
**University of Kentucky Medical Center, Center on Drug and Alcohol Research**  
**Valid until 10/14/18**

**WHY AM I BEING ASKED TO TAKE PART IN THIS RESEARCH?** You are being asked to take part in a follow-up treatment outcome research study. You are being asked to do this because you are a client of a medication assisted treatment program. Your participation in this research project is completely voluntary. If you take part in this study, you will be one of about 200 people per year to do so. This research study is separate from your taking part in counseling services at the medication assisted treatment program. Your taking part in the study is not required to get treatment at the program.

**WHO IS DOING THE STUDY?** The Principal Investigator in charge of the study is TK Logan, Ph.D. who works for the University of Kentucky. Robert Walker, LCSW, MSW and Jennifer Cole, Ph.D. also work with the study. There may be others involved with the study

**WHAT IS THE PURPOSE OF THIS STUDY?** The purpose of this study is to gather information about medication assisted treatment services and related behavioral health problems. It also studies employment, education, legal status, stress and health status and your use of treatment services. It is also for the purpose of evaluating how people benefit from medication assisted treatment.

**WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?** These study questions are part of your assessment at the clinic where you receive medication assisted treatment. The questions are asked by your counselor or nurse. The study also involves the same questions asked six months later in a follow-up telephone interview. Not everyone is contacted for these follow-up interviews, but names are selected randomly for the calls. These follow-up interviews are done by staff at the University of Kentucky who will contact you by telephone. Each interview takes about 20 minutes, so the total time for your participation over the next year would be about 1 hour if you participate in a follow-up interview.

**WHAT WILL I BE ASKED TO DO?** You will be asked to answer questions about your treatment experience as well as your substance use and related behavioral health problems. You will also be asked about your employment, education, housing, legal status, stress, and your use of services. You will be asked these questions, but you will not be asked to take part in any experimental treatments or procedures.

You will also be asked to give contact information. This includes the names, addresses, and phone numbers of two persons who would be most likely to know how to reach you at the time of follow-up 6 months after the initial interview questions or after your last follow-up interview. If you are selected for a follow-up interview, it will be because you are still in the medication assisted treatment program and have given consent to be contacted for an interview. This telephone call interview takes about 20 minutes.

You or the people you list as contacts may be contacted by phone, mail, email, or through social networking sites such as Facebook in order to reach you to complete the follow-up interview. We may use publicly available databases to find updated information in order to contact you about completing the follow-up interview. In some cases, we may confidentially try to contact you through addresses or phone numbers that are or have been linked to you in some way by mail or phone. When trying to contact you, the researchers will continue to keep your connection with the program confidential. You are also asked to let the researchers use state information about the number, type and costs of state and Medicaid funded services you receive if your services were funded in part by the state.

**ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?** There are no conditions that would keep you from taking part in this study.

**WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?** There are no known risks to participating in these interviews. It is perhaps possible that the questions will cause you some emotional discomfort since they might cause you to remember times when you were unhappy or under stress. Also, some people may be uncomfortable talking about confidential information. Because of the steps we have taken to protect your privacy, the risk of unauthorized disclosure is minimal. If you have some discomfort during the intake interview you can speak about it with your counselor or the treatment program's staff and at follow-up interview, you will be offered referral resources to national and local agencies.

**WILL I BENEFIT FROM TAKING PART IN THIS STUDY?** There are no direct benefits to you for taking part in the follow-up study. However, some people find it helpful to be interviewed about their lives and their substance use because it helps them see their health in a different light.

**DO I HAVE TO TAKE PART IN THIS STUDY?** If you decide to take part in this follow-up study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can skip any questions you do not want to answer and stop at any time during the study and still be in good standing with the medication assisted treatment program.

**IF I DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?** If you do not want to take part in the follow-up study, there are no other choices except to not take part in the study.

**WHAT WILL IT COST ME TO TAKE PART IN THIS STUDY?** You will not have any cost for the intake or the follow-up interview.

**WHO WILL SEE THE UK HEALTH FOLLOW-UP STUDY INFORMATION THAT I GIVE?** Because of the steps we have taken to protect your privacy, the risk of unauthorized disclosure of information is minimal. Your information will be combined with information from other people taking part in the study. When we write about the study, we will write about the combined information we have gathered. You will not be identified in these written materials. When we publish the results of this study, we will keep your name and other identifying information private. Your counselor will ask for your social security number, but it will be encrypted to keep it secure and protected. This number will help us match all information clearly to your file; however, if you do not want to give us your social security number, you can still take part in the study. All information is stored in computers that are secure and under password protection. Files are encrypted to further protect your confidentiality.

**In addition, we have obtained a Confidentiality Certificate (No. DA-11-141) from the US Department of Health and Human Services (DHHS) to protect the researchers from being forced, even by a court order or subpoena, to identify you to anyone including judges, probation and parole officials.** (The Confidentiality Certificate does not imply approval or disapproval of the project by the Secretary of DHHS.) You should know, however, that we may provide information to appropriate individuals or agencies if harm to you, harm to others, or child abuse is disclosed to us. In addition, the agency funding this research (The Kentucky Division of Behavioral Health) and the staff of the University of Kentucky may also see your information if necessary.

**WILL I RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?** You will receive \$20.00 for completing a follow-up interview 6 months after your first interview or when you complete the follow-up interview. In order to get the \$20.00 you must take part in the follow-up interview, and then payment will be mailed to you. If you

are paid over \$600 in any year from various studies, the University of Kentucky has to report this as income to the IRS. There is no compensation for completing the intake interview.

**WHAT IF I HAVE QUESTIONS?** Before you decide whether to participate in this follow-up study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Professor TK Logan at 859-257-8248. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll-free at 1-866-400-9428. You may also contact the Cabinet for Health and Family Services Institutional Review Board (CHFS-IRB) at 502-564-5497 ext. 4102. We will give you a copy of this consent form to take with you.

**WHAT ELSE DO I NEED TO KNOW?** This study is funded by the Kentucky Division of Behavioral Health to better understand the treatment of substance abuse including medication assisted treatment. You will be told if any new information is learned which may influence your willingness to continue taking part in this study.

Now that you've read the consent form, choose the appropriate option below stating whether or not the client agrees to being contacted by telephone for a follow-up interview. *About one in five people are contacted for a second interview*

Choose one of the following answers (entering information on the computer screen):

- I agree to participation in the research study
- I do NOT agree to participation in the research study

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**If client answers "Do NOT agree"**

**Thank you for answering these questions. Your information helps improve medication assisted treatment in Kentucky.**

**If client answers "Agree"**

**Thank you for agreeing to be in the follow-up study!** The last part of the interview 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 6 months for Part Two of KORTOS, the UK Health Follow-up Study.**

<u>Client's Contact Information</u>	
Client's address number and street name	
Client's apartment number (if applicable)	
Client's city name	
Client's state name	
Client's zip code	
Client's phone number (including area code)	
Is this the client's address?	_____ Yes _____ No
If this is not the client's address, whose address is this? Name (First, Last)	
Relationship with the client	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Mother In-law <input type="checkbox"/> Father In-law <input type="checkbox"/> Sister In-law <input type="checkbox"/> Brother In-law <input type="checkbox"/> Girlfriend <input type="checkbox"/> Boyfriend <input type="checkbox"/> Partner <input type="checkbox"/> Employer <input type="checkbox"/> Co-worker <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other, please specify other relationship:
Email address (if known)	

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 medication assisted treatment** or give out any personal information other than that you agreed to be called for the UK Health Follow-up Study. (Tip: Usually asking for a mother or female relative is a good contact to have.)

<b>Next best address:</b>	
First and last name	
Address number and street name	
Apartment number (if applicable)	
City name	
State name	
Zip code	
Phone number (including area code)	
Email address (if known)	
Relationship with the client (select one)	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Spouse/partner/girlfriend/boyfriend <input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Mother In-law/Father In-law <input type="checkbox"/> Sister In-law/Brother In-law <input type="checkbox"/> Employer/Co-worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: Specify other relationship:

Please give the name and address of one other person who has a telephone who would know how to contact you a year from now if you should move.

<b>Another contact address:</b>	
First and last name	
Address number and street name	
Apartment number <b>(if applicable)</b>	
City name	
State name	
Zip code	
Email address <b>(if known)</b>	
Phone number <b>(including area code)</b>	
Relationship with the client <b>(select one)</b>	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Spouse/partner/girlfriend/boyfriend <input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Mother In-law/Father In-law <input type="checkbox"/> Sister In-law/Brother In-law <input type="checkbox"/> Employer/Co-worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: Specify other relationship: _____

**Thank you for answering these questions.  
Your information helps improve medication assisted treatment in Kentucky.**