



Adult Kentucky Treatment Outcome Study (KTOS)

**FOR USE WITH CLIENTS AGES 18 AND
OLDER**

FY2018 INTAKE INTERVIEW

July 2017 Update

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FY2018 Intake Interview

Effective July 1, 2017

Revised July 2017

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

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

Counselor, please answer the following questions before beginning the interview with the client. If your client is 17 or younger, please exit and open the Adolescent KTOS program instead.

PLEASE NOTE: 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. Identifying information is used for matching service event data.

1. Client's name: First _____ Last _____
2. What is the client's date of birth? _____ (MM/DD/YYYY)
3. What is the client's social security number? *(This is used for matching service event data. It is kept encrypted and only accessed by authorized staff.)*
____ - ____ - _____
4. Who is filling out this survey? **(Circle one)**
 - a. Clinician
 - b. Client
5. What is the CMHC region for this treatment program?

- | | |
|-----------------------------|-----------------------|
| 1 = Four Rivers | 10 = Pathways |
| 2 = Pennyroyal | 11 = Mountain |
| 3 = River Valley | 12 = Kentucky River |
| 4 = LifeSkills | 13 = Cumberland River |
| 5 = Communicare | 14 = Adanta |
| 6 = Seven Counties Services | 15 = Bluegrass |
| 7 = NorthKey | 16 = GENSIS |
| 8 = Comprehend | 98 = Transitions |

If you do not know your Site ID or do not see your site listed, select the closest match (i.e., main office, physical location where you attend meetings, where your paycheck is issued).

6. What is the site ID or site code for this treatment program? Site ID: _____
7. 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 (_____) ____ - _____

Preliminary Questions

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

1. Date of Intake Interview (**Date this Intake Interview is/was actually completed with the client**):
_____ (MM/DD/YYYY)

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

2. Date of admission (**Date the client was admitted into this treatment episode or program**):
_____ (MM/DD/YYYY)

Introduction

The following questions are part of the **Kentucky Treatment Outcome Study or KTOS**. KTOS is an important part of Kentucky's plan to improve substance abuse treatment. KTOS involves collecting information from clients before and after treatment to gain insight into the treatment process and the individuals involved in treatment programs. Federal and local governments often respond to substance abuse problems by funding more jails and prisons. **KTOS helps provide support for substance abuse treatment programs as a better alternative to jails and prisons for people who have substance use problems.**

KTOS 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 20-30 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 now. 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 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 also helps improve future treatment for others and provides important information about the experiences of people in substance abuse treatment.

Section A. Basic Client Information

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: _____

3. What would you consider to be your primary source of referral to this center? **(select one)**
 - 1 = I was referred by the court (judge or probation officer)
 - 2 = I was referred by the Child or Adult Protective Service (DCBS)
 - 3 = I was referred because of my DUI charge
 - 4 = I was referred by my AA/NA sponsor
 - 5 = I was referred by my employer
 - 6 = I just decided on my own I needed to get help
 - 7 = None of the above

Section B. Health and Stress

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 12 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 had any of the following chronic medical problems? (**check ANY 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 (e.g., high blood pressure, stroke, congestive heart failure, angina) | <input type="checkbox"/> TB (tuberculosis) |
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) (e.g., emphysema) | <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) (e.g., chlamydia, gonorrhea, genital herpes, trichomoniasis, syphilis, HPV) |
| <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? _____ lbs.

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)

8a. How many weeks have you been pregnant? _____ Weeks (0 - 45)

9. An important health problem is chronic pain. Chronic pain persists or recurs for 3 months or longer. It typically includes pains like what you get from arthritis, fibromyalgia or unhealed injuries. It does not include minor headaches, or temporary pain from minor injuries. Have you had serious chronic pain persisting or recurring for 3 months or longer during the past 12 months before entering this program?
(If no, skip to Q10) 0 = No 1 = Yes

9a. How many days in the 30 days before entering this program did you experience chronic pain?
_____ days

9b. What was the earliest age that you began having any type of chronic pain? _____

9c. Please rate the intensity of your chronic pain on AVERAGE during the 30 days before entering this program. Select one rating, with 0 being No Pain and 10 being Pain as bad as you can imagine.

0 1 2 3 4 5 6 7 8 9 10

10. What type of medical insurance did you have before entering this program? **(select one)**

1 = No medical insurance

2 = Insurance through your employer

3 = Insurance through your partner's employer

4 = Insurance through Health Exchange

5 = Other private insurance (self-employed)

6 = Medicaid (Medical card, Passport)

7 = Medicare

8 = VA/Champus/Tricare

9 = Insurance through parents or parent's employer

10 = Other, please specify: _____

11. Stress can cause difficulties in many areas of your daily life including affecting your physical health.

<i>During the 7 days or one week immediately before entering this program tell me how often you:</i>	None of the Time	Some of the Time	Most of the Time	All of the Time
a. Felt stressed out?	0	1	2	3
b. Slept poorly?	0	1	2	3
c. Experienced fatigue (constant feelings of tiredness)?	0	1	2	3
d. Felt bad?	0	1	2	3
e. Experienced changes in eating patterns (eating significantly more or less)?	0	1	2	3
f. Experienced anxiety and/or panic attacks (sudden or constant feelings of anxiety or panic)?	0	1	2	3
g. Experienced unexplained aches and pains?	0	1	2	3
h. Experienced an increased heart rate? (not from exercise)?	0	1	2	3
i. Experienced colds/flu/allergies?	0	1	2	3
j. Experienced high blood pressure?	0	1	2	3
k. Been depressed (consistently down, less interested or able to enjoy things you used to enjoy)?	0	1	2	3
l. Re-experienced a traumatic event in a distressing way (such as dreams, intense recollections, flashbacks, or physical reactions)?	0	1	2	3
m. Used alcohol to reduce stress, anxiety, worry, or fear?	0	1	2	3
n. Used prescription drugs to reduce stress, anxiety, worry, or fear?	0	1	2	3
o. Used illegal drugs to reduce stress, anxiety, worry or fear?	0	1	2	3

12. Next are a few questions about how you feel about your life now. Please tell me how much you agree or disagree with each statement. (*Interviewer, read the response options as a scale but DO NOT read “neither agree nor disagree”*)?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
a. In most ways my life is close to my ideal	1	2	3	4	5
b. The conditions of my life are excellent	1	2	3	4	5
c. I am satisfied with my life	1	2	3	4	5
d. So far, I have gotten the important things I want in life	1	2	3	4	5
e. If I could live my life over, I feel that I would change almost nothing	1	2	3	4	5

13. On a scale of 1 to 10 (1 being the worst possible, 10 being the best possible) how would you rate your quality of life today?

0 1 2 3 4 5 6 7 8 9 10

Section C. 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 before entering this program.

In the 12 months before entering this program...

1. Did you have two weeks in a row when you were consistently depressed or down, most of the day, nearly every day?

0 = No 1 = Yes

2. Did you have two weeks in a row 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 Q3)

<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)?	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 12 months before you entered treatment, did you have a time period lasting 6 months or longer where you worried excessively or were anxious about multiple things on more days than not for all 6 months (like family, health, finances, school, or work difficulties)? **(If no, 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 12 months before entering this program, did you...

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

5. Did you 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). 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).**

<i>While you were growing up, before your 18th birthday:</i>	No	Yes
7. Did a household member go to prison?	0	1
8. Were your parents separated or divorced (before you turned 18 years old)?	0	1
9. Did you live with anyone who was a problem drinker or alcoholic or used street (illegal) drugs?	0	1
10. Was a household member depressed or mentally ill or did a household member attempt suicide?	0	1
11a. 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
11b. 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
12a. Did you often feel that no one in your family loved you or no one thought you were important or special?	0	1
12b. 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
13a. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her?	0	1
13b. Was your mother or stepmother sometimes or often kicked, bitten, hit with a fist, or hit with something hard?	0	1
13c. Was your mother or stepmother ever repeatedly hit lasting at least a few minutes or threatened with a gun or knife?	0	1
14a. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you?	0	1
14b. 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
15a. Did a parent or other adult in the household often push, grab, slap, or throw something at you?	0	1
15b. Did a parent or other adult in the household ever hit you so hard that you had marks or were injured?	0	1
16a. 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
16b. 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

17. 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. The questions only have a YES or NO response and will not ask you to provide details about any of your experiences.

	Ever		Past 12 Months	
	No	Yes	No	Yes
Please answer the following questions regarding your experiences by a stranger or acquaintance (not a partner or ex-partner)				
a. Verbally harassed on the street, a bar, or other public place that made you concerned for your safety or scared you?	0	1	0	1
b. Were you harassed on the road (road rage) and it made you concerned for your safety or scared you?	0	1	0	1
c. Was your home invaded or broken into when you were not home?	0	1	0	1
d. Was your home invaded or burglarized while you were home?	0	1	0	1
e. Were you robbed or mugged (someone stole your wallet, money, or other personal valuables) by force or threatened use of force?	0	1	0	1
f. Were you assaulted or attacked by someone who did not have a weapon ?	0	1	0	1
g. Were you assaulted or attacked by someone who had a weapon (e.g., knife, club, or gun)?	0	1	0	1
h. Were you sexually harassed on the street?	0	1	0	1
i. Were you repeatedly sexually harassed at work, school, or some other place by the same person or group of people?	0	1	0	1

	Ever		Past 12 Months	
	No	Yes	No	Yes
The following questions ask about partner/ex-partner, acquaintances (including family other than spouse or partner), and strangers				
j. Were you directly or indirectly threatened with a gun? 1 = by a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) (circle all that apply)	0	1	0	1
k. Were you held at gunpoint? 1 = by a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) (circle all that apply)	0	1	0	1
l. Were you stalked by someone who scared you? 1 = by a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) (circle all that apply)	0	1	0	1
m. Were you sexually assaulted/raped? 1 = by a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) (circle all that apply)	0	1	0	1
n. Did you experience any other unwanted sexual contact (not including forced or threatened sexual assault/rape)? 1 = by a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) (circle all that apply)	0	1	0	1
o. Were you abused by a dating or intimate partner?	0	1	0	1
p. Did someone close to you experience a violent victimization?	0	1	0	1
q. Was someone close to you or in your family murdered?	0	1	0	1

(If NO to all victimization questions, skip to Section D)

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

<i>In the past 12 months, 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
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. Living Situation & Daily Life

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 this 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 12 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 12 months before entering this program how many months did you consider yourself homeless?

(Note: 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 or longer

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 12 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 safe is your current living situation?

- 1 = Very unsafe
- 2 = Moderately unsafe
- 3 = Uncertain
- 4 = Moderately safe
- 5 = Very safe

5. How many children, who are still living, have you ever had in your lifetime? ___ child/ren **(If 0, skip to Q6)**
- 5a. How many of those children were under the age of 18 at any point in the 12 months before you entered the program? _____ child/ren **(If 0, skip to Q6)**
- 5b. How many of your children under the age of 18 lived with you at any point in the 12 months before you entered the program? _____ child/ren
6. 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 12 months before you entered this program? 0 = No 1 = Yes
7. Many individuals have to travel to obtain needed health care services. What was the county and state where you lived for most of the 12 months before entering this program?
- _____ County _____ State ___ Don’t remember

Section E. Demographic, Education, Employment

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

1. What is your current marital status?

- 1 = Married (include same-sex and common-law marriages) **(If married, skip to Q3)**
- 2 = Separated
- 3 = Divorced
- 4 = Widowed
- 5 = Never married

2. If not married, are you currently living with an intimate partner? 0 = No 1 = Yes

3. How many years of education have you completed? Please choose your highest completed level from the following list:

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

4. 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 Q5)** 0 = No 1 = Yes

4a. 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 _____

4b. Do you have a service-connected disability? 0 = No 1 = Yes

4c. Do you receive health services at a Veterans Administration Hospital or VA center?
0 = No 1 = Yes

4d. Are you currently on active duty? 0 = No 1 = Yes

4e. Are you in the National Guard? 0 = No 1 = Yes

5. How many months in the 12 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

6. What was your usual employment pattern in the 12 months before entering this program (i.e., your work pattern most of the time)?

- 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.)

7. 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 **(If 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

7a. How long have you had this job (in months)? Enter longest time if you had multiple jobs.

_____ Months

7b. What is/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. \$_____._____

7c. In the 30 days before you entered this program, what type of work did 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, 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:** _____

7d. Were you also in school or receiving additional vocational training while working?

0 = No 1 = Yes

If employed, SKIP Q8, ask everyone Q9 & Q10.

8. 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: _____

9. Do you expect to be employed in the next 12 months?

0 = No 1 = Yes

10. Do you receive SSI or SSDI benefits?

0 = No 1 = Yes

11. The next group of questions ask about how things have gone for you in your household in the 12 months before entering this program. Answer Yes or No to each question.

<i>In the 12 months before entering this program</i>	NO	YES
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 12 months and 30 days before entering 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.

1. Tobacco/Nicotine Use	
a. In the 12 months before entering this program, how many months did you smoke tobacco products (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). (If zero, skip to 1d, how old)	_____ # OF MONTHS
b. In the 30 days before entering this program, how many days did you smoke tobacco products (e.g., cigarettes, cigars, pipes, bidis, cigarillos)?	_____ # OF DAYS
c. On the days you smoke cigarettes, how many cigarettes on average do you smoke a day (20 in a pack)?	_____ # CIGARETTES
d. How old were you when you began smoking regularly (on a daily basis)?	_____ Years old 0 = Never used regularly
e. In the 12 months before entering this program, how many months did you use E-cigarettes (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 E-cigarettes (electronic cigarettes, devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)?	_____ # OF DAYS
g. In the 12 months before entering this program, how many months did you use smokeless tobacco (e.g., chewing tobacco, snuff, dissolvable tobacco)? (If zero, skip to 1g, how old)	_____ # OF MONTHS
h. In the 30 days before entering this program, how many days did you use smokeless tobacco (e.g., chewing tobacco, snuff, dissolvable tobacco)	_____ # OF DAYS
i. How old were you when you began using smokeless tobacco regularly (on a daily basis)?	_____ Years old 0 = Never used

2. Alcohol Use <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
<i>In the 12 months before entering this program, how many months did you...</i>	
b. Drink any alcohol? (If zero, skip to Q3, illicit drug use)	_____ # OF MONTHS
c. Drink alcohol to intoxication?	_____ # OF MONTHS
d. Have 5 or more (4 or more if you are female) alcoholic drinks in a period of about 2 hours?	_____ # OF MONTHS
<i>In the 30 days before you entered this program, how many days did you...</i>	
e. Drink any alcohol? (If zero, skip to Q3, illicit drug use)	_____ # OF DAYS
f. Drink alcohol to intoxication?	_____ # OF DAYS
g. Have 5 or more (4 or more if you are female) alcoholic drinks in a period of about 2 hours?	_____ # OF DAYS

3. Select all the drugs you have used in the 12 months before entering this program:	If used
Marijuana (e.g., Hashish/Pot)	0=NO 1=YES
Opiates/opioids, analgesics, pain killers not prescribed for you (e.g., morphine, Percocet®, oxycodone, Oxycontin®, Lortab®, hydrocodone, Dilaudid®, opana)	0=NO 1=YES
Methadone not prescribed for you (e.g., dolophine, LAAM)	0=NO 1=YES
Subutex®/Suboxone® or buprenorphine that was not prescribed for you (include butran patch)	0=NO 1=YES
Heroin (e.g., smack, H, junk, skag)	0=NO 1=YES
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=NO 1=YES
Barbiturates not prescribed for you (e.g., mephobarbital, Mebacut, pentobarbital, Nembutal®, Seconal®, Amytal®)	0=NO 1=YES
Stimulants not prescribed for you (e.g., methamphetamine, Dexedrine®, Adderall®, crystal, uppers, speed, MDMA, Ritalin®, Ecstasy, crank)	0=NO 1=YES
Cocaine/crack (e.g., Cocaine crystal, free-base cocaine, crack, or rock cocaine)	0=NO 1=YES
Hallucinogens/psychedelics (e.g., PCP, LSD, Mushrooms, Mescaline, psilocybin)	0=NO 1=YES
Inhalants (e.g., poppers, Rush, Whippets or “huffing” paint, glue, aerosol can spray)	0=NO 1=YES
Synthetic/Designer/Novel drugs (e.g., synthetic marijuana, K2, spice, bath salts, kratom, flakka)	0=NO 1=YES

3. Select all the drugs you have used in the 12 months before entering this program:	If used
I did not use ANY drugs in the 12 months before entering this program (skip to Q5, no substance use)	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 12-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. Opiates/opioids, 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
<i>If any use, please check all drugs that were used.</i>	1 = Benzos (Valium®, Ativan®, Xanax®) 2 = GHB 3 = Ketamine 4 = Muscle Relaxants 5 = Other tranq:	1 = Benzos (Valium®, Ativan®, Xanax®) 2 = GHB 3 = Ketamine 4 = Muscle Relaxants 5 = Other tranq:
Before you entered this program...	How many months in that 12-month period did you use the following drugs?	How many days in that 30 days period did you use the following drugs?
g. Barbiturates not prescribed for you	_____ # OF MONTHS	_____ # OF DAYS
h. Stimulants not prescribed for you	_____ # OF MONTHS	_____ # OF DAYS

<i>If any use, please check all drugs that were used.</i>	1=Meth, speed, crank, crystal 2=Amphetamine, Adderall®, Dexedrine® 3=MDMA/Ecstasy 4= Ritalin®, Concerta®	1=Meth, speed, crank, crystal 2=Amphetamine, Adderall®, Dexedrine® 3=MDMA/Ecstasy 4= Ritalin®, Concerta®
i. Cocaine/crack	_____ # OF MONTHS	_____ # OF DAYS
j. Hallucinogens/psychedelics	_____ # OF MONTHS	_____ # OF DAYS
k. Inhalants	_____ # OF MONTHS	_____ # OF DAYS
l. Synthetic/designer/novel drugs	_____ # OF MONTHS	_____ # OF DAYS
<i>If any use, please check all drugs that were used.</i>	1 = synthetic marijuana 2 = bath salts 3 = Kratom, Flakka, other	1 = synthetic marijuana 2 = bath salts 3 = Kratom, Flakka, other

(If any 30-day drug or alcohol use selected for past 30 days, skip to Q6)

5. Given that you report no substance use in the past 30 days, what is the likely amount of time you can stay drug/alcohol free:

- | | | | |
|-----------------|---------------------|--------------------|--------------------|
| A month or more | One week to a month | Less than one week | A few days at best |
| 4 | 3 | 2 | 1 |

(If no drug/alcohol use selected for past 30 days, skip to Q7)

6. In the 30 days before entering this program, how many days did you use more than one substance per day? (including alcohol and illicit drugs, but excluding tobacco/nicotine 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
(Enter 0 if never used)
8. Before you entered this treatment program, did you **ever** inject any drugs? **(if no, skip to Q9)**
0 = No 1 = Yes
- 8a. Have you ever used a Needle Exchange Program in Kentucky? 0 = No 1 = Yes
- 8b. 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 12 months before entering treatment? 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 12) 1 = Yes

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

- 1 = Suboxone/Subutex (buprenorphine)
- 2 = Methadone
- 3 = Vivitrol
- 4 = Other (Please specify) _____

10b. How many months out of the past 12 months did you use the medication prescribed to you? _____ Months

10c. How many days in the past 30 did you use the medication prescribed to you? _____ Days

11. Overall, do you think your use of medication assisted treatment: (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...

12. 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. \$ _____

13. How many days did you experience alcohol/drug problems in the 30 days before you entered this program (craving, withdrawal, wanting to quit but being unable, worrying about relapse)?

	ALCOHOL	DRUGS
	_____	_____
	# OF DAYS	# OF DAYS

14. ALCOHOL	NOT AT ALL	SLIGHTLY	MODERATELY	CONSIDERABLY	EXTREMELY
a. How troubled or bothered were you by alcohol 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 alcohol problems in the 30 days before you entered this program? (your own problems)	0	1	2	3	4

15. DRUG	NOT AT ALL	SLIGHTLY	MODERATELY	CONSIDERABLY	EXTREMELY
a. How troubled or bothered were you by drug 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 drug problems in the 30 days before you entered this program? (your own problems)	0	1	2	3	4

(ASK EVERYONE)

Over the past 12 months have you:

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

Section G. Legal Status

In this section you will be asked to answer questions about your involvement with the criminal justice system in the 12 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 12 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 12 months before entering this program, how many times were you arrested and charged for any offense? _____Times
(Interviewer Tip: If the respondent does not know, you can help him/her narrow down by giving wide ranges, “was it more like 2 or 20?” if they say a few times you can give a narrower range, “was it more like 2 or 5?” This helps to prompt memories.)
5. One can be convicted for several charges at the same time. How many times were you convicted of a crime in the 12 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. Note: In Kentucky, a DUI is a felony conviction after the third offence in a five-year period.

OF MISDEMEANOR
CONVICTIONS

OF FELONY
CONVICTIONS

Section H. Recovery Supports

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**)? _____ meetings
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 needed it? ____ people
5. Besides substance abuse treatment, what are the next two most useful things you believe will help you in getting or staying off illicit drugs or alcohol? (**select up to 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 substance abuse treatment in Kentucky.**

Follow-Up Study Status

*Part Two of KTOS is a second 20-minute telephone interview that takes place in about **12 months** from now.*

*The **University of Kentucky** is responsible for interviews in **Part Two of KTOS**. 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 follow-up information is confidential**. Your name will never be reported by UK or linked with the answers given in these surveys. When reports are written, they 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 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 KTOS in about 12 months.

UK HEALTH FOLLOW-UP STUDY
Basic Adult Consent to Participate in a Treatment Outcome Study
University of Kentucky Medical Center
Center on Drug and Alcohol Research

WHY AM I BEING ASKED TO TAKE PART IN THIS RESEARCH?

You are being asked to take part in a follow-up research study of substance abuse treatment. You are being asked to do this because you are a client of a state-funded substance abuse treatment program. You may also be participating in services as a result of a referral by the Kentucky Department of Community Based Services (DCBS). Your participation in this research project is completely voluntary. If you take part in this study, you will be one of about 4,000 people per year to do so. This research study is separate from your taking part in counseling services at the substance abuse treatment center. 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 Dr. TK Logan who is a professor at the University of Kentucky. Robert Walker, M.S.W., L.C.S.W. and Jennifer Cole, Ph.D. also work with the study. Other professionals who work with the investigators may help them with the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to gather information about substance abuse 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 treatment.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

When you come in for your treatment intake visits, your counselor will ask you questions about substance use and related behaviors. In addition, twelve months after you entered treatment, we will contact you by telephone for a follow-up interview. For both interviews, the total amount of time needed for this study is less than 1 hour over the next year. In general, we usually contact about 20% of the persons who agree to participate in the follow-up study. Therefore, your chances are about one in five of being contacted for follow-up.

WHAT WILL I BE ASKED TO DO?

You will be asked to answer questions about your substance use and related behavioral health problems. You will be asked about your employment, education, 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 12 months after treatment. We may call you to update your information so we can reach you for the follow-up. If you are called for a follow-up interview by telephone, you will be asked some of the same questions that are asked by your counselor. This telephone call takes about 20 minutes.

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. In addition, you are being asked to let the researchers collect information from public records of arrests and court events that have involved you. Your information may also be matched with DCBS data if you participate in their programs. 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.

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. If you are only in detoxification or just in DUI education, you should not be in the 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 follow-up interview, you will be offered referral to counselors in your area.

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. Also, these questions about substance use might help you see a need for change and this can be a benefit.

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 stop at any time during the study and still be in good standing with the substance abuse 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 participate.

WHAT WILL IT COST ME TO TAKE PART IN THIS STUDY?

You will not have any cost for the follow-up interview study.

WHO WILL SEE THE 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.

We have also obtained a Confidentiality Certificate from the US Department of Health and Human Services (DHHS). This protects the researchers from being forced, even by a court order or subpoena, to identify you. (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 a completed follow-up interview at 12 months after treatment. 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.

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, Dr. 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 in state-funded programs. You will be told if any new information is learned which may influence your willingness to continue taking part in this study.

By choosing the appropriate option below, the client agrees to being contacted by telephone in approximately 12 months for a follow-up interview.

Choose one of the following answers:

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

If client answers “I do NOT agree”

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

If client answers “I Agree”

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 KTOS, 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	
Phone number (including area code)	
Email address (if known)	
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/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, please specify other relationship: _____

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. (Tip: Usually asking for a mother or female relative is a good contact to have).

Next best address:	
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.

Another contact address:	
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: _____

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