

Adolescent Kentucky Substance Abuse Treatment Outcome Study

Data Collection Manual Adolescent KTOSv4.3 for Ages 12-17



Revised July 2009

Written by the Center on Drug and Alcohol Research
on Behalf of the
Kentucky Division of Behavioral Health
100 Fair Oaks Lane
Frankfort, Kentucky 40621

KENTUCKY SUBSTANCE ABUSE TREATMENT OUTCOME STUDY PROJECT STAFF

Robert Walker, *Principal Investigator*
TK Logan, *Co-Investigator*
Erin Stevenson, *Study Director*
Tom Jackson, *Systems Administrator and Programmer*
Jeb Messer, *Programmer*
Jennifer Cole, *Research Analyst*
Allison Mateyoke-Scrivner, *Research Coordinator*
Jennifer Newell, *Research Assistant*
Terry Hunt, *Research Assistant*
Diane Parrish, *Research Assistant*

University of Kentucky Center on Drug and Alcohol Research
333 Waller Avenue, Suite 480
Lexington, KY 40504
Main Office: 859-257-1521
Fax: 859-257-9070

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ADOLESCENT KENTUCKY TREATMENT OUTCOME STUDY SURVEY: FREQUENTLY ASKED QUESTIONS

Which clients should participate in Adolescent KTOS?

Kentucky state law requires all state funded substance abuse programs collect data for the Kentucky Substance Abuse Treatment Outcome Study (KTOS). Any client who enters substance abuse treatment should be considered for inclusion in the data collection.

Clients who are ages 12-17 years old are to complete the adolescent version of the KTOS instrument (Adolescent KTOS). *They do not need parental consent to participate.*

Adolescent KTOS does not apply to clients who are referred to centers for DUI assessment or education services or to clients who are receiving detoxification services only. However, if a client enters a residential program for treatment and detoxification is the first phase of treatment, the Adolescent KTOS baseline survey should be completed. (The program should collect the data after detoxification is complete and within 72 hours of beginning residential treatment.) Likewise, Adolescent KTOS should be used with DUI clients who give consent and who are receiving substance abuse treatment in outpatient, residential or other settings.

When should Adolescent KTOS be completed with the client?

The Adolescent KTOS baseline survey is completed by clinicians during intake interviews with clients. State regulations provide up to three visits in outpatient settings and three days (72 Hours) in residential programs for Adolescent KTOS to be completed. Outpatient clinicians should complete Adolescent KTOS during the three intake visits leading to a treatment plan.

How often do clients need to have Adolescent KTOS baselines completed?

First, it is important to remember that the Adolescent KTOS baseline survey should only be used to collect information on clients at their admission into treatment. Second, the Adolescent KTOS baseline is anchored in the most recent admission in the year with some exceptions. If a client has already completed the Adolescent KTOS baseline survey within the past 60 days, there is no need to complete another Adolescent KTOS baseline. Since clinicians may not know for sure if the client has already had the Adolescent KTOS data collected, it may be wisest to complete one if there is doubt about whether the data has been collected. If a client has been in treatment even briefly, drops out, then re-enters treatment, a new Adolescent KTOS will not need to be completed if the re-entry into treatment is within 60 days of the first data collection. If it has been longer than 60 days, then it is best to consider this a new treatment episode.

How should Adolescent KTOS be completed?

The recommended way to complete Adolescent KTOS is for staff to ask the questions as they appear in the PDA program in an interview setting and record the client's answers on the PDA. The PDA program has automatic checks that will help keep answers consistent and will prompt for corrections if answers conflict (i.e., the client says they were arrested 2 times in the past year, but 3 times for DUI).

Why is it important for clinicians to collect accurate data?

Data collection requires attention to detail if the data are to be meaningful. Careful and accurate collection of data has many important consequences for the treatment centers:

- Carefully collected Adolescent KTOS baseline information can yield rich data about types of drugs being used by clients in the treatment region or county and can be very helpful in program planning.
- Careful attention to the follow-up study locator information results in a greater likelihood of contacting clients 12 months after treatment. Reliable contact names and telephone numbers are very important in being able to reach clients for their follow-up interviews. Poor locator information result in large numbers of cases being deleted from the follow-up study.

What about confidentiality of client information?

The University of Kentucky Center on Drug and Alcohol Research has obtained a **Certificate of Confidentiality from the U.S. Department of Health and Human Services**. This Certificate ensures that client-identifying data cannot be disclosed to law enforcement or other state government agencies – even if court ordered.

This means that **even a court** using the standard procedures for obtaining client records under the Kentucky privileged communications statutes **cannot obtain identifying records on any client** who consented to participate in the follow-up study.

While the Certificate is not an absolute assurance of confidentiality, it provides a very robust assertion of Federal law governing privacy rights of research subjects.

In addition, the PDA program automatically encrypts all data as it is entered into the PDA, including client identifying data such as social security numbers, in order to protect the client. All data are collected via a secure modem connection with a phone line and sent directly to a password protected server at UK. The data are kept on password protected computers or in locked file cabinets and can be accessed only by authorized Adolescent KTOS staff.

What information from Adolescent KTOS is sent to the state or federal government?

No information from the Adolescent KTOS study is sent to the federal government. The only data that is sent to the federal government is the TEDS data (Treatment Episode Data Set) which consists of admissions, discharges and transfers without any client identifying data. The faculty and staff of the University of Kentucky who are designated to work on the study analyze the Adolescent KTOS data. The faculty and staff of the College of Pharmacy, Research and Data Management Center (RDMC) that handles the state's TEDS information and all Client Data Sets also have access to the data.

How should questions be asked?

Data collection instruments are supposed to be read exactly as written. The Adolescent KTOS items can be read to clients in a way that they understand by using probes, or slight re-wording if the client fails to understand the original question. While this remains a major challenge to the reliability and validity of research instruments, cultural and cognitive differences in clients sometimes mean that the specific language of a question cannot be understood. Skillful interviewing means the use of culturally appropriate terms and ways of asking clients about their behavior. However, it is a best practice to do this a little as possible and to adhere to the text of the instrument as much as possible.

What questions are included in the Adolescent KTOS instrument?

The Adolescent KTOS baseline survey instrument includes questions developed by SAMHSA's Center for Substance Abuse Treatment (CSAT) that make up the GPRA (Government Performance Results Act) instrument, the Addiction Severity Index (ASI), and from the WHOQOL-100 instrument. The Adolescent KTOS instrument adds past 12-month substance use measures and questions about treatment experiences such as attendance at self-help groups and expectations for reduced drug or alcohol usage. The instrument also adds questions about school attendance, grades, and peer involvement with drugs or alcohol.

Do I need to obtain parent or guardian consent for clients who want to participate in the follow-up study?

The UK IRB has approved the waiver of parent/guardian consent for clients between the ages of 12-17 years old. This waiver is based on the fact that Kentucky allows minors to give consent to treatment without the approval of a parent or guardian. This means the adolescents may choose to consent to participate in the Adolescent KTOS follow-up survey without obtaining parent/guardian consent.

INTAKE DATA COLLECTION SURVEY – QUESTION BY QUESTION GUIDE

This outline follows the structure of the PDA program and defines each question and how it should be answered. Each question from the instrument is printed in italics and the explanatory remarks follow.

The data collection program starts with basic demographic information about the clinical staff person collecting the data and the client including items such as name, date of birth, race/ethnicity, gender, and social security number.

The remaining sections of question in the instrument include the following topics:

- Follow-up Study and Contact Information
- Education and Employment
- Time Spent in Controlled Environments (Hospitals, Jails, Prison, Treatment)
- Physical Health
- Substance Use
- Legal Involvement
- Living Situation
- Abuse History
- Emotional Health
- Recovery Supports

The instrument is designed to be self-explanatory and includes clarifications for questions on the PDA screen as you go through the program. Simply read the questions and record the client's responses.

ADOLESCENT KTOS V4.3 OPENING SCREEN

This screen shows you:

- how many completed Adolescent KTOS records are ready for HotSync to UK,
- the current date, clinician's name, site number, and
- the current consent form date on your PDA

You may tap **“Exit”** and leave the program without going any further.

Tap the **“Update Clinician Info”** button to change the **clinician name** and **site number**. If you share a PDA with someone who travels to different sites, be sure you **re-enter your correct name and site number so you get credit for the data you enter**.

Tap in the box under **“Clinician name”** to pull up the letter keypad and enter your first and last name.

“Site number” refers to the NSSATS (National Survey of Substance Abuse Treatment Services) number assigned to your program site by the federal government. If you work in a clinic that does not have a program number, contact the Division of Substance Abuse in Frankfort to obtain a number for your site. Call (502) 564-4456 or check the website to see if your agency number is listed: <http://mhmr.ky.gov/mhsas/DTX.asp> **Data that contain an incorrect site number will be deleted from the dataset since it cannot be attributed to any region or program. Please be extra careful that you put in the right site number.**

This page also contains the current consent form date. If this date is either expired or doesn't match the date on your paper consent forms, you need to **HotSync your PDA to download the correct date before proceeding**.

Tap **“Save Info”** to return to the main menu and save what you have entered or changed.

Tap the **“NEXT”** button to begin an Adolescent KTOS survey. **Ask the client the following questions and record the responses.**

1. *What is the client's name? First _____ Middle _____ Last _____ (UK)*
Please tap in the boxes to pull up the letter keypad and enter the client's first name, middle initial and last name. Tap “NEXT” to go to the next question.
2. *What is the client's date of birth? ___/___/____ (CSAT – GPRA)*
(Enter as MM-DD-YYYY) Tap in the box to bring up the number keypad. Enter the client's birth date exactly as the program suggests using a four-digit year.

Inaccurate birth date information means that detailed analysis of age related data and even calculating the average age of client is impossible. The Adolescent KTOS program will display a message that directs staff to exit and switch to the adult version of KTOS for clients who are 18 years of age or older. If you think the program is misdirecting you, exit the program and check that the PDA has the correct date listed. Tap "NEXT" to proceed to the next question.

FOLLOW-UP STUDY STATUS

IF your site is a recovery services program, skip question 3 and read question 4 to your client. You'll know that your site is a recovery services program if your site numbers starts with the letter "R".

Agreeing to Participate

3. Please explain the Kentucky Treatment Outcome Study to the client now. Ask the client if he/she agrees to participate in the 12-month follow-up survey. If the client agrees to participate, you will collect information at the end of the interview that will help UK contact the client in approximately 12 months.
 - a. Does the client agree to participate in the survey? _____ Yes _____ No

After you explain the follow-up study to the client, ask if the client wants to participate in the study. Enter "yes" or "no."

If the client responds "**no**," the program will proceed to the next question of the baseline demographics.

If the client responds "**yes**," the program will help you gather important locator information about your client that allows him/her to participate in the 12-month follow-up study. This will be collected at the end of the survey.

For Recovery Service Programs Only – (i.e., site number starts with an R)

4. **(For Recovery Service Programs Only - Site number starts with an R)** Please explain the Kentucky Treatment Outcome Study to the client now. Ask the client if they agree to participate in the baseline and 12-month follow-up survey. If the client agrees to participate, you will collect information that will help UK contact the client in approximately 12 months.
 - a. Does the client agree to participate? ___Yes ___No **if client says No, program automatically exits*

NOTE: Due to the nature of Recovery Service Program contracts with the state, clients are not expected to participate in the baseline or intake data collection. If the client does not consent to participate, no data collection is needed. On the other hand, state-funded CMHC and affiliate program clients agree to participate in the baseline data collection through their consent to treatment. These clients consent only to follow-up data collection; Recovery Service Program clients consent to both baseline and follow-up.

HOW TO OBTAIN INFORMED CONSENT

The consent process is defined by Federal law and the University of Kentucky Institutional Review Board. Clinicians should go over the items in the consent form with the client and make sure the client understands and is willing to participate in the follow-up study. It is important to cover the key elements of the consent:

- (1) The purpose of the study;
- (2) The procedure for data collection;
- (3) The risks and benefits of participating;
- (4) Confidentiality protections, and
- (5) Who to contact if there are problems resulting from participation in the study.

Use the following instructions to explain the follow-up study to the client. The clinician should give the client a copy of the consent form (**BASIC CONSENT is for all clients ages 12-99 – parental consent is no longer required**) and **explain the entire follow-up consent form to the client** before asking if the client wants to participate. Be sure to discuss the following topics with the client:

- o The 12-month follow-up is **completely voluntary**. **Refusal to participate in the follow-up study involves no penalty**, loss of benefits, or reduction/change in treatment. No one in DCBS, corrections, or the legal system has

anyone way of knowing if the client agrees or does not agree to participate. This is a decision the client makes completely without coercion.

- By agreeing to participate he/she gives UK **permission to call** the phone numbers the client gives as contacts **in approximately 12 months** after treatment. The client will be asked almost the same questions he/she just completed on the Adolescent KTOS Baseline Survey.
- Describe the benefits of participating in the follow-up study, including **\$20** for completing a 12-month follow-up interview and the opportunity to help **improve treatment** in Kentucky. This compensation is not provided unless the client is contacted and completes an interview approximately 12 months from now. Not all clients will be contacted; only a sample of clients is chosen for the follow-up study from those who agreed to participate.

NOTE: There is no compensation for the baseline interview. That is part of the intake process.

- Tell the client the **only risk** to participation is that the client might **feel uncomfortable** remembering times of unhappiness or distress from substance use; any illness the client thinks was caused by the study should be reported to a contact person listed on the consent form, but **UK will not pay for any treatment** or lost wages – the client should contact his/her insurer.
 - Explain that **all information is confidential**, kept in locked files, and contact information is kept separately from Adolescent KTOS data so that risk of personal disclosure is minimal. The *criminal justice system does not have access to client personal information from Adolescent KTOS and we have a federal certificate of confidentiality which protects this information from being released even under court order.*
 - Show the client the phone numbers and contact names should there be questions about the follow-up. Give the client time to read the paper consent form if he/she would like to do so. When contacted for the follow-up interview, explain that the study is called “**University of Kentucky Health Follow-up Study.**” Study staff never reveal to family members that you were in substance abuse treatment.
5. Is the IRB approval date on the consent form the most current version? ____ Yes ____ No (If No, program exits. Clinician must use Update Clinician Info button on opening screen to correct date.)
- a. Please enter the beginning date shown on your consent form: _____
This is a “yes” or “no” question. The majority of the time, you will tap “yes” and continue forward in the program. If you have an out-of-date consent form that does not match the dates the program indicates, tap “no” and enter the date shown on your consent form. You will want to go to the UK website as soon as possible to download the current consent form (<http://cdar.uky.edu/ktos/>). Consents with expired dates or incorrect dates will not be used for the follow-up study.

6. Please have the client sign **INSIDE THE BOX on the screen** to indicate they agree to participate.

Give the client the PDA and stylus and ask him/her to gently sign the client’s full name on the PDA. If the client makes a mistake, tap the button marked “Clear” and have the client re-enter the signature.

This is the electronic signature that gives the client’s approval for UK to contact him/her in 12 months for the follow-up study. There is no paper for you to send to UK and no paper required you to keep on file unless your specific agency has special regulations for this.

The client **signs the electronic screen** and **keeps the signed paper consent form**. You do not need to keep a copy of the consent form at your agency and do not send any paperwork to UK-CDAR

7. Clinician agrees a copy of the consent form has been given to the client. ____ OK

RULES FOR COPYING CONSENT FORMS TO GIVE TO CLIENTS

Consent forms for the follow-up study can be copied on colored or plain paper, two-sided or reduced size, whatever format is easiest for you to use. The only stipulation for copying consent forms is that the **IRB approval stamp** that appears on the top right hand corner of the first page must be **clearly visible** and all **four** pages of the consent must be copied.

PDF versions of the current consent forms are available for download at <http://cdar.uky.edu/ktos/>

DEMOGRAPHICS

The first set of questions asks basic demographic information about the client. Ask the client the following questions and record the responses.

8. What is your social security number ___ ___ / ___ ___ / ___ ___ ___ (UK)

(Enter in ### - ## - #### format) Tap in the box to bring up the number keypad. Enter the client's social security number (SSN) exactly as the program suggests using dashes between the number sets. Tap "NEXT" to proceed to the next question.

The PDA program automatically encrypts the nine-digit social security number once it has been entered. If the client does not have a SSN, then the Medical Records Librarian can assign one that will be consistent with the number supplied in the Client Data Set (Minimum Data Set). In the absence of this number, the data simply cannot be processed and staff will have to exit the Adolescent KTOS program. If the client consents to the use of name and social security number for follow-up purposes, then the actual social security number should be used.

We understand that confidentiality can be a concern for clinicians and clients. However, the **DHHS Certificate of Confidentiality** assures a high degree of confidentiality of identifying information. This protects records against being released even with a court order. Federal law (45 CFR Part 2) also protects the confidentiality of the data and this includes disclosures to law enforcement, the courts, licensure boards or other public agencies. Only aggregate data (collective information on the total population or sample) without any identifiers are released to the public and to other agencies.

There are several reasons for using the social security number. It is used to accurately match baseline files with follow-up files. If this were a small project with few staff and sites all within the same database, it would be possible to use another assigned number. Given the fact that clients cross regional boundaries, can have services in two or more regions, as well as multiple sites within the region, the only stable and unmodified number is the social security number. Client Names are poor devices for matching records due to spelling problems, duplication of common names, and name changes due to marriage or divorce. The only reliable identifier is the social security number.

9. What is your gender? ___ Male ___ Female ___ Transgender (CSAT – GPRA)

In the drop down menu select the clients' response from the three choices. Tap "NEXT" to proceed to the next question.

This question is from the Federal GPRA instrument. Like the rest of the program, you should not assume a client's gender. Enter the client's response even if it does not match the client's obvious appearance.

10. What race do you consider yourself to be? (select all that apply) (ASI)

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

Choose ALL the races that the client identifies. Like the entire Adolescent KTOS program, this is a client choice item – do not enter two races unless the client states that he or she is of two races.

Some clinicians have been concerned that asking about race is illegal. It is not illegal to ask about race, but a client may choose to not disclose his or her race. If that occurs, select "other" and use the letter keypad to enter this information (i.e., Client refuses to respond).

11. Do you have a particular religion you follow? (ASI)

- Protestantism
- Catholicism
- Judaism

- Islam
- None
- Other: Specify your other religion _____

From the drop down menu choose a particular religion that the client follows. If the client's religion is not listed choose "Other" and specify the religion when prompted. A client may choose to not disclose his or her religion. If that occurs, select "Other" and use the letter keypad to enter this information (i.e., Client refuses to respond).

12. What is your current relationship status? (TCU-CI Variation)

- Married
- Cohabiting
- Widowed
- Separated
- Divorced
- Never Married

Select the client's response from the drop down menu.

EDUCATION & EMPLOYMENT

The next group of questions asks about education and employment.

13. How many years of education have you completed? (CSAT – GPRA Variation)

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

Select client's response from the drop down menu. For example, if a client had attended half of his/her senior year in high school, the response should be "11." If a client graduated from high school, the response should be "12." If a client has received a GED, but has completed 2 years of college indicate "some college".

14. Are you currently enrolled in a job-training program? (i.e., internship, vocational school program) (CSAT – GPRA)

- No
- Full-time
- Part-time

Select client's response from the drop down menu.

15. What type of schooling do you currently receive? ("Currently" means during a typical school year or semester.) Select one:

- Public school
- Private school
- Home school (Answer Q16 and then skip to Q27)
- Alternative school
- Home bound (Answer Q16 and then skip to Q27)
- Day treatment
- GED classes
- Officially withdrawn (Answer part a and Q16, then skip to question 27)
- None (Skip to question 27)
- Other:
Specify other type of schooling _____ (Skip to question 27)

Select client's response from the drop down menu. If answer is not listed then choose "Other" and specify the other type of schooling. If it is currently summer and the client is not in school, select what the client's typical status is during the school year.

- a. (Skip unless client is officially withdrawn from school) When did you withdraw from school (Month/Year)?
_____ Year _____ Month

If the client's response is "Officially withdrawn" then ask client what month and year he/she withdrew.

16. Have you ever repeated a grade in school? _____ Yes _____ No

Enter the client's response as "Yes" or "No."

On the following questions, enter the client's response in days for the past 3 months that school was in session.

17. In the past 3 months that school was in session, how many days did you skip at least one class? _____ days

18. In the past 3 months that school was in session, were you in detention or in-school suspension? _____ days

19. In the past 3 months that school was in session, were you under suspension (out of school)? _____ days

20. In the past 3 months that school was in session, were you out of school due to involvement in juvenile court or social services? _____ days

21. In the past 3 months that school was in session, were you expelled from school? _____ days

22. In the past 3 months that school was in session, did you miss school for any other reason (including illness)? _____ days

23. What was your grade average on your last report card?

- A (Excellent)
- B (Above average)
- C (Average)
- D (Below average)
- F or E (Failing)

Select the client's response to his/her average grade on the last report card. If the client was not in school or was homeschooled, report the client's estimate of his/her grade average from the last report card.

24. In the past 3 months that your school was in session, how often did you participate in any school-sponsored extracurricular or leisure activities? (school clubs, sports, band, chorus, dance, youth groups, volunteer work, etc)

- Not at all
- Once a week
- 2-4 times a week
- Daily

Allow the client to choose from the range specified to indicate how often he/she estimates participating in school-sponsored extracurricular activities when school was in session.

25. In the past 3 months that school was in session, how often did you participate in other outside social or recreational activities that were not school sponsored (church groups, scouting, etc...)?

- Not at all
- Once a week
- 2-4 times a week
- Daily

Allow the client to choose from the range specified to indicate how often he/she participated in other outside social or recreational activities during the last 3 months school was in session.

26. In the past 3 months that school was in session, did any of your close friends go out on school nights without permission from their parents or guardians? _____ Yes _____ No

Select "Yes" or "No" if the client has had friends go out on school nights without their parent's permission.

27. Do you have a valid driver's license? (If no, skip a, b) (ASI) _____ Yes _____ No

a. Do you have an automobile available for use? (if no, skip b) (UK) _____ Yes _____ No

b. Do you own the automobile? (UK) _____ Yes _____ No

Select "Yes" or "No" if the client has a valid driver's license. If yes, have the client answer whether they have an automobile available for use. If so, ask if the client owns the automobile. If the client answers no, they do not have a valid driver's license, then the program will skip to the next question.

CONTROLLED ENVIRONMENTS (HOSPITAL, JAIL, TREATMENT)

The next question group looks at time the client has spent in controlled environments in the past 30 days.

28. *In the 30 days before you entered this treatment program, how many days were you in a controlled environment like a hospital, jail, or residential drug treatment program (not a shelter)? (If no, ask a and then skip b-c)* _____ Yes _____ No

Ask the client if they have spent any of the past 30 days in a controlled environment (i.e. hospital, jail, or residential drug treatment program).

29. *In the 12 months before you entered this treatment program, how many DAYS were you incarcerated?* _____ days

Enter the number of days during the past 12 months, that the client reports having spent in jail, prison or a detention center. An hour or more in a controlled environment counts as one day.

- a. *In the 30 days before you entered this treatment program, how many days were you incarcerated (jail, prison, detention center)?* _____ days

Enter the number of days during the past 30 days, that the client reports having spent in jail, prison or a detention center). An hour or more in a controlled environment counts as one day.

- b. *In the 30 days before you entered this treatment program, how many days were you in residential alcohol or drug treatment?* _____ days

Enter the total number of days the client reports spending in residential treatment in the past 30 days due to substance abuse problems only. This question focuses on treatment centers that provide non-medical assistance within a structured treatment program. This is not referring to hospital stays, unless the hospital has a specific substance abuse treatment program in which the client was enrolled.

- c. *In the 30 days before you entered this treatment program, how many days were you in the hospital (inpatient, not ER)?* _____ days

Enter the number of days during the past 30 days, that the client reports having spent in the hospital. This includes inpatient treatment only and not visits to the emergency room. An hour or more in a controlled environment counts as one day.

PHYSICAL HEALTH

30. *How many times have you EVER had a head injury that resulted in being knocked out? (Enter 0 if none and skip a) (UK Variation)* _____ times

Enter the number of head injuries that the client reports having had in his/her lifetime. Focus on injuries that knocked out the client or put the client in the hospital overnight. If the client had 1 or more injuries, enter the longest amount of time the client was ever unconscious from a head injury using the selections given below.

- a. *What was the longest time you were ever unconscious from a head injury?*
- Less than 30 minutes*
 - Between 30 minutes and 24 hours*
 - More than 24 hours*

SUBSTANCE USE

Now, I'm going to ask you some questions about drug and alcohol use in the past 30 days, in the past 12 months and in your lifetime. Exclude any prescription drugs that the client is taking as prescribed— focus only on ILLICIT use of drugs.]

The substance use questions, as well as many others in this instrument include “past 30 days” and “past 12 months” information. It is important to note that an answer that is positive for use in the past 30 days means that there has to be use reported in the past 12 months as well. The past 12 months includes the past 30 days. The past 12 months is

not in addition to the past 30 days. The reported use for three days in the past 30 days means that at a minimum, the client has used for one month out of the past 12 months.

If your client is taking a prescription drug as prescribed, that use is not illicit and should NOT be included as a use on the substance use questions. For example, if the client has a prescription for oxycodone to be taken 2 times a day and is actually taking it 2 times a day, it should not be included in the responses. On the other hand, if your client has been prescribed a medication to be taken 2 times a day, but he or she is taking it 4--6 times a day that is considered an illicit use and should be recorded in the substance use section of the profile. If you discover that your client has obtained prescriptions for a particular drug from multiple physicians ("Doctor shopping"), this should also be considered an illicit use if the client is doubling or tripling up on the prescribed drug.

For each of the following questions answer "yes" or "no" to indicate whether the client reports having EVER used this substance in his/her lifetime. If "no" the program will skip to the next drug. If "yes", the program will ask you to enter the total number of months the client reports having used this substance in the past 12 months. If the client reports any use in the past 30 days, this counts as 1 month of use. If they have used any in the past 12 months, the program will ask you to enter the number of days the client has used in the past 30 days.

31. Have you ever in your lifetime used cigarettes, cigars, smoking or smokeless tobacco? (if no, skip a-b) (UK Variation) _____ No _____ Yes
- a. In the 12 months before you entered this treatment program, how many months did you use cigarettes, cigars, smoking or smokeless tobacco? (If 0, skip b) (UK Variation) _____ months
- b. In the 30 days before you entered this treatment program, how many days did you use cigarettes, cigars, smoking or smokeless tobacco? (CSAT – GPRA) _____ days

32. Have you ever in your lifetime used any alcohol? (if no, skip a-d) (ASI) _____ No _____ Yes

If the client responds that he/she has never used alcohol in his/her lifetime, the program skips the rest of the alcohol related questions.

- a. In the 12 months before you entered this treatment program, how many months did you use any alcohol? (If 0, skip b-d) (UK Variation) _____ months
- b. In the 12 months before you entered this treatment program, how many months did you use alcohol to intoxication? (If 0, skip d) (UK Variation) _____ months
- c. In the 30 days before you entered this treatment program, how many days did you use any alcohol? (If 0, skip d) (CSAT – GPRA) _____ days
- d. In the 30 days before you entered this treatment program, how many days did you use alcohol to intoxication? (CSAT – GPRA) _____ days
33. Have you ever in your lifetime used cocaine/crack? (if no, skip a-b) (ASI) _____ No _____ Yes

- a. In the 12 months before you entered this treatment program, how many months did you use cocaine/crack? (If 0, skip b) (UK Variation) _____ months
- b. In the 30 days before you entered this treatment program, how many days did you use cocaine/crack? (CSAT – GPRA) _____ days

Data from previous studies in Kentucky suggest an overlap of crack and other cocaine use. As with the federal CSAT instrument, the GPRA, this question combines cocaine and crack use into one question.

34. Have you ever in your lifetime used marijuana/hashish, pot? (if no, skip a-b) (ASI) _____ No _____ Yes
- a. In the 12 months before you entered this treatment program, how many months did you use marijuana/hashish, pot? (If 0, skip b) (UK Variation) _____ months
- b. In the 30 days before you entered this treatment program, how many days did you use marijuana/hashish, pot? (CSAT – GPRA) _____ days

Like other drug questions, the client should indicate days of use, not amounts used. One toke of a joint would be counted as a day's use even though the clinician might not think it a very important clinical event. The sum of the client's days of use forms a picture of overall drug involvement and the baseline is used to examine change at follow up. Clients who report no drug use at intake cannot show positive changes at follow up because they are already at optimal levels of functioning.

35. Have you ever in your lifetime used heroin? (smack, H, junk, skag) (if no, skip a-b) (ASI) ___No___ Yes
- a. In the 12 months before you entered this treatment program, how many months did you use heroin? (If 0, skip b) (UK Variation) ___months
- b. In the 30 days before you entered this treatment program, how many days did you use heroin? (CSAT – GPRA) ___days
36. Have you ever in your lifetime used other opiates/ analgesics? (Morphine, Percodan®, Dilaudid®, oxycodone, hydrocodone, OxyContin®, prescription pain killers) (if no, skip a-d) (ASI) ___No___ Yes
- a. In the 12 months before you entered this treatment program, how many months did you use other opiates/ analgesics? (If 0, skip b-d) (UK Variation) ___months
- b. Check all that were used in the 12 months before you entered this treatment program. (UK Variation)
- Morphine
 - Dilaudid®
 - Demerol®
 - Percocet®/Percodan®
 - Darvon®
 - Codeine
 - Tylenol® 2, 3, 4
 - OxyContin®
 - Lortab®
 - Ultram®/Tramadol
- If there was at least 1 month of use reported, the program will ask you to specify which substances the client used in the past 12 months.
- c. In the 30 days before you entered this treatment program, how many days did you use other opiates/ analgesics? (If 0, skip d) (ASI) ___days
- d. Check all that were used in the 30 days before you entered this treatment program. (UK Variation)
- Morphine
 - Dilaudid®
 - Demerol®
 - Percocet®/Percodan®
 - Darvon®
 - Codeine
 - Tylenol® 2, 3, 4
 - OxyContin®
 - Lortab®
 - Ultram®/Tramadol
37. Have you ever in your lifetime used non-prescription methadone? (if no, skip a-b) (ASI) ___No___ Yes
- a. In the 12 months before you entered this treatment program, how many months did you use non-prescription methadone? (If 0, skip b) (UK Variation) ___months
- b. In the 30 days before you entered this treatment program, how many days did you use non-prescription methadone? (CSAT – GPRA) ___days
38. Have you ever in your lifetime used PCP or other hallucinogens/ psychedelics, LSD, mushrooms, mescaline? (or psilocybin) (if no, skip a-b) (ASI) ___No___ Yes

a. In the 12 months before you entered this treatment program, how many months did you use PCP or other hallucinogens/ psychedelics, LSD, mushrooms, mescaline? (or psilocybin) (If 0, skip b) (UK Variation) _____ months

b. In the 30 days before you entered this treatment program, how many days did you use PCP or other hallucinogens / psychedelics, LSD, mushrooms, mescaline? (or psilocybin) (CSAT – GPRA) _____ days

39. Have you ever in your lifetime used stimulants such as methamphetamines or other amphetamines, uppers? (if no, skip a-d) (ASI) _____ No _____ Yes

a. In the 12 months before you entered this treatment program, how many months did you use stimulants such as methamphetamines or other amphetamines, uppers? (If 0, skip b-d) (UK Variation) _____ months

b. Check all that were used in the 12 months before you entered this treatment program.

- Methamphetamines, crank
- Other amphetamines, speed (UK Variation)
- MDMA, ecstasy

If there was at least 1 month of use reported, the program will ask you to specify which substances the client used in the past 12 months. Check all that apply

a. In the 30 days before you entered this treatment program, how many days did you use stimulants such as methamphetamines or other amphetamines, uppers? (If 0, skip d) (CSAT – GPRA) _____ days

b. Check all that were used in the 30 days before you entered this treatment program.

- Methamphetamines, crank
- Other amphetamines, speed (UK Variation)
- MDMA, ecstasy

40. Have you ever in your lifetime used barbiturates such as mephobarbital (Mebacut®); and pentobarbital sodium (nemburtal®)? (if no, skip a-b) (ASI) _____ No _____ Yes

a. In the 12 months before you entered this treatment program, how many months did you use barbiturates? (If 0, skip b) (UK Variation) _____ months

b. In the 30 days before you entered this treatment program, how many days did you use barbiturates? (CSAT – GPRA) _____ days

41. Have you ever in your lifetime used tranquilizers or other sedatives, hypnotics, such as benzodiazepines (diazepam-Valium, alprazolam – Xanax, triazolam – Halcion, and estazolam); GHB-Georgia Home Boy, liquid ecstasy; Ketamine-Special K, Vitamin K? (if no, skip a-d) (ASI) _____ No _____ Yes

Clinicians should record clients' use of various "nerve pills" used for their CNS depressant effects. It is important to distinguish tranquilizers from the painkillers. Some clients may not make clear distinctions, particularly if they take both types of substances. Muscle-relaxants should also be considered in this item. Clients with histories of injuries may take muscle-relaxants, tranquilizers, and opiate analgesics (painkillers). Clinicians should pursue this area of drug use carefully since it might not occur to the client given that the use might have begun as legal prescribed use.

a. In the 12 months before you entered this treatment program, how many months did you use tranquilizers, or other sedatives, hypnotics? (If 0, skip b-d) (UK Variation) _____ months

b. Check all that were used in the 12 months before you entered this treatment program.

- Benzodiazepines
- Non-prescription GHB (UK Variation)
- Ketamine
- Other tranquilizers

c. In the 30 days before you entered this treatment program, how many days did you use tranquilizers, or other sedatives, hypnotics? (If 0, skip d) (CSAT – GPRA) _____ days

d. Check all that were used in the 30 days before you entered this treatment program.

- Benzodiazepines

- Non-prescription GHB (UK Variation)
- Ketamine
- Other tranquilizers

42. Have you ever in your lifetime used inhalants, poppers, rush, whippets? (paint, glue, gasoline, aerosol can spray -- "huffing") (ASI) (if no, skip a-b) _____ No _____ Yes

Clinicians should record clients' use of various inhalants and solvent fumes that have intoxicating effects. Whipped cream aerosol cans have propellants that are intoxicating and may be reported by some clients. Spray paints are a frequently used version of inhalant. Since these substances have very toxic effects, it is important to obtain a history of their use. The typical user will not volunteer this information without close prompting. Using the examples may be helpful in getting the information. Since these substances tend to damage cognitive functioning, users may not even understand the class of substances called "inhalants" since this may require more abstraction than the client is familiar with using.

- a. In the 12 months before you entered this treatment program, how many months did you use inhalants, poppers, rush, whippets? (paint, glue, gasoline, aerosol can spray -- "huffing") (If 0, skip b) (UK Variation) _____ months
- b. In the 30 days before you entered this treatment program, how many days did you use inhalants, poppers, rush, whippets? (paint, glue, gasoline, aerosol can spray -- "huffing") (CSAT – GPRRA Variation) _____ days

43. Have you ever in your lifetime used more than one substance per day (including alcohol, but not counting tobacco use)? (ASI) (if no, skip a-b) _____ No _____ Yes

- a. In the 12 months before you entered this treatment program, how many months did you use more than one substance per day (including alcohol)? (If 0, skip b) (UK Variation) _____ months
- b. In the 30 days before you entered this treatment program, how many days did you use more than one substance per day (including alcohol, but NOT counting tobacco use)? (ASI) _____ days

44. Before you entered this treatment program, did you EVER inject any drugs? (CSAT – GPRRA Variation) _____ Yes _____ No

Enter "yes" or "no" to indicate whether the client reports having EVER injected any drugs in his/her lifetime.

45. How many times in your lifetime have you been treated for substance abuse prior to this current admission? (count previous treatment episodes including detox, exclude current episode) (ASI Variation) _____ times

This is a total lifetime count of client treatment episodes for alcohol or drug problems. Each treatment "time" should be explained as being an episode of treatment, not a counseling session. Clinicians should enter the number reported by the client. Clinicians should also recognize that clients typically under-report previous treatment. Prompts or specific questions can be helpful. For example, clinicians might ask, "Have you ever been to a counselor or been in a program to help you deal with using drugs or alcohol?"

46. How much money would you say you spent on ALCOHOL in the 30 days before you entered this treatment program? (include only cash or monetary payments for alcohol the client used or was planning on using) (Skip if never used alcohol) (ASI) \$ _____

Enter the amount of cash or monetary payments the client paid out for alcohol in the past 30 days, whether or not the client actually used the substance purchased.

47. In the 30 days before you entered this treatment program, how many days did you experience ALCOHOL problems? (craving, withdrawal, want to quit but unable) (Skip if never used alcohol) (ASI) _____ days

Enter the number of days the client reports experiencing alcohol problems such as cravings, withdrawal, wanting to quit but was unable to do so during the last 30 days.

48. In the 30 days before you entered this treatment program, how many days did you experience DRUG problems? (craving, withdrawal, want to quit but unable) (ASI) _____ days

Enter the number of days the client reports experiencing drug problems such as cravings, withdrawal symptoms, wanting to quit but was unable to do so during the last 30 days.

49. *How troubled or bothered were you by ALCOHOL problems in the 30 days before you entered this treatment program?* (Skip if never used alcohol) (ASI)

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

Select the client's response from the drop down menu. This is the client's perception of the problem.

50. *How troubled or bothered were you by DRUG problems in the 30 days before you entered this treatment program?* (ASI)

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

Select the client's response from the drop down menu. This is the client's perception of the problem.

51. *How important to you now is treatment for these ALCOHOL problems?* (ASI)

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

Select the client's response from the drop down menu. This is the client's perception of the importance of obtaining treatment assistance.

52. *How important to you now is treatment for these DRUG problems?* (ASI)

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

Select the client's response from the drop down menu. This is the client's perception of the importance of obtaining treatment assistance.

53. *In the past 3 months, have your friends ever brought drugs to parties? (excluding alcohol)* _____ Yes _____ No
Select "Yes" or "No" if the client has friends who have ever brought drugs to parties.

54. *How many of your friends currently use drugs (i.e., marijuana, opiates, cocaine, stimulants, tranquilizers, methamphetamines, inhalants)?*

- Less than half
- Half
- More than half
- All

Enter the client's response from the drop down menu.

LEGAL INVOLVEMENT

55. *Has your alcohol or drug use ever made you do something you would not normally do...like breaking rules, missing curfew, breaking the law, or having sex with someone?* _____ Yes _____ No

Enter the client's response as either "Yes" or "No".

56. Now I'm going to ask you about how you were referred to this program. Was this program admission prompted by or suggested by any of the following? Check all that apply:

- Criminal justice system (ASI)
- Protective services (DCBS) (UK Variation)
- DUI charge (UK Variation)
- Due to your being pregnant (UK Variation)
- Self-referral (UK Variation)

If none of the choices apply, hit next. This is an important question that is used to determine whether the client's referral sources. Notice that the question does not specify a formal court order, but can include a "suggestion" from the court, probation officer, judge, DCBS worker, physician, etc... Check all that apply.

57. Are you on probation now? (CSAT – GPRA Variation) _____ No _____ Yes

The clinician does not have to choose whether the client is best described as being on probation or in a drug court. Clients can be in both categories. This category can also include clients who have obtained unsupervised probation status from the court. This can apply to DUI offenders as well. It is answered "yes" or "no."

58. Are you currently in a drug court program? (UK Variation) _____ No _____ Yes

This question will help in identifying the number of cases involved in drug court programs. It is answered "yes" or "no."

59. How many times were you arrested and charged with any offense in the 12 months before you entered this treatment program? (ASI Variation) (If No arrests, skip parts a-c) _____ Times

Enter number of times client indicates he/she has been arrested and charged with any offense in the last 12 months. Enter 0 if no charges. If the client reports no arrests in the past 12 months, the program skips the specific list of charges.

a. Please select which of the following you have you been charged in the past 12 months before you entered this treatment program – select ALL that apply: (ASI_Variation)

- Shoplifting/vandalism
- Parole/Probation violations
- Drug charges
- Forgery or theft by deception
- Weapons offense
- Burglary, larceny, B & E
- Robbery
- Assault
- Arson
- Rape, sodomy, or sexual abuse
- Homicide/manslaughter
- Prostitution
- Contempt of Court
- Disorderly conduct, vagrancy, public intoxication
- Stalking
- Child support
- Escape
- Receiving stolen property
- Theft by unlawful taking
- Wanton endangerment
- Domestic violence (EPO/DVO)
- Driving while intoxicated
- Other major driving violations (reckless driving, speeding, no license, etc.)
- Other charges

Select all the charges the client reports having been arrested for in the past 12 months before entering this treatment program. Check all that apply.

b. How many of the charges resulted in convictions? (ASI Variation) _____ charges

Enter the number of charges you selected previously that ended up as convictions, according to the client.

c. How many times were you arrested and charged with any offense in the 30 days before you entered this treatment program? _____ Times

Enter the number of arrests and charges of any offense in the 30 days before entering this treatment program.

60. Did you have a protective order (EPO/DVO) taken out against you in the 12 months before you entered this treatment program? _____No____Yes

61. Were you charged with protective order violations in the 12 months before you entered this treatment program? _____No____Yes

LIVING SITUATION

62. Select ALL the places you have lived in the past six months before you entered this treatment program:

- | | |
|---------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Home with biological parent(s) | <input type="checkbox"/> Group emergency shelter |
| <input type="checkbox"/> Other family (not foster) | <input type="checkbox"/> School dormitory |
| <input type="checkbox"/> Foster home – Kinship | <input type="checkbox"/> Residential treatment program |
| <input type="checkbox"/> Foster home – Nonkinship | <input type="checkbox"/> Juvenile detention center |
| <input type="checkbox"/> Therapeutic foster care | <input type="checkbox"/> Independent living |
| <input type="checkbox"/> Medical Hospital | <input type="checkbox"/> Street/outdoors |
| <input type="checkbox"/> Inpatient psychiatric hospital | <input type="checkbox"/> Other: Specify_____ |
| <input type="checkbox"/> Group home | |

Select all the places that the client has lived in the past 6 months according to the client's response.

63. Which of the living situations are you in today? (Program only shows those selected in Q60)

- | | |
|---------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Home with biological parent(s) | <input type="checkbox"/> Group emergency shelter |
| <input type="checkbox"/> Other family (not foster) | <input type="checkbox"/> School dormitory |
| <input type="checkbox"/> Foster home – Kinship | <input type="checkbox"/> Residential treatment program |
| <input type="checkbox"/> Foster home – Nonkinship | <input type="checkbox"/> Juvenile detention center |
| <input type="checkbox"/> Therapeutic foster care | <input type="checkbox"/> Independent living |
| <input type="checkbox"/> Medical Hospital | <input type="checkbox"/> Street/outdoors |
| <input type="checkbox"/> Inpatient psychiatric hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> Group home | |

Select from the client's response the place he/she is living today from the list of living situations in the past 6 months.

64. Who is your primary caregiver currently?

- | | |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Biological parent | <input type="checkbox"/> Foster parent – Non Kinship |
| <input type="checkbox"/> Step-parent | <input type="checkbox"/> Other family (not foster) |
| <input type="checkbox"/> Boy/Girlfriend of bio/step parent | <input type="checkbox"/> Adoptive Parent– Kinship |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Adoptive Parent – Non Kinship |
| <input type="checkbox"/> Foster parent – Kinship | <input type="checkbox"/> Other: specify_____ |

Select the client's response from the drop down menu. If the answer is not listed then choose "Other" and specify who the other primary caregiver is.

65. How long has this person been your primary caregiver?

- Your whole life
- Less than 30 days
- 1-6 months
- More than 6 months, but less than 12 months
- More than 1 year, but less than 3 years
- More than 3 years

Select the client's response from the drop down menu.

66. Are you currently pregnant?

a. For how many weeks have you been pregnant?

____Yes____No
_____weeks

Question is only asked if the client is female, otherwise the question and part a are skipped. If the client is female ask if she is pregnant. If the female client is pregnant ask her for how many weeks approximately.

67. *How many children have you had in your lifetime? (include adopted/stepchildren; do NOT include foster children and miscarriages) (If 0, skip a-b) (CSAT – GPRA Variation)* _____ child/ren

Enter the number of children the client has had in their lifetime. This includes adopted and stepchildren, but not foster children or miscarriages.

- a. *For how many of your children in your lifetime have you lost parental rights (parental rights were terminated)? (CSAT – GPRA Variation)* _____ child/ren

Enter the number of children the client reports having had removed from his/her custody by DCBS or a judge and for whom all parental rights were terminated. This total should be the same or less than the number of total children already reported by the client.

- b. *How many of your children are in someone else's custody? (CSAT – GPRA Variation)* _____ child/ren

Enter the number of children the client reports having lost custody by DCBS or a judge – this doesn't include complete TPR, but removal into someone else's custody at the current time. This total should be the same or less than the number of total children already reported by the client.

68. *Do you live with anyone who has a current alcohol problem? (ASI)* ____ No ____ Yes

Enter "yes" or "no" as to whether the client reports living with anyone who has a current alcohol problem. These two questions give a picture of what type of situation the client might be returning to after treatment.

69. *Do you live with anyone who uses non-prescribed drugs? (ASI)* ____ No ____ Yes

Enter "yes" or "no" as to whether the client reports living with anyone who uses non-prescribed drugs.

ABUSE HISTORY

For the next set of questions, the client must respond to several domains of violence: emotional, physical, and sexual abuse. While it may be difficult to get information from clients about abuse during initial intake procedures, the responses are important. The question is answered "yes" or "no." These items were taken from the Addiction Severity Index and have been found to be valid measures of abuse experiences. The current measures only ask about lifetime experiences, not currently ongoing abuse.

70. *Have you ever in your lifetime been repeatedly humiliated, shamed in front of others, or called names (emotional abuse)? (If no, skip a) (ASI Variation)* ____ Yes ____ No

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

- Adult family member*
- Another adult who isn't family*
- Girlfriend, boyfriend, spouse*
- Peers or friends*
- Brother or sister (step, foster)*
- Other:*
Specify other person _____

Enter "yes" or "no" if the client reports ever experiencing emotional abuse. If the client reports yes, then the program will list possible perpetrators. Check all that apply. If the client does not report abuse, then the program will skip to the next question.

71. *In your lifetime have you ever been slapped, kicked, punched, hit with an object, or assaulted with a knife or other weapon (physical abuse)? (ASI Variation) (If no, skip a)* ____ Yes ____ No

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

- Adult family member*
- Another adult who isn't family*
- Girlfriend, boyfriend, spouse*
- Peers or friends*

- Brother or sister (step, foster)
- Other:

Specify other person _____

Enter "yes" or "no" if the client reports ever experiencing physical abuse. If the client reports yes, then the program will list possible perpetrators. Check all that apply.

72. In your lifetime have you ever been sexually abused? (If no, skip a) (ASI Variation) ____ Yes ____ No

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

- Adult family member
- Another adult who isn't family
- Girlfriend, boyfriend, spouse
- Peers or friends
- Brother or sister (step, foster)
- Other:

Specify other person _____

Enter "yes" or "no" if the client reports ever experiencing sexual abuse. If the client reports yes, then the program will list possible perpetrators. Check all that apply.

EMOTIONAL HEALTH

The following items are taken from the Addiction Severity Index and are important ones to examine in outcomes. It is important to separate the mental health symptom from symptoms of withdrawal or intoxication. Clinicians should record the presence of mental health problems that are not caused by substance use.

The program will ask you to check whether the client has experienced the specified problem during a significant period in the past 30 days, the past 12 months, in your lifetime, or never. If you check "in the past 30 days" the program will automatically check "in the past 12 months" and "in your lifetime" for you.

73. Have you had a significant period that was not a direct result of drug/alcohol use in which you... (ASI Variation)

a. Experienced serious depression? (check all that apply)

- In the 30 days before you entered treatment
- In the 12 months before you entered treatment
- In your lifetime
- Never

b. Experienced serious anxiety or tension? (check all that apply)

- In the 30 days before you entered treatment
- In the 12 months before you entered treatment
- In your lifetime
- Never

c. Experienced hallucinations? (check all that apply)

- In the 30 days before you entered treatment
- In the 12 months before you entered treatment
- In your lifetime
- Never

d. Experienced trouble understanding, concentrating, or remembering? (check all that apply)

- In the 30 days before you entered treatment
- In the 12 months before you entered treatment
- In your lifetime
- Never

e. Experienced trouble controlling violent behavior? (check all that apply)

- In the 30 days before you entered treatment
- In the 12 months before you entered treatment
- In your lifetime
- Never

- f. Experienced serious thoughts of suicide? (check all that apply)
- In the 30 days before you entered treatment
 - In the 12 months before you entered treatment
 - In your lifetime
 - Never
- g. Attempted suicide? (check all that apply)
- In the 30 days before you entered treatment
 - In the 12 months before you entered treatment
 - In your lifetime
 - Never
- h. Been prescribed medication for any psychological/emotional problems? (check all that apply)
- In the 30 days before you entered treatment
 - In the 12 months before you entered treatment
 - In your lifetime
 - Never

RECOVERY SUPPORTS

74. In the 30 days before you entered this treatment program, how many times did you attend AA, NA or other self-help group meetings that were not affiliated with a religious or faith-based organization (count # of meetings attended)? (If 0, Skip a) (TCU – CI Variation) _____ meetings

Enter the number of days the client reports having gone to a self-help group meeting that was not connected with a religious or faith-based organization like a church or temple. If the client attended two or more meetings in one day, it should count as two meetings.

For those clients who report using self-help, a past 30 day measure may be very helpful in understanding their outcomes as well as their rating of current alcohol or drug use. For example, for clients who report very little alcohol or drug use, their answers might mean something very different from denial if a client also reported attending 10 meetings in the past 30 days.

75. Did you have you contact with a sponsor in the 30 days before you entered this treatment program? (UK Variation)
- ___ No ___ Yes
___ Don't have a sponsor

This is a “yes” or “no” question focusing on recent (past 30 day) contact with the client’s sponsor. If the client doesn’t have a sponsor, select “Don’t have a sponsor.”

76. In the 30 days before you entered this treatment program, how many times did you attend any religious or faith affiliated recovery self-help groups (excluding those previously counted)? (TCU – CI Variation) _____ meetings

Enter the number of days the client reports having gone to a self-help group meeting that was faith-based like Celebrate Recovery or a church or temple group for recovery support.

Now I’m going to ask your opinion about the risk of physical or other harm from alcohol and drug use in general.

Enter the client’s response from the drop down menu for the following questions.

77. How much do you think people harm themselves if they smoke marijuana regularly?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
 - Can't say/drug unfamiliar
78. How much do you think people harm themselves if they use drugs such as cocaine, amphetamines, speed, or methamphetamine?
- No risk

- Slight risk
- Moderate risk
- Great risk
- Can't say/drug unfamiliar

79. How much do you think people harm themselves if they use drugs such as OxyContin, Percodan, Dilaudid, Tylenol 2, 3, 4 or other prescription pain killers that are not prescribed to them?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/drug unfamiliar

80. How much do you think people harm themselves if they use tranquilizer or sedative drugs such as Xanax, Librium, Valium, Ambien, Halcion, or other sleep medications that are not prescribed to them?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/drug unfamiliar

81. How much do you think people harm themselves if they take one or two drinks of alcohol nearly every day?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/drug unfamiliar

82. How much do you think people harm themselves if they smoke tobacco?

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/drug unfamiliar

83. In the 30 days before you entered this treatment program, did you have contact with family or friends who were supportive of your recovery? (CSAT-GPRA) _____ Yes _____ No

Enter "yes" or "no" if the client reports having interaction with family or friends that were supportive of his/her recovery.

84. How many people can you count on when you need to? _____ people

Enter the number of people the client reports having supportive interaction with.

85. What will be the most useful to you in getting off illicit drugs or alcohol? (UK Variation)

- Employment
- Support of family and friends
- Counseling
- Self-help
- Teachers, coaches, school staff
- Clergy, religious leader or youth leader
- Other:
Specify what will be most useful _____

Select the primary choice that the client reports will be the most useful in getting off illicit drugs or alcohol. If there are two or more choices, ask the client to pick which one will be the most helpful.

86. How satisfied are you with your life right now?

- Not at all
- Slightly
- Moderately

- Considerably
- Extremely

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

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

88. What is the client's current home address zip code? ____ ____ ____ ____ ____

If the client doesn't know or can't recall the home address zip code, enter 00000 for this response.

This is the end of the interview, unless your client agreed to participate in the 12-month follow-up

FOLLOW-UP STUDY STATUS

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

LOCATOR INFORMATION FOR FOLLOW-UP

If you have a street name but no address number, at least enter the street name. If you only have a city name but no zip code, enter what you have. All the little pieces of information you can gather now will help UK be able to locate the client in a year to complete a follow-up interview.

Client Contact Information

89. *Client's phone number*

If the client has a telephone number, check it for accuracy. Poor telephone numbers lead to the elimination of over half the follow-up participants. If the client does not have a current phone number, skip to the next question.

90. *Client's address number and street name*

91. *Client's apartment number (if applicable)*

92. *Client's city name*

93. *Client's state name*

94. *Client's zip code*

Clients should give detailed information concerning addresses including rural route number or post office box numbers. If only partial address is available, include as much as you can to help them person be found in 12 months including city and zip if possible. Again, accurate information is helpful in making contact at follow-up. The new follow-up procedures include mail-out reminders to clients about the follow-up study and ask for changes in address or telephone numbers.

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

_____ No _____ Yes

If the client happens to be in residential treatment or is in jail or detention at the time of the follow-up call, UK needs permission to continue to pursue contact with the client for follow-up information. **Saying "No" does not affect the client's eligibility for the follow-up study;** it simply means that once UK finds out the client is in a closed community, the follow-up interviewers will stop trying to contact the client.

Please give the names, addresses, and phone numbers of two relatives who have a telephone (preferably female relatives such as a mother, sister, or aunt) or a relative/guardian and one other person who would know how to contact you a year from now if you should move. Please do not use the name of a counselor or a treatment agency as a contact.

First Contact Information

The follow-up study includes the names of two relatives or others who are most likely to know the client's

whereabouts 12 months after treatment. Female relatives are given a priority – particularly mothers, aunts, and sisters. These contacts are very important in locating clients when the client's phone number is no longer in service or when the client has moved to an unknown location.

The first 3 questions were omitted in the instrument but I didn't delete them below because they seem important to me.

96. *First contact's first name*

97. *First contact's last name*

98. *First contact's relationship with the client*

Choose from the drop down list of options for relationship to the client including grandmother, sister, brother, aunt, uncle, friend, spouse, boyfriend, girlfriend, etc....

99. *First contact's phone number*

If the first contact person has a telephone number, check it for accuracy. If the client does not have a phone number for the contact person, skip to the next question.

100. *First contact's address number and street name*

101.

102. *First contact's apartment number (if applicable)*

103. *First contact's city name*

104. *First contact's state name*

105. *First contact's zip code*

Enter as much of the first contact's address as the client can give you. Be sure to include P.O. box numbers and cities even if the client doesn't have street address information.

Second Contact:

106. *Second contact's first name*

107. *Second contact's last name*

108. *Second contact's relationship with the client*

Choose from the drop down list of options for relationship to the client including grandmother, sister, brother, aunt, uncle, friend, spouse, boyfriend, girlfriend, etc....

109. *Second contact's phone number*

110. *Second contact's address number and street name*

111.

112. *Second contact's apartment number (if applicable)*

113. *Second contact's city name*

110. *Second contact's state name*

111. *Second contact's zip code*

Enter as much of the second contact's address as the client can give you. Be sure to include P.O. box numbers and cities even if the client doesn't have street address information. The more information you can provide, the better the chances the client can participate in the follow-up interview.

This is the end of the interview. Thank the client for their time and for helping to improve substance abuse treatment in Kentucky.

You know you have completed the interview when this message appears on the PDA screen. Do not exit the program until you reach this message. The program saves all the information after it has reached this screen so it is important to continue through the questions until you reach the end in order to save all the data you have collected.

UK CDAR CONTACT INFORMATION

What do I do if I have ANY kind of problem, question, or comment about the Adolescent KTOS PDA program?

No question is too silly. We would much prefer you call us with your problems or questions before you become overly frustrated and/or damage the PDA or modem. You can call or email us and we will do our best to help you as quickly as possible.

Contact Name:
Jennifer Newell
Tom Jackson
Erin Stevenson

Phone:
(859) 323-4763
(859) 257-9061
(859) 257-1521

Email:
jenni.newell@uky.edu
tom.jackson@uky.edu
erin.stevenson@uky.edu

How do I mail equipment back to UK CDAR?

Sometimes it is necessary to mail equipment for repair or replacement. Please follow these instructions for mailing equipment:

1. Use a **padded enveloped or box** and make sure the equipment will not rattle around loosely in the box by stuffing newspaper around the items.
2. ALWAYS include a **note detailing the problems** you are experiencing and reasons for returning the equipment.
3. Give the **name and address** where we should return the equipment.
4. Provide a **phone number** for the person we should contact if we have questions about the equipment.

Mailing Address:

UK-CDAR
333 Waller Avenue
Suite 480
Lexington, KY 40504

ATTN: Adolescent KTOS