



## **Adolescent** Kentucky Treatment Outcome Study (AKTOS)

**For use with clients 12-17 years old**

*JULY 2014 RELEASE*

*APRIL 2017 UPDATE*



**Center on Drug and  
Alcohol Research**

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

# Adolescent Kentucky Treatment Outcome Study (AKTOS) Intake Survey

## For use with clients 12-17 years old

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APRIL 2017 UPDATE

The paper version of the Adolescent KTOS intake interview is for educational purposes only. Use the online data collection program either through the intake interview link on the <http://cdar.uky.edu/aktos> website or log-in to the secure client information system where you can also print out an assessment report for your client at: <https://ukcdar.uky.edu/AKTOS>

If you must complete the interview on paper (i.e., internet is down, meeting with youth away from computer access), please enter the information into the online data collection program **within 7 days** of the interview date to maintain validity of data.

*Counselor, please answer the following questions before beginning the interview with the client. If the client is age 18 or older, please exit and complete the adult KTOS interview 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? \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
4. What is the region for this treatment program?

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

When entering your site on AKTOS you will now use Site ID instead of I-SATS number. 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).

5. What is the site ID or site code for this treatment program?  
Site ID: \_\_\_\_\_

6. Clinician or staff person's name helping the client fill out the AKTOS survey:  
Clinician/Staff Person's First and Last Name:  
\_\_\_\_\_

6a. Clinician/Staff contact information:  
Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_

7. Who is filling out this survey? **(Circle one)**  
a. Clinician/staff person  
b. Client

## Preliminary Questions

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

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

*Note: If you are recording the interview responses on the paper version, please enter 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)

*Note: In the web data collection survey, you will be asked to verify the intake interview date.*

## Introduction

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The following questions are part of the **Adolescent Kentucky Treatment Outcome Study or AKTOS**. AKTOS is an important part of Kentucky's plan to improve substance abuse treatment. AKTOS involves collecting information from clients before and after treatment to gain insight into the treatment process and the individuals involved in treatment programs. **AKTOS helps provide support for substance abuse treatment programs serving adolescents.**

**AKTOS 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 minutes. You will answer a series of questions about physical and mental health, education and employment, substance use, legal involvement, family, 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

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These first few questions are basic questions we need to get the interview started and to learn a little more about what services you might be interested in. Please keep in mind that information that identifies you, like your name and SSN, is kept confidential.

Certain groups of people are under-represented in health studies. This means many people may not be able to get the help and resources needed for their unique health needs. The private information you give us is kept confidential. We are asking so that we might better understand the diversity among young people like yourself.

1. What is your gender?
  - 1 = Male
  - 2 = Female
  - 3 = Transgender (male to female)
  - 4 = Transgender (female to male)

2. How would you describe your sexual orientation?
- 1 = Heterosexual (Straight, attracted to opposite sex)
  - 2 = Bisexual (Attracted to both males and females)
  - 3 = Gay (male attracted to other males) or Lesbian (female attracted to other females)
  - 4 = Unsure
  - 5 = Other: specify: \_\_\_\_\_
  - 6 = Decline to respond/ refuse
3. What race /ethnicity do you consider yourself to be? **(select ALL that apply)**
- White (not of Hispanic origin)
  - Black (not of Hispanic origin)
  - American Indian
  - Alaskan Native
  - Asian or Pacific Islander
  - Hispanic-Mexican
  - Hispanic-Puerto Rican
  - Hispanic-Cuban
  - Other Hispanic
  - Other: Specify your other race \_\_\_\_\_
4. What situation or agency referred you to the program? **(select the primary referral source)**
- 1 = I was referred by the court (court designated worker or judge)
  - 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 school (teacher or counselor)
  - 6 = I just decided on my own I needed to get help
  - 7 = None of the above

## Section B. Free Time, Education, & Employment

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*First, you will be asked some questions about how you spend your free time, your school experiences, and any jobs you may be working, which is important information for understanding program outcomes.*

1. Thinking about the time you are not in school and/or working, what are the three types of activities you spend the most time doing in a typical week?
- 1 = Homework
  - 2 = Watching TV, movies
  - 3 = On the computer or playing video games
  - 4 = Spending time with friends/peers (e.g., hanging out, going to parties, dating)
  - 5 = Sports/exercise
  - 6 = Extracurricular activities other than sports (e.g. school clubs, youth groups)
  - 7 = Hobbies (e.g., playing a musical instrument, dance, hunting)
  - 8 = Household activities (e.g., chores, helping out around the house, taking care of younger siblings)
  - 9 = Reading for own pleasure (e.g., including print books, magazines, e-books)
  - 10= Other, specify: \_\_\_\_\_

2. On weekdays (Monday-Friday), about how many hours a day do you usually watch television, play video games, or use the Internet on a computer or smart phone? \_\_\_\_\_hours
3. On weekends (Saturday and Sunday), about how many hours a day do you usually watch television, play video games, or use the Internet on a computer or smart phone? \_\_\_Hours
4. What type of schooling do you currently receive? (“Currently” means during the most recent school year or semester.) **Select one:**
  - 1 = Public school
  - 2 = Private school
  - 3 = Home school
  - 4 = Alternative school
  - 5 = Home bound (i.e., child has a mental/physical condition that prevents them from attending school)
  - 6 = Day treatment
  - 7 = GED classes
  - 8 = Officially withdrawn
  - 9 = Other: Specify other type of schooling \_\_\_\_\_

**(Skip Q4a, unless client is officially withdrawn from school)**

4a. When did you withdraw from school (Month/Year)?  
 \_\_\_\_\_Year \_\_\_\_\_Month **(Skip to Q6)**

5. Overall, how satisfied are you with your experience in your current school situation (e.g., quality of classes, quality of teaching, relationships with peers)?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither dissatisfied or satisfied	Satisfied	Very satisfied

6. How many years of education have you completed?

0 = Never attended	6 = 6 <sup>th</sup> grade	12 = 12 <sup>th</sup> grade
1 = 1 <sup>st</sup> grade	7 = 7 <sup>th</sup> grade	13 = GED
2 = 2 <sup>nd</sup> grade	8 = 8 <sup>th</sup> grade	14 = Some college
3 = 3 <sup>rd</sup> grade	9 = 9 <sup>th</sup> grade	15 = Some voc/tech school
4 = 4 <sup>th</sup> grade	10 = 10 <sup>th</sup> grade	
5 = 5 <sup>th</sup> grade	11 = 11 <sup>th</sup> grade	

7. Are you currently participating in vocational/technical courses? 0 = No 1 = Yes
8. Have you ever repeated a grade in school? 0 = No 1 = Yes
9. What was your grade average on your last report card?
  - 1 = A (Excellent)
  - 2 = B (Above average)
  - 3 = C (Average)
  - 4 = D (Below average)
  - 5 = F or E (Failing)

10. Did you attend school in the last 3 months that school was in session? 0 = No 1 = Yes  
**(If no, skip to Q17 on expectations for finishing high school or getting a GED)**

*In the past 3 months that school was in session, how many days....*

Reason for missing school	# of DAYS
11. Did you skip at least one class?	_____
12. Were you in detention or in-school suspension?	_____
13. Were you under suspension (out of school) or expelled?	_____
14. Were you out of school due to involvement in juvenile court or social services?	_____
15. Did you miss school for any other reason (including illness)?	_____

16. **In the past 3 months that your school was in session**, how often did you participate in any school-sponsored extracurricular or leisure activities (e.g., school clubs, sports, band, chorus, dance, youth groups, volunteer work, etc.)?  
 0 = Not at all  
 1 = Once a week  
 2 = 2-4 times a week  
 3 = Daily

17. Do you expect to finish high school or get a GED? 0 = No 1 = Yes 98 = N/A, already completed

18. Do you expect to go to college or vocational/technical school? 0 = No 1 = Yes

19. What is your current employment status? Include all jobs to figure your total hours worked per week on average.  
 0 = Not currently employed (**Skip to Q20**)  
 1 = Fulltime (35+ hours per week)  
 2 = Part-time (<35 hours per work)  
 3 = Occasional, from time to time, or seasonal work (e.g., occasional babysitting)

19a. How many hours do you work per week on average? \_\_\_\_\_ hours/week

20. Do you expect to be employed in the next 12 months? 0 = No 1 = Yes

## Section C. About You and Your Physical Health

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

1. Have you **ever** been told by a doctor that you had any of the following chronic medical problems? **(Check all that apply)**
  - 1 = Diabetes
  - 2 = Asthma
  - 3 = Allergies
  - 4 = Learning disorder or ADHD
  - 5 = Other, specify: \_\_\_\_\_
2. **(Ask females ONLY)** Another area for special health care needs and services is during pregnancy. Are you currently pregnant? **(If no, skip to Section D)** 0 = No 1 = Yes 99=N/A (client is male)
  - 2a. How many weeks have you been pregnant? \_\_\_\_\_ weeks

## Section D. Family and Living Situation

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The next set of questions will ask you to tell us more about you, your family, and your living situation. Family and living situation can be risk or protective factors for recovery.

1. Who is your primary caregiver currently?
  - 0 = No one; client is emancipated minor **(Skip to #7)**
  - 1 = Biological parent
  - 2 = Step-parent, or boy/girlfriend of biological parent
  - 3 = Grandparent
  - 4 = Other family (including kinship care; e.g., uncle, aunt, adult sibling)
  - 5 = Foster parent – Non Kinship
  - 6 = Adoptive Parent– Kinship
  - 7 = Adoptive Parent – Non Kinship
  - 8 = Other: Specify your other primary caregiver \_\_\_\_\_
2. Please think about your primary caregiver mentioned in the previous question. How close do you feel to your primary caregiver? *(Interviewer note: If the client states he or she has two primary caregivers and the rating for the relationship is different for the two caregivers, ask him/her to rate the relationship for the caregiver to whom they are closest)*

1	2	3	4
Not very close	Fairly close	Very close	Extremely close

3. Does your primary caregiver give you:

1	2	3	4
No affection	Much less affection than you want	Slightly less affection than you want	All the affection you want



	NEVER/ RARELY	SOMETIMES	OFTEN
4. How often do you and your primary caregiver do things together that you enjoy?	1	2	3
5. When you have done something especially good, how often does your primary caregiver tell you that he/she is proud or happy?	1	2	3
6. When you have done something wrong, how often does your primary caregiver talk to you about what you did wrong?	1	2	3

7. Please think about your living situation in the **12 months before you entered this treatment program**:

In the 12 months before you entered this treatment program, did you live with the following persons or in the following places?	NO	YES
a. Home with biological parents	0	1
b. Other family (including foster kinship care)	0	1
c. School dormitory	0	1
d. Foster care (i.e., non-kinship care, therapeutic foster care)	0	1
e. Health care setting (e.g., medical hospital, inpatient psychiatric hospital)	0	1
f. Group home, group emergency shelter	0	1
g. Residential treatment program	0	1
h. Juvenile detention center	0	1
i. Independent living (i.e., own apartment, home)	0	1
j. Street/outdoors	0	1
k. Other living situation, please specify: _____	0	1

8. **(Ask only clients who selected any of the living situations in 7d-7k)** In the 12 months before you entered this treatment program, how many months **total** did you live in [*read the response options selected: foster care, health care, group home, residential treatment, juvenile detention, on your own, or on the street outdoors*]? \_\_\_\_\_ Months

9. Is someone in your immediate family currently on active duty in the military or in the National Guard?

0 = No      1 = Yes

**State and County**

10. Many individuals have to travel to obtain needed health care services. What was the County and State of the place you lived for most of the past 12 months?  
 County \_\_\_\_\_ State \_\_\_\_\_      \_\_\_\_\_ Don't remember

**Controlled Environments**

11. In the 30 days before you entered this treatment 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

12. In the 30 days before you entered this treatment program, how many nights were you in a crisis stabilization unit? \_\_\_\_\_ nights

**Hurtful Things People May Have Done to You**

13. This set of questions ask about hurtful things that others may have done to you in your lifetime. For the first several questions we ask whether adults ever did these hurtful things to you. When you read adult think about adults who take care of you, including your parents, stepparents, babysitters, adults who live with you, or others who watch you. Then you will be asked questions about whether other people in your life have done hurtful things to you. Finally, you will be asked about whether your family ever experienced some other difficulties.

In your lifetime...	No	Yes
a. Not including spanking, did an adult in your life ever hit, beat, kick, or physically hurt you in any way?	0	1
b. Did you get scared or feel really bad because adults in your life called you names, said mean things to you, or said they didn't want you?	0	1
c. When someone is neglected, it means that the adults in their life aren't taking care of them the way they should. The adults might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. Were you neglected by the adults responsible for taking care of you?	0	1
d. Sometimes groups of kids or gangs attack people. Has a group of kids or a gang hit, jumped, or attacked you?	0	1
e. Other than what you just told me (in 12d), did a brother or sister hit or physically attack you?	0	1
f. Other than what you just told me (in 12d), did a kid other than a brother or sister hit or physically attack you?	0	1
g. Were you ever scared or felt really bad because your brother or sister was calling you names, saying mean things to you, or saying they didn't want you around?	0	1
h. Were you ever scared or felt really bad because a kid other than a brother or sister was calling you names, saying mean things to you, or saying they didn't want you around?	0	1
i. Did a boyfriend or girlfriend scare you or make you feel really bad by calling you names, saying mean things about you, or try to control you?	0	1
j. Did a boyfriend or girlfriend or anyone you went on a date with slap, hit, kick, or physically attack you?	0	1
k. Did an adult you know touch your private parts when you didn't want it, make you touch their private parts, or force you to have sex?	0	1
l. Did an adult you did not know touch your private parts when you didn't want it, make you touch their private parts, or force you to have sex?	0	1
m. Thinking about other kids, like school mates, boyfriends, girlfriends, cousins, brothers, or sisters, did another kid make you do sexual things (i.e., sex acts)?	0	1
n. Did anyone hurt your feelings by saying or writing something sexual about you or your body?	0	1
o. Was one of your parents ever pushed, grabbed, slapped, hit, kicked, punched, or beat up by another parent, or boyfriend or girlfriend?	0	1

In your lifetime...	No	Yes
p. Did you ever live with someone with an alcohol problem?	0	1
q. Did you ever live with someone who used drugs?	0	1
r. Was a household member depressed or mentally ill, or did a household member attempt suicide?	0	1
s. Did your parents ever divorce or live separately?	0	1
t. Did a parent or other adult who was your caregiver die?	0	1
u. Did you feel that one or both of your parents abandoned you?	0	1
v. Did a household member go to prison?	0	1
w. Were you ever involved in foster care?	0	1
x. Do you have someone in your life that makes you feel important, loved, and that you matter?	0	1

## Section F. Substance Use

The next group of questions is about your substance use in the 12 months and 30 days before you entered this treatment program. NOTE: If there was ANY use within a month it counts as a month's use. Also, non-prescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed) should be counted as the use of drugs.

<b>1. Tobacco/Nicotine Use</b>	
a. In the 12 months before you entered this treatment program, how many months did you <b>smoke tobacco products</b> (e.g., cigarettes, cigars, pipes, bidis, or cigarillos)? Do NOT include use of electronic cigarettes (electronic vapor products, e-cigarettes, e-pipes, vape pipes, vaping pens, and e-hookahs). <b>(If zero, skip b and c; ask d)</b>	_____ # OF MONTHS
b. In the 30 days before you entered this treatment program, how many days did you <b>smoke tobacco products</b> (e.g., cigarettes, cigars, pipes, bidis, or 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 <b>E-cigarettes</b> (electronic cigarettes, i.e., devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)?	_____ # OF MONTHS
f. In the 30 days before entering this program, how many days did you use <b>E-cigarettes</b> (electronic cigarettes, i.e., devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)?	_____ # OF DAYS

g. In the 12 months before you entered this treatment program, how many months did you use <b>smokeless tobacco</b> (e.g., chewing tobacco, snuff, dissolvable tobacco)? [Do NOT include e-cigarettes here] <b>(If zero, skip f)</b>	_____ # OF MONTHS
h. In the 30 days before you entered this treatment program, how many days did you use <b>smokeless tobacco</b> (e.g., chewing tobacco, snuff, dissolvable tobacco)?	_____ # OF DAYS
i. How old were you when you began using smokeless tobacco (e.g., chewing tobacco, snuff, dissolvable tobacco) regularly (on a daily basis)?	_____ Years old 0 = Never used regularly

<b>2. Alcohol Use</b> <i>Alcohol includes beer, wine, wine coolers, liquor and grain alcohol. One drink is equivalent to a 12-ounce beer or wine cooler, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.</i>	
a. How old were you when you 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? <b>(If zero, skip to 3, illicit drug use)</b>	_____ # 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? <b>(If zero, skip to 3, illicit drug use)</b>	_____ # 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

<b>3. Select all the drugs you have used in the 12 months before entering this program:</b>	<b>IF USED</b>
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

3. Select all the drugs you have used in the 12 months before entering this program:	IF USED
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
I did not use ANY drugs in the 12 months before entering this program (skip to 6, illicit drug use age)	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

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?
<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:
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, etc.	1 = synthetic marijuana 2 = bath salts 3 = Kratom, Flakka, etc.

**(If any 30-day drug or alcohol use selected for the 30 days before entering treatment, skip to Q6)**

**(If no drug/alcohol use selected for past 30 days, go to Q5)**

5. Given that you report no substance use in the 30 days before entering treatment, 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

6. How many days did you use more than one substance per day in the past 30 days? (including alcohol, but excluding tobacco products) \_\_\_\_\_ days

7. How old were you when you first began to use illicit drugs like marijuana, cocaine, heroin, tranquilizers, stimulants, sedatives, barbiturates, inhalants or prescription painkillers not prescribed for you? \_\_\_\_\_ years old

8. Before you entered this treatment program, did you ever inject any drugs? 0 = No 1 = Yes
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 this 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. In addition, your presence at the center today means you have a desire to get help with your substance use problems. Please answer the following questions thinking about the 30 days before you entered this program.*

12. In the 30 days before you entered this program, how much money would you say you spent on alcohol? (Include only cash or monetary payments for alcohol you used or were planning on using) \$ \_\_\_\_\_

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. Justice System Involvement

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*In this section you will be asked to answer questions about your involvement with the justice system in the 12 months before you entered this program. Involvement in the justice system can change over time and this information will help us understand how involvement changes.*

1. In the 12 months before you entered this treatment program, how many **NIGHTS** were you incarcerated in a detention center, jail, or prison? \_\_\_\_\_ nights
  
2. Are you currently on probation? 0 = No 1 = Yes
  
3. Are you currently in a drug court program? 0 = No 1 = Yes
  
4. Are you currently in a court ordered diversion program (other than drug court)? 0 = No 1 = Yes
  
5. In the 12 months before you entered this treatment program, how many times have you been arrested for any offense? **(If 0, skip to Emotional Health Section)** \_\_\_\_\_ Times
  - 5a. How many of these arrests were for status offenses (e.g., truancy, out of control, runaway)? \_\_\_\_\_

## Section H. Emotional Health

The next questions are about common emotional health problems. This is an opportunity for you to describe problems you may have had in the 12 months before you entered this program. Please answer the next questions with how often you experienced these problems, using the response options: 0-Never, 1-Sometimes, and 2-Often.

1. In the 12 months before you entered treatment how often did you:	NEVER	SOMETIMES	OFTEN
a. Feel fidgety, unable to sit still?	0	1	2
b. Act as if you were driven by a motor? ( <i>Often on the go</i> )	0	1	2
c. Daydream too much?	0	1	2
d. Distract too easily?	0	1	2
e. Feel sad, unhappy?	0	1	2
f. Feel hopeless?	0	1	2
g. Have trouble concentrating?	0	1	2
h. Fight with your peers (other kids)?	0	1	2
i. Feel down on yourself ( <i>felt you were no good, couldn't do anything right</i> )?	0	1	2
j. Worry a lot?	0	1	2
k. Seem to be having less fun than is normal for you?	0	1	2
l. Not listen to ( <i>or follow</i> ) rules?	0	1	2
m. Not understand other people's feelings?	0	1	2
n. Tease others?	0	1	2
o. Blame others for your problems?	0	1	2
p. Take things that did not belong to you?	0	1	2
q. Have trouble sharing with others?	0	1	2
r. Destroy things belonging to others?	0	1	2
s. Threaten to hurt people?	0	1	2

2. In the 12 months before you entered treatment, did you:	NO	YES
a. Make yourself sick because you felt uncomfortably full?	0	1
b. Believe yourself to be fat when others said you were too thin?	0	1
c. Lose more than 14 lbs. in a 3-month period?	0	1
d. Harm yourself on purpose, like cutting or burning yourself?	0	1
e. Have thoughts of killing yourself?	0	1
f. Ever try to kill yourself?	0	1

3. The next set of questions asks about how you usually handle upset feelings. Please answer each question with one of the following responses: 1-Strongly disagree, 2-Disagree, 3-Not sure, 4-Agree, and 5-Strongly agree.

When you are upset or bothered by something...	STRONGLY DISAGREE	DISAGREE	NOT SURE	AGREE	STRONGLY AGREE
a. You rethink your thoughts or beliefs.	1	2	3	4	5
b. You take your feelings out on others verbally (e.g., shouting, arguing).	1	2	3	4	5
c. You think about people better off and make yourself feel worse.	1	2	3	4	5
d. You bully other people.	1	2	3	4	5
e. You rethink your goals or plans.	1	2	3	4	5
f. You take your feelings out on others physically (e.g., fighting, lashing out).	1	2	3	4	5
g. You ask others for advice.	1	2	3	4	5
h. You put the situation in perspective.	1	2	3	4	5
i. You harm or punish yourself in some way.	1	2	3	4	5
j. You dwell on your thoughts and feelings (e.g., it goes round and round in your mind).	1	2	3	4	5
k. You keep the feeling locked up inside.	1	2	3	4	5
l. You talk to someone about how you feel.	1	2	3	4	5
m. You try to make others feel bad (e.g., being rude, ignoring them).	1	2	3	4	5
n. Things feel unreal (e.g., you feel strange).	1	2	3	4	5
o. You concentrate on a pleasant activity.	1	2	3	4	5
p. You plan what you could do better next time.	1	2	3	4	5
q. You take your feelings out on objects around you (e.g., break something, punch something).	1	2	3	4	5
r. You seek physical contact from friends or family (e.g., a hug, hold hands).	1	2	3	4	5

4. In the **12 months before you entered treatment**, how would you rate the amount of stress in your life?

1                                  2                                  3                                  4                                  5                                  6  
 No stress                                  Extreme stress

5. On a scale of 1 to 6, how would you rate your ability to handle stress?

1                                  2                                  3                                  4                                  5                                  6  
 "I can shake off stress"                                  "Stress eats away at me"

6. During the **12 months before you entered treatment**, what have been the greatest causes of stress in your life? **(Select all that apply)**

- 1 = Death of a loved one
- 2 = Tension or conflict, or major changes in your family (e.g., marriage, divorce, moving, change in income, housing, arguments between household members)
- 3 = Tension or conflict, or major changes with friends or peers (e.g., ending friendships, in-fighting, arguments, someone badmouthing you)
- 4 = Tension or conflict, or major changes with partner (boyfriend, girlfriend, spouse) relationships (e.g., marriage, separation, arguments, violence)
- 5 = School demands (e.g., grades, coursework, interactions with teachers or administrators)
- 6 = Work demands
- 7 = Your health
- 8 = Community issues (e.g., drugs and violence in the neighborhood, gang violence, etc.)
- 9 = Planning and thinking about the future
- 10 = Death of a pet
- 11 = Involvement with the justice system (e.g., law enforcement, probation, juvenile court)
- 12 = Other, please specify: \_\_\_\_\_

## Section I. Recovery Supports

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*The final set of questions is about the recovery support you had available to you before you entered this program. Recovery supports are important to understand the recovery process over time.*

1. In the 30 days before you entered this treatment program, how many times did you attend AA, NA, MA or other recovery self-help group meetings? **(Please count the number 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 treatment program? 0 = No    1 = Yes    2 = Don't have a sponsor
3. How many people can you count on for recovery support when you need it? \_\_\_\_\_people
4. Thinking about the level of support you have for recovery in your life, how satisfied would you say you are?

1	2	3	4	5	6
Extremely dissatisfied	Fairly dissatisfied	A little dissatisfied	A little satisfied	Fairly satisfied	Extremely satisfied

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

1 = Employment

2 = Counseling

3 = Self-help (*this refers to programs or services like AA or NA*)

4 = My faith or religion

5 = Other people in recovery

6 = Support from family

7 = Support from friends

8 = Support from a partner (boy/girlfriend, spouse)

9 = Children (being responsible for dependents)

10 = The need to stay out of jail or prison

11 = Change in environment (staying away from certain people, places)

12 = Staying busy/keeping occupied

13 = Will power/self-talk/wanting it for myself (determination, motivation)

14 = Remembering the past/consequences

15 = Other, please specify: \_\_\_\_\_

98 = Selected only one response

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

## Follow-Up Study Status

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

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

*Remember, **all of your information is confidential.** Your name will never be reported by UK or 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 even revealing information about a person under a court order.** Your responses to these questions are well protected.*

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

# **ADOLESCENT CONSENT TO PARTICIPATE IN A TREATMENT OUTCOME STUDY**

University of Kentucky Medical Center, Center on Drug and Alcohol Research  
UK Health Follow-up Study

## **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. Your participation in this research project is completely voluntary. If you take part in this study, you will be one of about 500 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 Jennifer Cole, Ph.D. She is an Assistant Professor at the University of Kentucky. Robert Walker, M.S.W., L.C.S.W. and TK Logan, 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, family life, health status, legal status, stress and coping, 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. Some clients may be asked to complete a brief survey at discharge from the program. In addition, twelve months after you entered treatment, we will contact you by telephone for a follow-up interview. For the surveys, the total amount of time needed for this study is about 1 hour over the next year. In general, we usually contact the majority of the persons who agree to participate in the follow-up study.

## **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 and types of state-funded services you received. In addition, you are being asked to let the researchers collect information from public records of arrests and court events that have involved you. You or the people you list as contacts may be

contacted by phone, mail, email, or through social networking sites 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. If you are 18 years old or older, you should not be in this study.

### **WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?**

There are no known risks to participating in these interviews. It is perhaps possible that the questions will cause you some emotional discomfort since they might cause you to remember times when you were unhappy or under stress. Also, some people may be uncomfortable talking about confidential information. Because of the steps we have taken to protect your privacy, the risk of unauthorized disclosure is minimal. **If you have some discomfort during the 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 at the Center for Drug and Alcohol Research and the Adolescent Health and

Recovery Treatment and Training (AHARTT) program office at the University of Kentucky that are secure and under password protection. Files are encrypted to further protect your confidentiality.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislated, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

You should know that we may provide information to appropriate individuals or agencies if harm to you, harm to others, or child abuse is disclosed to us. The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. In addition, 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 for a completed follow-up interview at 12 months after treatment. In order to get the \$20 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 Principal Investigator, Jennifer Cole at 859-257-9332. 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 and the CHFS through the Attorney General's Office to better understand the treatment of substance abuse in state-funded programs and the impact the Attorney General's Office funds have on the effectiveness and scope of adolescent substance abuse treatment in the state. 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 "Do NOT agree"**

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



**If client answers “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 AKTOS, the UK Health Follow-up Study.

Client's Contact Information	
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 <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Mother In-law <input type="checkbox"/> Father In-law <input type="checkbox"/> Sister In-law <input type="checkbox"/> Brother In-law <input type="checkbox"/> Girlfriend <input type="checkbox"/> Boyfriend <input type="checkbox"/> Partner <input type="checkbox"/> Employer <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other, 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).

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

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

<b>Another contact address:</b>	
First and last name	
Address number and street name	
Apartment number (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 <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Mother In-law <input type="checkbox"/> Father In-law <input type="checkbox"/> Sister In-law <input type="checkbox"/> Brother In-law <input type="checkbox"/> Girlfriend <input type="checkbox"/> Boyfriend <input type="checkbox"/> Partner <input type="checkbox"/> Employer <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other, specify other relationship: _____

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