



# Adolescent Kentucky Treatment Outcome Study (AKTOS)

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

*JULY 2014 RELEASE*

*JULY 2023 UPDATE*

# Adolescent Kentucky Treatment Outcome Study (AKTOS) Intake Survey

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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 20-30 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. 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
2. 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

3. 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 Q3a, unless client is officially withdrawn from school)**

3a. When did you withdraw from school (Month/Year)?  
 \_\_\_\_\_Year \_\_\_\_\_Month **(Skip to Q5)**

4. 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

5. 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	

6. Are you currently participating in vocational/technical courses? 0 = No 1 = Yes

7. Have you ever repeated a grade in school? 0 = No 1 = Yes

8. 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)

9. Did you attend school in the last 3 months that school was in session? 0 = No 1 = Yes  
**(If no, skip to Q15 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
10. Did you skip at least one class?	_____
11. Were you in detention or in-school suspension?	_____
12. Were you under suspension (out of school) or expelled?	_____
13. Were you out of school due to involvement in juvenile court or social services?	_____
14. Did you miss school for any other reason (including illness)?	_____

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

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

17. 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 Q18**)

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)

17a. How many hours do you work per week on average? \_\_\_\_\_ hours/week

18. 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 Q9)**

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

4. How much do you want to be like the kind of person (he/she) is when you're an adult?

1	2	3	4
A lot	Quite a bit	Just a little	Not at all

	NEVER/ RARELY	SOMETIMES	OFTEN
5. How often do you and your primary caregiver do things together that you enjoy?	1	2	3
6. 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
7. When you have done something wrong, how often does your primary caregiver talk to you about what you did wrong?	1	2	3



8. 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

9. **(Ask only clients who selected any of the living situations in 8d-8k)** 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

10. 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**

11. 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**

12. 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

13. 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**

14. 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. Did a kid other than a brother or sister hit or physically attack you?	0	1
e. 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
f. 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
g. Did a boyfriend or girlfriend or anyone you went on a date with slap, hit, kick, or physically attack you?	0	1
h. 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
i. 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
j. 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
k. Was one of your parents ever pushed, grabbed, slapped, hit, kicked, punched, or beat up by another parent, or boyfriend or girlfriend?	0	1
l. Did you ever live with someone with an alcohol problem?	0	1
m. Did you ever live with someone who used drugs?	0	1
n. Was a household member depressed or mentally ill, or did a household member attempt suicide?	0	1
o. Did your parents ever divorce or live separately?	0	1
pt. Did a parent or other adult who was your caregiver die?	0	1
q. Did you feel that one or both of your parents abandoned you?	0	1
r. Did a household member go to prison?	0	1
s. Were you ever involved in foster care?	0	1

In your lifetime...	No	Yes
t. 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.**

1. In the past 12 months have you used medical marijuana (cannabis)?

0 = No (**Skip to Q2**) 1 = Yes

1a. In the past 12 months have you had certification from a doctor for medical cannabis in Kentucky (or had a medical marijuana card from Kentucky)?

0 = No 1 = Yes

1b. In the past 12 months have you had a medical marijuana card or prescription for marijuana from another state?

0 = No 1 = Yes

1c. During the past...how many...did you use...? *If there is no use during the past 12 months, skip to the next question and leave the 30 day column blank. (Interviewer note: if there was ANY use within a month it counts as a month's use. Ask specifically about behavior in "the past 30 days." Do not use "in the past month" as a substitute—this may lead to confusion and inaccurate responses.)*

	Past 12 Months (# OF MONTHS)	Past 30 Days (# OF DAYS)
Medical marijuana (cannabis)		

2. Have you used any of the following sold over-the-counter legal substances in the past 12 months? (If yes for past-12-month use, ask about past 30 days): ...in the past 30 days?

**(Online program will display substances selected "yes" for past 12 month use to ask about past-30-day use)**

	Past 12 Months <b>0 = No 1 = Yes</b>	Past 30 Days <b>0 = No 1 = Yes</b>
Kratom	0 1	0 1

SUBSTANCE	
<b>3. 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>4. 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>5. Select all the drugs you have used in the 12 months before entering this program:</b>	<b>IF USED</b>
Marijuana (NOT obtained as medical marijuana for you) (e.g., Hashish/Pot)	0=NO 1=YES
Opiates/opioids, analgesics, pain killers not prescribed for you (e.g., morphine, Percocet®, oxycodone, Oxycontin®, Lortab®, hydrocodone, Dilaudid®, opana)	0=NO 1=YES
Methadone not prescribed for you (e.g., dolophine, LAAM)	0=NO 1=YES
Subutex®/Suboxone® or buprenorphine that was not prescribed for you (include butran patch)	0=NO 1=YES
Heroin (e.g., smack, H, junk, skag)	0=NO 1=YES
Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you (e.g., Benzodiazepines (such as Valium, Xanax, Librium, and Halcion), GHB, liquid ecstasy, Ketamine, (such as Special K, Vitamin K), downers, nerve pills)	0=NO 1=YES
Barbiturates not prescribed for you (e.g., mephobarbital, Mebacut, pentobarbital, Nembutal®, Seconal®, Amytal®)	0=NO 1=YES
Stimulants not prescribed for you (e.g., methamphetamine, Dexedrine®, Adderall®, crystal, uppers, speed, MDMA, Ritalin®, Ecstasy, crank)	0=NO 1=YES
Cocaine/crack (e.g., Cocaine crystal, free-base cocaine, crack, or rock cocaine)	0=NO 1=YES
Hallucinogens/psychedelics (e.g., PCP, LSD, Mushrooms, Mescaline, psilocybin)	0=NO 1=YES
Inhalants (e.g., poppers, Rush, Whippets or "huffing" paint, glue, aerosol can spray)	0=NO 1=YES
Synthetic/Designer/Novel drugs (e.g., synthetic marijuana, K2, spice, bath salts, flakka)	0=NO 1=YES
Tianeptine (e.g., ZaZa, Tianna Red)	0=NO 1=YES
I did not use ANY drugs in the 12 months before entering this program <b>(skip to 6, illicit drug use age)</b>	1 = No drugs used

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

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?
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 = Flakka, etc.	1 = synthetic marijuana 2 = bath salts 3 = Flakka, etc.
m. <b>Tianeptine</b> — <i>ZaZa, Tianna Red</i>		
n. Have you used any <b>other illicit drugs I haven't mentioned?</b> specify:  (If multiple other drugs, be sure to record how many months and days they used for each substance individually)		

**(If any 30-day drug or alcohol use selected for the 30 days before entering treatment, skip to Q8)**

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

7. 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

8. 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

9. In your lifetime, how many times have you overdosed on drugs (in other words, you required intervention by someone to recover, not simply sleeping it off; including suicide attempts by overdose)? \_\_\_\_\_ times **(If 0, skip to Q10)**

9a. In the past 12 months how many times have you overdosed on drugs? \_\_\_\_\_ times

10. Before you entered this treatment program, did you ever inject any drugs?      0 = No      1 = Yes

11. 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

12. Have you ever received buprenorphine/naloxone (Suboxone™), naltrexone (Vivitrol), or methadone as part of a medication-assisted treatment (MAT) for your substance abuse problems?

0 = No (If No, skip to Q13) 1 = Yes (Go to 12a)

12a. How many total months out of the past 12 months did you use any prescribed buprenorphine/naloxone (Suboxone™), naltrexone (Vivitrol™), or methadone for substance abuse? \_\_\_\_\_ Months

12b. How many days in the past 30 did you use any of those medications? \_\_\_\_\_ Days

12c. What type of medication did you receive (Please choose all that apply)?

1 = Suboxone/Subutex (buprenorphine)

2 = Methadone

3 = Vivitrol

4 = Other (Please specify) \_\_\_\_\_

12d. Where did you get the medication you most recently used?

1 = Prescribed by a doctor in a general medical practice

2 = Prescribed by a doctor in a specialty clinic

3 = Dispensed in a clinic

12e. Thinking about the most recently prescribed medication-assisted treatment, do you think the medication: (Please select one)

1=Helped you TREAT your drug problems

2=HAD NO EFFECT on your drug problems

3= Made your drug problems WORSE

**(ASK EVERYONE)**



Over the past 12 months have you:

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

26. Thinking about what you just told me, what substances did you have the most problems with (starting with the most problematic)?

1 = Alcohol	1 = Alcohol	1 = Alcohol
2 = Cannabis (marijuana)	2 = Cannabis (marijuana)	2 = Cannabis (marijuana)
3 = Opiates or painkillers not prescribed to you	3 = Opiates or painkillers not prescribed to you	3 = Opiates or painkillers not prescribed to you
4 = Methadone not prescribed to you	4 = Methadone not prescribed to you	4 = Methadone not prescribed to you
5 = Suboxone/Subutex not prescribed to you	5 = Suboxone/Subutex not prescribed to you	5 = Suboxone/Subutex not prescribed to you
6 = Heroin	6 = Heroin	6 = Heroin
7 = Sedatives or tranquilizers not prescribed to you (e.g., valium, Xanax, muscle relaxants)	7 = Sedatives or tranquilizers not prescribed to you (e.g., valium, Xanax, muscle relaxants)	7 = Sedatives or tranquilizers not prescribed to you (e.g., valium, Xanax, muscle relaxants)
8 = Barbiturates not prescribed to you	8 = Barbiturates not prescribed to you	8 = Barbiturates not prescribed to you
9 = Stimulants (e.g. methamphetamine, amphetamines, ecstasy/MDMA)	9 = Stimulants (e.g. methamphetamine, amphetamines, ecstasy/MDMA)	9 = Stimulants (e.g. methamphetamine, amphetamines, ecstasy/MDMA)
10 = Cocaine/crack	10 = Cocaine/crack	10 = Cocaine/crack
11 = Hallucinogens/psychedelics	11 = Hallucinogens/psychedelics	11 = Hallucinogens/psychedelics
12 = Inhalants	12 = Inhalants	12 = Inhalants
13 = Synthetic/designer drugs (e.g., synthetic marijuana, bath salts)	13 = Synthetic/designer drugs (e.g., synthetic marijuana, bath salts)	13 = Synthetic/designer drugs (e.g., synthetic marijuana, bath salts)
14 = Other, specify other:	14 = Other, specify other:	14 = Other, specify other:
15 = Tianeptine (ZaZa, Tianna Red)	15 = Tianeptine (ZaZa, Tianna Red)	15 = Tianeptine (ZaZa, Tianna Red)
0 = I have no preference	98 = No 2 <sup>nd</sup> problematic substance	98 = No 3 <sup>rd</sup> problematic substance

## Section G. Justice System Involvement

*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

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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



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

6. Can you please tell me how much you agree with the following statement: It is important to me to help others who have had substance use problems.

Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

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

Thank you for considering participation in the follow-up study. This study helps improve programs like the one you are entering. This is a summary of the study and the consent form, on the next page, has more details. The Health Follow-Up study staff from the University of Kentucky may contact you in about 12 months from now if: (1) you agree to be contacted; and, (2) you are selected.

### **What will I be asked to do?**

If you agree and are selected, we will contact you by phone in about 12 months for a short survey (about 15 minutes). You will be paid \$20 for your time. We will ask you about your program experience and how you have been doing during the past 12 months.

The information you provide can help others across the state and help improve programs.

You can agree to participate now, but you will also be able to decide whether or not to agree to participate if we contact you.

### **Who will see my answers?**

No one will know what you tell us. Your name is not attached to your answers so they can't be traced back to you. About 200-300 other people across Kentucky participate in this study each year and all of your feedback will be reported as a group. No names are ever revealed.

### **Why should I sign up?**

Everyone has a different treatment experience and we want to hear about yours! After you finish the survey, the University of Kentucky will send you a \$20 check as a thank you for your feedback and time.

### **How do I sign up?**

Let us know, on the page below, if you want to be contacted about the follow-up study. We will also need information about how to contact you about 12 months from now.

None of your information will ever be given out to anybody but you. We will use a special security process to verify we are speaking to only you when we call.

### **What if I have questions?**

You can check out our website at [ukhealthfollowup.com](http://ukhealthfollowup.com), text or call us at 866-304-5467 for more information, or call Dr. Jennifer Cole at 859-323-5467 with any questions or concerns.

# **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 200-300 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 Associate Professor at the University of Kentucky. TK Logan, Ph.D. also works 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 learning more about your treatment program experience.

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

When you come in for your treatment intake visits, your counselor will ask you questions about substance use and related behaviors. In addition, twelve months after you entered treatment, we will contact you by telephone for a follow-up interview. The follow-up interview takes about 20 minutes. 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 not be asked to take part in any experimental treatments or procedures.

You will also be asked to give contact information so that we can contact you in 12 months. We will ask you for 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 such as Facebook in order to reach you to complete the follow-up interview. We may use publicly available databases to find updated information in order to contact you about completing the follow-up interview. In some cases, we may confidentially try to contact you through addresses or phone numbers that are or have been linked to you in some way by mail or phone.

### **ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?**

There are no conditions that would keep you from taking part in this study. If you are only in detoxification or just in DUI education, you should not be in the study. 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. There is no compensation for the intake interview.

### **WHAT IF I HAVE QUESTIONS?**

Before you decide whether to participate in this follow-up study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the 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. At that time, a participant can decide again whether they do or do not want to participate in the follow-up interview. Choose one of the following answers:

- I agree to be contacted for participation in the research study
- I do NOT agree to be contacted for 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 let us get in touch with you in the future.** This last section asks you about some information to help us contact you. 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. We will only use this information to locate you in the future, and it will not be given to anyone else. One thing we will ask is whether we can contact someone you know (like your mother or grandmother) to reach you. If we do that, we will not tell that person anything except that you have been asked to take part in a **health program follow-up study.**

Thank you for agreeing to let us get in touch with you in the future. This last section asks you about some information to help us contact you. 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. We will only use this information to locate you in the future, and it will not be given to anyone else. One thing we will ask is whether we can contact someone you know (like your mother or grandmother) to reach you. If we do that, we will not tell that person anything except that you have been asked to take part in a **health program follow-up study**.

1. In order to make sure we are only talking to you at the follow-up please pick two security questions from the list below and provide responses you will remember about one year from now.

a. What is the name of your first pet? \_\_\_\_\_

b. What was the make/model of your first car? \_\_\_\_\_

c. In what city were you born? \_\_\_\_\_

d. What was the name of the last elementary school you attended? \_\_\_\_\_

e. What was your childhood nickname? \_\_\_\_\_

f. What is the name of your favorite childhood friend? \_\_\_\_\_

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.

<u>2. Client's Contact Information</u>	
Client's Maiden Name or other associate name (Alias, nickname)	
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	
Home phone number (including area code)	
Cell phone number (including area code)	
Do you have any other phone numbers we can contact you by? (including area code)	
Is this the client's address?	_____ Yes _____ No
If this is not the client's address, whose address is this? Name (First, Last)	
Relationship with the client	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Spouse/partner/girlfriend/boyfriend <input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Mother In-law/Father In-law <input type="checkbox"/> Sister In-law/Brother In-law <input type="checkbox"/> Employer/Co-worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other, please specify other relationship: _____

Please provide the TWO best people who will always know where to find you. Mothers and female relatives tend to keep up with people really well. **Remember, the interviewers will NEVER reveal that you were in treatment** or give out any personal information other than that you agreed to be called for the UK Health Follow-up Study.

#### 4. Person 1

Next best address:	
First and last name	
Address number and street name	
Apartment number (if applicable)	

City name	
State name	
Zip code	
Home phone number <b>(including area code)</b>	
Cell phone number <b>(including area code)</b>	
Email address	
Relationship with the client (select one)	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Spouse/partner/girlfriend/boyfriend <input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Mother In-law/Father In-law <input type="checkbox"/> Sister In-law/Brother In-law <input type="checkbox"/> Employer/Co-worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: Specify other relationship: _____

## 5. Person 2

<u>Another contact address:</u>	
First and last name	
Address number and street name	
Apartment number (if applicable)	
City name	
State name	
Zip code	
Home phone number <b>(including area code)</b>	
Cell phone number <b>(including area code)</b>	
Email address	

Relationship with the client (select one)	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Spouse/partner/girlfriend/boyfriend <input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Mother In-law/Father In-law <input type="checkbox"/> Sister In-law/Brother In-law <input type="checkbox"/> Employer/Co-worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: Specify other relationship: _____
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6. We may contact you by sending messages through Facebook messenger or some other social media platform. We would only use Facebook messenger or social media to contact you, or your listed contact person, to try to get in touch with you. We will not disclose any private information.

What is your Facebook name? \_\_\_\_\_

\*Note: Messages would come from our study Facebook community page (Ukhfs Page (Health Follow Up Study) or Ukhfs K Page (Kentucky Health Follow Up)). We may send you a friend request from our page, however your Facebook friends may be able to see this activity. If you decide to not follow our page, please check your messenger junk folder for messages from our study team. Additionally, we advise you not to disclose any private information in Facebook messages that you send to us.

Privacy disclaimer: We will not share your private information, however all communication using Facebook messenger is subject to Facebook’s privacy and data policies. Facebook collects content and other information messaged or communicated with others. This can include information in or about the content you provide, such as the location of a photo or the date a file was created. More information can be found at [www.facebook.com/about/privacy/](http://www.facebook.com/about/privacy/)

7. What is the best email address to reach you? \_\_\_\_\_

7a. Other email address to reach you? \_\_\_\_\_

**8. What is your username on:**

**Instagram:**

**Twitter:**

**TiKToK:**

**Other:**

**9. What is the best way to reach you (check all that apply)?**  Text message  Phone call  Email

Facebook  Work  Social Media

9. If work is a good place to contact you please provide your work contact information:

Company/Agency name	
Office or Unit Number	
Company/Agency Phone number	

10. If one year from now, someone owed you \$1000 and your phone number and address had changed, how would that person find you to give it to you?

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