

**Criminal Justice Kentucky Treatment Outcome Study (CJKTOS)  
for use with clients ages 18 and older**

**Psychosocial and Substance Use History**

**Baseline Interview**

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

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

**Counselor, please answer the following questions before beginning the interview with the client.**

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

1. What is your program status?
  - a. Inmate (SAP)
  - b. Parolee (SAP)
  - c. Jail Diversion
  - d. Parolee (CMHC)
  - e. County Inmate (SAP)
  - f. PSAP
  - g. Probationer
  
2. Client's name: First \_\_\_\_\_ Last \_\_\_\_\_
  
3. What is the client's date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_
  
4. Do you have an inmate number? 0 = No 1 = Yes
  - a. If yes, what is your inmate number? \_\_\_\_\_
  
5. What is the client's social security number?  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_
  
6. What charge(s) are you currently serving time for?: (Check all that apply)
  - Arson
  - Assault
  - Burglary, larceny, B & E
  - Child support
  - Contempt of Court
  - Disorderly conduct, vagrancy, public intoxication
  - Domestic violence (EPO, DVO violation)
  - Driving while intoxicated
  - Drug charges
  - Escape
  - Fleeing and evading
  - Forgery or theft by deception
  - Homicide/manslaughter
  - Other major driving violations (reckless driving, speeding, no license, etc.)
  - Parole/Probation violations

- Prostitution
- Rape, sodomy, or sexual abuse
- Receiving stolen property
- Robbery
- Shoplifting/vandalism
- Stalking
- Tampering with physical evidence
- Theft by unlawful taking
- Wanton endangerment
- Weapons offense
- Other charges? Specify other charges: \_\_\_\_\_

7. What is your county of conviction: \_\_\_\_\_

8. At which institution will the client be receiving treatment for substance use disorder? \_\_\_\_\_

- Blackburn Correctional Complex
- Boyle County Detention Center
- Breckinridge County Detention Center
- Bullitt County Detention Center
- Christian County Detention Center
- CTS-Russell
- Daviess County Detention Center
- Dismas- Diersen
- Dismas - Owensboro
- Fulton County Detention Center
- Grant County Detention Center
- Grayson County Detention Center
- Green River Correctional Complex
- Hardin County Detention Center
- Harlan County Detention Center
- Henderson County Detention Center
- Hope Center
- Hopkins County Detention Center
- KCIW
- KSR-Phoenix Program
- KSR-SAP
- Laurel County Detention Center
- Little Sandy Correctional Complex
- Marion County Detention Center
- Mason County Detention Center
- Northpoint Training Center
- Pike County Detention Center
- Powell County Detention Center
- Roederer Correctional Complex
- Shelby County Detention Center
- Southeast State Correctional Complex
- St. Ann's - Louisville
- Three Forks Regional Jail
- Western Kentucky Correctional Complex
- Willow (Women Invested in Living and Loving Ourselves Well) @ KCIW

9. a. Clinician/Staff Person's First and Last Name: \_\_\_\_\_

**PRELIMINARY QUESTIONS**

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

1. **Date of Baseline Interview** [Date this Baseline 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. What was your date of referral to the corrections-based treatment program for substance use disorder? \_\_/\_\_/\_\_\_\_
3. Do you have a parole eligibility date? 0=No(***If no, skip to Q5***) 1=Yes
4. What is your parole eligibility or parole upon completion date? \_\_/\_\_/\_\_\_\_
5. What is the date you entered treatment? [Date the client was admitted into this treatment episode]:  
 \_\_\_\_\_MM/\_\_\_\_\_DD/\_\_\_\_\_YYYY
6. Prior to this incarceration, how many months were you on the street (not incarcerated or in another controlled environment)? \_\_\_\_\_ months

## **INTRODUCTION**

The following questions are part of the Criminal Justice **Kentucky Treatment Outcome Study or CJKTOS**. CJKTOS is an important part of Kentucky's plan to improve treatment for individuals with substance use disorder. CJKTOS involves collecting information from clients before and after treatment to gain insight into the treatment process and the individuals involved in treatment programs.

**CKTOS 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 30 minutes. You will answer a series of questions about physical and mental health, education and employment, substance use, legal involvement, and recovery support.

**Part two** is a phone interview about 12 months from now. At the end of part one, you'll be asked to volunteer for the second half of the study. If you agree, your name will be included in the pool of clients who may get a phone call from the **University of Kentucky Health Follow-up Study** to answer similar questions in about one year. Clients who complete the **second half of the survey** are sent a "thank you" check for **\$30** 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 treatment for substance use disorder.

## **Section A. BASIC CLIENT INFORMATION**

These first few questions are basic questions we need to get the interview started.

1. What is your gender?
  - 1 = Male
  - 2 = Female
  - 3 = Transgender (male to female)
  - 4 = Transgender (female to male)
  - 5 = Non-binary
  - 99 = Other: \_\_\_\_\_

2. What race /ethnicity do you consider yourself to be? **Select ALL that apply.**

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

### **Section B. DEMOGRAPHIC, EDUCATION, EMPLOYMENT**

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

1. What is your **current** marital status?

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

2. **If not married**, were you living with an intimate partner prior to your current incarceration?

- 0=No 1 = Yes

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

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

4. Have you ever been told you have a learning disability? 0=No 1=Yes

5. Have you ever had to repeat a grade? 0=No 1=Yes

6. Have you ever been in special education? 0=No 1=Yes

- a. If yes, which grades were you in special education? Choose ALL that apply.
  - 1=1<sup>st</sup> grade
  - 2=2<sup>nd</sup> grade
  - 3=3<sup>rd</sup> grade
  - 4=4<sup>th</sup> grade
  - 5=5<sup>th</sup> grade
  - 6=6<sup>th</sup> grade
  - 7=7<sup>th</sup> grade
  - 8=8<sup>th</sup> grade
  - 9=9<sup>th</sup> grade
  - 10=10<sup>th</sup> grade
  - 11=11<sup>th</sup> grade
  - 12=12<sup>th</sup> grade

7. Are you a veteran or currently in the military, Reserves, or National Guard? This includes anyone who has served or is currently serving in the armed forces. 0 = No 1 = Yes (**if no, go to Q8**)

7a. In what war did you last serve?

- 1 = Korean
- 2 = Vietnam, Southeast Asia
- 3 = Iraq, 1990 (Persian Gulf, Operation Desert Storm)
- 4 = Operation Iraqi Freedom (OIF)
- 5 = Operation Enduring Freedom (OEF)
- 6 = Bosnia or Somalia
- 7 = Did not serve in a war/not deployed to a combat zone
- 8 = Other: Specify \_\_\_\_\_

7b. Do you have a service-connected disability? 0 = No 1 = Yes

7c. In the 12 months prior to this incarceration, did you receive health services at a Veterans Administration Hospital or VA center?

0 = No 1 = Yes

7d. –In the 12 months prior to this incarceration, were you on active duty? 0 = No 1 = Yes

7e. In the 12 months prior to this incarceration, were you in the National Guard?

0 = No 1 = Yes

8. How many months in the 12 months prior to this incarceration have you been employed at least part-time? Two weeks or more at a job counts as one month.

\_\_\_\_\_ Months

9. What was your usual employment pattern in the 12 months prior to this incarceration (i.e., your work pattern most of the time)?

- 1 = Full time (35+ hours per week)
- 2 = Part-time (<35 hours per week)
- 3 = Part-time (irregular, day work)
- 4 = Unemployed, student
- 5 = Retired
- 6 = Disability/applied for disability
- 7 = Unemployed, homemaker/caregiver
- 8 = Unemployed

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

- 0 = Not employed (**Skip to Q11**)
- 1 = Fulltime (35+ hours per week)
- 2 = Part-time (<35 hours per week)
- 3 = Occasional, from time to time, or seasonal work

10a. How long did you have your last job prior to this incarceration (in months)? Enter longest time if you had multiple jobs. \_\_\_\_\_ Months

10b. What was your **hourly** wage? If multiple jobs, enter the highest wage. If you receive a salary, please estimate how much you made an hour based on the typical number of hours you work in a week.

\$ \_\_\_\_\_.

10c. In the 30 days prior to this incarceration, what type of work did you do? **Select one**. If multiple jobs, select the type of job you work most often.

- 1 = **Professional** (e.g., librarian, healthcare professional such as RN, EMT, dental hygienist, physician, claims adjuster, mental health counselors, social workers, probation officers, paralegal, court reporter, teacher, teacher assistant, photographer, clergy, entertainer)
- 2 = **Service** (e.g., food preparation and serving, child care, adult day care, health care support such as CNA, massage therapist, phlebotomist, landscaping, janitorial/cleaning, housekeeping, pest control, police officer, lifeguard, security guard, hair stylist, personal trainer, restaurant manager)
- 3 = **Sales and Office** (e.g., office and administrative support, cashier, retail sales, real estate,

telemarketer, bookkeeping, bank teller, hotel desk clerk, postal service, data entry worker, store manager)

4 = **Natural Resources, Construction, and Maintenance** (e.g., mining, fishing, farming, nursery worker, logging, forestry, construction, carpenter, plumber, roofer, mechanic, repair shop, computer repair, utility worker, heating/air conditioning tech)

5 = **Production, Transportation, and Material Moving** (e.g., factory production line, baker, butcher, dry cleaning, tailor, woodworking, power plant, flight attendant, bus driver, taxi driver, packager, welder, sanitation worker)

6 = **Military Specific**

7 = **Other, specify:** \_\_\_\_\_

10d. Were you also in school or receiving additional vocational training while working?

0 = No 1 = Yes

**If Employed, SKIP Q11, ask everyone Q12 & Q13.**

11. If you were not employed in the 30 days prior to this incarceration, how would you describe yourself?

**Select one.**

1 = Unemployed, but looking for work

2 = Unemployed, but on furlough or temporarily laid-off

3 = Unemployed, but keeping house or caring for children fulltime

4 = On disability/applied for disability

5 = Retired

6 = Student/in training

7 = In a controlled environment/prohibited from working

8 = Unemployed, not looking for work

9 = Other, specify: \_\_\_\_\_

12. Do you expect to be employed in the 12 months post-release? 0 = No 1 = Yes

13. Have you received SSI or SSDI benefits? 0=No 1=Yes

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

<b>In the 12 months prior to this incarceration</b>	<b>0 = NO 1 = YES</b>
a. Did you/your family have difficulty paying the full amount of rent or mortgage?	0 1
b. Were you/your family evicted from your home/apartment for not paying the rent?	0 1
c. Were you/your family unable to pay the gas or electric bill?	0 1
d. Were you/your family unable to pay your phone/cell phone bill?	0 1
e. Was there a time when there was not enough food in your household to eat?	0 1
f. Did you or someone in your household need to see a doctor or go to the hospital but weren't able to because of financial reasons?	0 1
g. Did you or someone in your household need to see a dentist but didn't go because of financial reasons?	0 1
h. Did you or someone in your household need to fill a prescription for medication but were unable to because of cost?	0 1

**Section C. LIVING SITUATION & DAILY LIFE**

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

1. Did you consider yourself to be homeless at any point during the 12 months prior to this incarceration? 0 = No  
1 = Yes (***If no, go to Q2***)

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

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

1b. In the 12 months prior to this incarceration how many months did you consider yourself homeless? (*Note: two weeks or more equals a month*)

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

2. **In the 30 days prior to this incarceration**, how many nights were you in a facility where you were not free to come and go as you pleased like a hospital, jail, or residential drug treatment program (not a shelter)?  
\_\_\_\_ TOTAL nights

3. **In the 12 months prior to this incarceration**, where did you live most of the time? **Select one.**

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

4. **With whom** did you live most of the time in the 12 months prior to this incarceration? Select all that apply.

- Your intimate partner (boy/girlfriend, wife/husband)
- Your children or your partner's children
- Your parents
- Friends
- Other family members (siblings, aunt, uncle, grandparent, etc...)
- Alone
- Other: Specify \_\_\_\_\_

5. How many children, who are still living, have you ever had in your lifetime? \_\_\_\_ child/ren (***If 0, skip to Q6***)

5a. How many of those children were under the age of 18 at any point in the 12 months prior to this incarceration? \_\_\_\_\_ child/ren (***If 0, skip to Q6***)

5b. How many of your children under the age of 18 lived with you at any point in the 12 months prior to this incarceration? \_\_\_\_\_ child/ren

5c. How many of your children under the age of 18 are in someone else's temporary legal custody? \_\_\_\_\_ child/ren

5d. For how many of your children in your lifetime have you lost parental rights (parental rights were terminated)? \_\_\_\_\_ child/ren

6. Did you have caregiver responsibility for any children who are not your own children (e.g., stepchildren, foster children, partner's children, grandchildren, nieces/nephews) in the 12 months prior to this incarceration? 0 = No 1 = Yes

7. Many individuals have to travel to obtain needed health care services. What was the county and state where you lived for most of the 12 months prior to this incarceration?

\_\_\_\_\_ County \_\_\_\_\_ State

**Section D. HEALTH**

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

1. How would you rate your overall health during the 12 months prior to this incarceration?
  - 1 = Poor
  - 2 = Fair
  - 3 = Good
  - 4 = Very good
  - 5 = Excellent

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

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

3. Thinking about your **physical health**, which includes physical illness and injury, during the 30 days prior to this incarceration, how many days was your physical health not good? \_\_\_\_\_ days
4. Thinking about your **mental health**, which includes stress, depression and problems with emotions, during the 30 days prior to this incarceration, how many days was your mental health not good? \_\_\_\_\_ days

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

5. During the 30 days prior to this incarceration, about how many days did **poor physical or mental health** keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_ days
6. **[Females only]** Another area for special health care needs and services is during pregnancy. Are you currently pregnant? **(If no, skip to Q7)** 0 = No 1 = Yes 99= n/a (client is male)

6a. How many weeks have you been pregnant? \_\_\_\_\_ Weeks (0-45)



7. Body-mass index number or BMI is based on a person's height and weight. BMI helps to show current health status and suggests the possibility of certain health risks. How tall are you in feet and inches? \_\_\_\_\_ Feet  
\_\_\_\_\_ Inches
8. How much do you weigh in pounds? \_\_\_\_\_ lbs.
9. An important health problem is chronic pain. Chronic pain persists or recurs for 3 months or longer. It typically includes pains like what you get from arthritis, fibromyalgia or unhealed injuries. It does not include minor headaches, or temporary pain from minor injuries. Have you had serious chronic pain persisting or recurring for 3 months or longer during the 12 months prior to this incarceration?

0=No 1 = Yes

10. What type of medical insurance did you have prior to this incarceration? **Select one.**
- 1 = No medical insurance
  - 2 = Insurance through your employer
  - 3 = Insurance through your partner's employer
  - 4 = Insurance through Health Exchange
  - 5 = Other private insurance (self-employed)
  - 6 = Medicaid (Medical card, Passport)
  - 7 = Medicare
  - 8 = VA/Champus/Tricare
  - 9 = Insurance through parents or parent's employer
  - 10 = Other: Specify \_\_\_\_\_

**While people have problems due to drug or alcohol use, many also have problems in other areas of life like health, employment, or relationships. In the next section you will be asked if you feel you have significant problems in certain areas of your emotional health. This is an opportunity for you to describe problems you may have had in the 12 months prior to this incarceration.**

**In the 12 months prior to this incarceration...**

11. Did you have two weeks in a row when you were consistently depressed or down, most of the day, nearly every day? 0 = No 1 = Yes
12. Did you have two weeks in a row when you were much less interested in most things or much less able to enjoy the things you used to enjoy most of the time? 0 = No 1 = Yes

**(If no to both Q11 & Q12, skip to Q13)**

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

13. In the 12 months before you entered treatment, did you have a time period lasting 6 months or longer where you worried excessively or were anxious about multiple things on more days than not for all 6 months (like family, health, finances, school, or work difficulties)?  
 0 = No      1 = Yes (*If no, skip to Q14*)

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

14. Have you ever been exposed to actual or threatened death, serious injury, or sexual violence in one or more of the following ways - by:	NO	YES
a. Directly experiencing the traumatic event?	0	1
b. Witnessing the traumatic event in person as it occurred to others?	0	1
c. Learning about the traumatic event occurring to a family member or close friend?	0	1
d. Experiencing repeated or extreme exposure to details of a traumatic event (seeing bodily injury, seeing directly the results of violence)?	0	1

If all responses to Q14 are 0, then (SKIP to Q19)

15. Following the traumatic event, have you had	NO	YES
a. Recurring involuntary, intrusive and distressing memories of the event(s)?	0	1
b. Recurring distressing dreams related to the event(s)?	0	1
c. Flashbacks or loss of awareness of your surroundings related to the event(s)?	0	1
d. Intense psychological distress when exposed to cues that symbolize the event(s)?	0	1
e. Marked physical reactions to cues that symbolize the event(s)?	0	1

16. Do you consistently avoid reminders of the traumatic event by avoiding places or persons associated with the event?  
 0 = No      1 = Yes (*If no, skip to Q19*)

17. Apart from your substance use, do you have negative changes in your thinking or mood associated with the traumatic event such as:

For at least a one-month period have you had...	NO	YES
a. Inability to remember important details of the event?	0	1
b. Persistent negative beliefs about yourself such as "I am bad"?	0	1
c. Persistent or distorted beliefs about the event such as believing you caused it?	0	1
d. Persistent fear, guilt, anger, or shame?	0	1
e. Diminished interest in significant activities?	0	1
f. Feelings of being detached from others?	0	1
g. Persistent inability to experience positive emotion?	0	1

18. Apart from the effects of your substance use, do you experience more nervousness or increased reactivity associated with the traumatic event as in:

For at least a one-month period, have you had...	NO	YES
a. Irritability or angry outbursts?	0	1
b. Reckless or self-destructive behavior	0	1
c. Being overly watchful and vigilant?	0	1
d. Exaggerated startle response?	0	1
e. Problems with concentration?	0	1
f. Problems getting to sleep or staying asleep?	0	1

19. Were you ever a victim of partner violence? 0 = No 1 = Yes

20. Have you ever had a protective order against you for partner violence? 0 = No 1 = Yes

21. During the 12 months prior to this incarceration have you experienced loss of a loved one or serious grief about some event in your life? 0 = No 1 = Yes

**During the 12 months prior to this incarceration, did you...**

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

**(IF YES)** 22b. Did you have thoughts about ending your life or committing suicide in the 30 days prior to this incarceration? 0 = No 1 = Yes

23. Did you attempt to commit suicide? 0 = No 1 = Yes

24. How at risk do you feel you are of being harmed by others (e.g., feel threatened, afraid to be alone for fear someone will hurt you)?

- 0 = Not at any risk
- 1 = At very little risk
- 2 = At moderate risk
- 3 = At very high risk

25. Have you ever been told by a doctor or other mental health professional that you have schizophrenia or bipolar disorder? 0 = No 1 = Yes

**Section E. SUBSTANCE USE**

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

1. TOBACCO/NICOTINE USE		
a. In the 12 months prior to this incarceration, how many months did you <b>smoke tobacco products</b> (e.g., cigarettes, cigars, pipes, bidis, cigarillos)? Do NOT include use of electronic cigarettes (electronic vapor products, e-cigarettes, e-pipes, vape pipes, vaping pens, and e-hookahs). <b>(If zero, skip to 1d, how old)</b>		# of months
b. In the 30 days prior to this incarceration, how many days did you <b>smoke tobacco products</b> (e.g., cigarettes, cigars, pipes, bidis, cigarillos)?		# of days
c. On the days you smoke cigarettes, how many cigarettes on average do you smoke a day (20 in a pack)?		# cigarettes
d. How old were you when you began smoking regularly (on a daily basis)?		____ Years old 0 = Never used regularly
e. In the 12 months prior to this incarceration, how many months did you use <b>E-cigarettes</b> (electronic cigarettes, devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)?		# of months

f. In the 30 days prior to this incarceration, how many days did you use <b>E-cigarettes</b> (electronic cigarettes, devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)?	# of days
g. In the 12 months prior to this incarceration, how many months did you use <b>smokeless tobacco</b> (e.g., chewing tobacco, snuff, dissolvable tobacco)? <i>(If zero, skip to 1i, how old)</i>	# of months
h. In the 30 days prior to this incarceration, how many days did you use <b>smokeless tobacco</b> (e.g., chewing tobacco, snuff, dissolvable tobacco)	# of days
i. How old were you when you began using <b>smokeless tobacco</b> regularly (on a daily basis)?	Years old 0=Never used
<b>2. ENERGY DRINK USE</b>	
a. Have you <b>EVER</b> had an energy drink in your life? <i>Popular brands include Red Bull, Monster, Rockstar, NOS, Amp, and Full Throttle, but there are others. DO NOT include sports drinks, such as Gatorade or Powerade.” (If zero, skip to 3a.)</i>	0=No 1=Yes
b. In the 12 months prior to your current incarceration, in how many months have you consumed an energy drink?(if 0, skip to 3a)	# of months
c. In the 30 days prior to your current incarceration, on how many days have you consumed an energy drink?	# of days
d. In the 12 months prior to your current incarceration, did you have an energy drink in the following places? Select all that apply.	0= Never used 1= at work 2=at school 3= while driving 4= at home 5=At someone else's house 6=At a restaurant 7=At a bar/pub/nightclub 8=At a gym or while playing sports 9=Somewhere else _____
e. In the 12 months prior to your current incarceration, did you use energy drinks for any of the following reasons? Select all that apply.	1=to stay awake or help concentrate for studying/work 2=to stay awake or alert for driving 3=to feel awake in general (not for a specific activity) 4=For going out or partying 5=To mix with alcohol 6=To cope with a hangover 7=To sober up after drinking alcohol 8=Curious/try something new 9= For the taste 10=My friends drink them 11= To improve sports performance or physical activity 12=Energy drinks are cool 13=To help lose weight or help keep

	weight off 14=Other _____ 15=None of the above 16=Refuse to answer
--	--

<b>3. ALCOHOL USE</b> <b>Alcohol includes</b> 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	
a. How old were you when had your first alcoholic drink, other than a few sips?	Years old 0 = Never used
<b>In the 12 months prior to this incarceration, how many months did you...?</b>	
b. Drink any alcohol? ( <i>If zero, skip to Q4, illicit drug use</i> )	# 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
<b>In the 30 days before you entered this program, how many days did you...?</b>	
e. Drink any alcohol?	# 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>4. Select all the drugs you have used in the 12 months prior to this incarceration:</b>	<b>If used 0=NO 1=YES</b>
<b>Marijuana</b> (e.g., Hashish/Pot)	0=NO 1=YES
<b>Opiates/opioids, analgesics, pain killers not prescribed for you</b> (e.g., morphine, Percocet®, oxycodone, Oxycontin®, Lortab®, hydrocodone, Dilaudid®, opana)	0=NO 1=YES
<b>Methadone not prescribed for you</b> (e.g., dolophine, LAAM)	0=NO 1=YES
<b>Subutex®/Suboxone® or buprenorphine that was not prescribed for you</b> (include butran patch)	0=NO 1=YES
<b>Kratom?</b>	0=NO 1=YES
<b>Heroin</b> (e.g., smack, H, junk, skag)	0=NO 1=YES
<b>Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you</b> (e.g., Benzodiazepines (such as Valium, Xanax, Librium, and Halcion) <b>GHB, liquid ecstasy, Ketamine,</b> (such as Special K, Vitamin K), <b>downers, nerve pills</b> )	0=NO 1=YES
<b>Barbiturates not prescribed for you</b> (e.g., mephobarbital, Mebacut, pentobarbital, Nembutal®, Seconal®, Amytal®)	0=NO 1=YES
<b>Stimulants not prescribed for you</b> (e.g., methamphetamine, Dexedrine®, Adderall®, crystal, uppers, speed, MDMA, Ritalin®, Ecstasy, crank)	0=NO 1=YES
<b>Cocaine/crack</b> (e.g., Cocaine crystal, free-base cocaine, crack, or rock cocaine)	0=NO 1=YES
<b>Hallucinogens/psychedelics</b> (e.g., PCP, LSD, Mushrooms, Mescaline, psilocybin)	0=NO 1=YES
<b>Inhalants</b> (e.g., poppers, Rush, Whippets or "huffing" paint, glue, aerosol can spray)	0=NO 1=YES
<b>Synthetic/Designer drugs</b> (e.g., synthetic marijuana, K2, spice, bath salts)	0=NO 1=YES
<b>Gabapentin/Neurontin not prescribed for you</b>	0=NO 1=YES
<b>I did not use ANY drugs in the 12 months prior to this incarceration (skip to Q6, no substance use)</b>	1 = No drugs used

<b>5. DRUG USE DETAILS</b> ( <i>Online program will display only substances chosen in question 4</i> )
--

Prior to this incarceration...	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?
<b>a. Marijuana</b>		
<b>b. Opiates/opioids, analgesics, pain killers not prescribed for you</b>		
<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)
<b>c. Methadone not prescribed for you</b>		
<b>d. Subutex®/ Suboxone® or buprenorphine that was not prescribed for you</b>		
<b>e. Kratom</b>		
<b>f. Heroin</b>		
<b>g. Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you</b>		
<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:
<b>h. Barbiturates not prescribed for you</b>		
<b>i. Stimulants not prescribed for you</b>		
<i>If any use, please check all drugs that were used.</i>	11=Meth, speed, crank, crystal 12=Adderall®, 13= Ritalin®, Concerta® 14=Dexedrine 15=Vyvanse 16=Other diet pills or stimulants:	11=Meth, speed, crank, crystal 12=Adderall® 13= Ritalin®, Concerta® 14=Dexedrine 15=Vyvanse 16=Other diet pills or stimulants:
<b>j. Cocaine/crack</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>

<b>k. Hallucinogens/psychedelics</b>		
<b>l. Inhalants</b>		
<b>m. Synthetic/designer drugs</b>		
<i>If any use, please check all drugs that were used.</i>	1 = synthetic marijuana 2 = bath salts 3=other (Kratom, Flakka, others)	1 = synthetic marijuana 2 = bath salts 3=other (Kratom, Flakka, others)
<b>n. Gabapentin/Neurontin not prescribed for you</b>		

**(If any 30 day drug or alcohol use selected for past 30 days, skip to Q7)**

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

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

**(If no drug/alcohol use selected for past 30 days, skip to Q8)**

7. In the 30 days prior to this incarceration, how many days did you use more than one substance per day? (including alcohol and illicit drugs, but excluding tobacco/nicotine products) \_\_\_\_\_ days
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
9. Have you ever taken a substance that you were unaware contained other substances (i.e., methamphetamine or heroin that was laced with fentanyl)?
- 0=No 1=Yes 2=Don't know
10. Before this incarceration, did you **ever** inject any drugs?  
0 = No (**skip to Q11**) 1 = Yes
- a. If yes, what drugs did you inject? (choose all that apply)

<b>Alcohol</b>
<b>Marijuana</b> (e.g., Hashish/Pot)
<b>Opiates/opioids, analgesics, pain killers not prescribed for you</b> (e.g., morphine, Percocet®, oxycodone, Oxycontin®, Lortab®, hydrocodone, Dilaudid®, opana)
<b>Methadone not prescribed for you</b> (e.g., dolophine, LAAM)
<b>Subutex®/Suboxone® or buprenorphine that was not prescribed for you</b> (include butran patch)
<b>Kratom?</b>
<b>Heroin</b> (e.g., smack, H, junk, skag)
<b>Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you</b> (e.g., Benzodiazepines (such as Valium, Xanax, Librium, and Halcion) <b>GHB, liquid ecstasy, Ketamine</b> , (such as Special K, Vitamin K), <b>downers, nerve pills</b> )
<b>Barbiturates not prescribed for you</b> (e.g., mephobarbital, Mebacut, pentobarbital, Nembutal®, Seconal®, Amytal®)
<b>Stimulants not prescribed for you</b> (e.g., methamphetamine, Dexedrine®, Adderall®, crystal, uppers, speed, MDMA, Ritalin®, Ecstasy, crank)

<b>Cocaine/crack</b> (e.g., Cocaine crystal, free-base cocaine, crack, or rock cocaine)
<b>Hallucinogens/psychedelics</b> (e.g., PCP, LSD, Mushrooms, Mescaline, psilocybin)
<b>Inhalants</b> (e.g., poppers, Rush, Whippets or "huffing" paint, glue, aerosol can spray)
<b>Synthetic/Designer drugs</b> (e.g., synthetic marijuana, K2, spice, bath salts)
<b>Gabapentin/Neurontin not prescribed for you</b>
<b>Other</b> (specify: _____ )

- b. If yes, have you **ever** used a Needle Exchange Program in Kentucky? (**if no, skip to Q11**) 0 = No 1 = Yes
- c. If yes, in what county or city was the Needle Exchange Program? \_\_\_\_\_ county/city
- d. Were you offered any treatment resources at the Needle Exchange Program? 0 = No (**skip to Q11**) 1=Yes
- e. If yes, what treatment resources were you offered?
- 1= Community-Based Services treatment program  
2= Clinical treatment services  
3= Counseling treatment services  
4=Other:\_\_\_\_\_
11. Have you heard about any additional resources that would help with treatment in your community?  
0=No 1=Yes
12. Have you heard of syringe exchange programs (needle exchange) in your area?(**if no, skip to Q13**)  
0=No 1=Yes
- a. If yes, do you have friends or acquaintances who have used syringe exchange programs in Kentucky?  
1 = Yes (I know that my friends have used them)  
2 = No (I know no one who has used the programs) 3 = Don't know  
4 = Other (Specify \_\_\_\_\_)
- b. Do you know if one exists in your county? 1 = Yes (I know that one exists)  
2 = No (I know that one does not exist) 3 = Don't know  
4 = Other (Specify \_\_\_\_\_)
- c. Can you describe any positive things you've heard about syringe exchange programs?
- d. Can you describe any negative things you've heard about syringe exchange programs?
- e. Why do you think people would use syringe exchange programs?
- f. What about reasons they might choose not to use syringe exchange programs?



13. Were you under the influence of alcohol and/or drugs when you committed the offense that led to your current incarceration? 0 = No 1 = Yes
14. How many times in your lifetime have you received inpatient/residential treatment for substance use disorder (exclude current episode)? \_\_\_\_\_
15. How many times in your lifetime have you received outpatient treatment for substance use disorder? \_\_\_\_\_
16. How many times in your lifetime have you received detox treatment for substance use disorder? \_\_\_\_\_
17. Have you ever used MAT (Vivitrol, Suboxone, methadone, etc.) illicitly to try to get clean? 0 = No 1= Yes
18. **In the 12 months prior to this incarceration** did you participate in any medication assisted treatment? In other words, been to a doctor to receive medication (like suboxone or methadone or vivitrol) to help with your previous addiction to opiates or alcohol?
- 0=No 1=Yes

**IF NO, skip to Question 20**

- a. What type of treatment (choose all that apply)?
- 1=Vivitrol
  - 2=Buprenorphine or buprenorphine/naloxone (Suboxone/Subutex/Zubsolv)
  - 3=Methadone
  - 5=Extended-release buprenorphine (Sublocade)
  - 4=Other: Specify \_\_\_\_\_
- b. Where did you go for treatment? (open-ended)
- c. How many times did you go?
- d. Did you complete the recommended treatment for you?  
0=No 1=Yes 2=Still active in treatment
- d1. If not, why? (open-ended)
- e. How would you describe your experience while taking (insert response(s) to #18a) (open-ended)

19. In the 12 months prior to this incarceration did you sell, give away, trade, lose, or have Suboxone stolen?  
0=No 1=Yes

20. Your family is (or would be) supportive your participation in the following types of MAT.

	STRONGLY AGREE	AGREE	UNCERTAIN	DISAGREE	STRONGLY DISAGREE
Vivitrol	0	1	2	3	4
Buprenorphine	0	1	2	3	4
Methadone	0	1	2	3	4

21. Your family thinks negatively of MAT.
- 0 Strongly Agree
  - 1 Agree
  - 2 Uncertain
  - 3 Disagree
  - 4 Strongly Disagree

22. Your family would rather you participate in an abstinence program instead of MAT.

- 0 Strongly Agree
- 1 Agree
- 2 Uncertain
- 3 Disagree
- 4 Strongly Disagree

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

23. How much money would you say you spent on ALCOHOL in the 30 days prior to this incarceration? Include only cash or monetary payments for alcohol you used or were planning on using. \$\_\_\_\_\_

24. IN THE 30 DAYS PRIOR TO THIS INCARCERATION		
a. How many days did you experience Alcohol/Drug problems in the 30 days prior to this incarceration (craving, withdrawal, wanting to quit but being unable, worrying about relapse)?	ALCOHOL _____ days	DRUGS _____ days

25. ALCOHOL	Not At All (0)	Slightly (1)	Moderately (2)	Considerably (3)	Extremely (4)
a. How troubled or bothered were you by alcohol problems in the 30 days prior to this incarceration?(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 prior to this incarceration? (your own problems)	0	1	2	3	4
26. DRUG					
a. How troubled or bothered were you by drug problems in the 30 days prior to this incarceration? (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 prior to this incarceration? (your own problems)	0	1	2	3	4

**DSM-V CHECKLIST**

**In the 12 months prior to this incarceration:**

**A problematic pattern of Substance use leading to clinically significant impairment of distress, as manifested by at least two of the following occurring within a 12-month period: Mild 2-3, Moderate 4-5, Severe 6 or more. Place a checkmark for each question and substance used resulting in a YES.**

Substance:	Alcohol	Cannabis	Hallucino gen	Inhalant	Opiate	Sedative	Stimulant
1. In the 12 months before this incarceration did you often take the substance in larger amounts or over a longer period of time than was intended?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes

2. In the 12 months before this incarceration did you have a persistent desire or unsuccessful efforts to cut down or control substance use?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
3. In the 12 months before this incarceration did you spend a great deal of time in activities necessary to obtain the substance or recover from its effects?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
4. In the 12 months before this incarceration did you have craving or a strong desire or urge to use substance?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
5. In the 12 months before this incarceration did you have recurrent substance use resulting in failure to fulfill major role obligations at work, school or home?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
6. In the 12 months before this incarceration did you experience continued substance use despite having persistent or recurrent social or interpersonal problem caused or exacerbated by the effects of substance?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
7. In the 12 months before this incarceration were important social, occupational or recreational activities given up or reduced because of substance use?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
8. In the 12 months before this incarceration did you experience recurrent substance use in situation in which it was physically hazardous?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
9. In the 12 months before this incarceration your substance use continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or made worse by the substance?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
10.(a) In the 12 months before this incarceration did you have a need for markedly increased amounts of substance to achieve intoxication or desired effect?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
10.(b) In the 12 months before this incarceration did you have markedly less effect with continued use of the same amount of substance?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
11. In the 12 months before this incarceration did you experience characteristic withdrawal syndrome for the substance?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes
12. In the 12 months before this incarceration was the substance taken to relieve or avoid withdrawal symptoms?	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes	0=No 1=Yes

**Section F: OVERDOSE EXPERIENCE**

*Next, I have a few questions about overdoses. In this study, we define “overdose” as when someone collapses, has blue skin color, convulsions, difficulty breathing, loses consciousness, cannot be woken up, or has a heart attack or dies while using drugs. Overdose requires some sort of intervention (like calling 911, performing CPR, or administering Narcan®) to prevent death.*

1. Have you **ever** overdosed in your life? **(IF NO, skip 1a-1d)**

- 0=No
- 1=Yes
- 9=Refuse to answer

1a. **IF YES**, how many times? \_\_\_\_\_ times

1b. Have you overdosed **in an attempt to commit suicide**?

- 0=No
- 1=Yes
- 9=Refuse to answer

1c. **IF YES**, how many times? \_\_\_\_\_ times

1d. At the time of **your last overdose**, what drugs were you using? (choose all that apply)

<b>Alcohol</b>
<b>Marijuana</b> (e.g., Hashish/Pot)
<b>Opiates/opioids, analgesics, pain killers not prescribed for you</b> (e.g., morphine, Percocet®, oxycodone, Oxycontin®, Lortab®, hydrocodone, Dilaudid®, opana)
<b>Methadone not prescribed for you</b> (e.g., dolophine, LAAM)
<b>Subutex®/Suboxone® or buprenorphine that was not prescribed for you</b> (include butran patch)
<b>Kratom?</b>
<b>Heroin</b> (e.g., smack, H, junk, skag)
<b>Sedatives, hypnotics, muscle relaxants, or tranquilizers not prescribed for you</b> (e.g., Benzodiazepines (such as Valium, Xanax, Librium, and Halcion) <b>GHB</b> , <b>liquid ecstasy</b> , <b>Ketamine</b> , (such as Special K, Vitamin K), <b>downers</b> , <b>nerve pills</b> )
<b>Barbiturates not prescribed for you</b> (e.g., mephobarbital, Mebacut, pentobarbital, Nembutal®, Seconal®, Amytal®)
<b>Stimulants not prescribed for you</b> (e.g., methamphetamine, Dexedrine®, Adderall®, crystal, uppers, speed, MDMA, Ritalin®, Ecstasy, crank)
<b>Cocaine/crack</b> (e.g., Cocaine crystal, free-base cocaine, crack, or rock cocaine)
<b>Hallucinogens/psychedelics</b> (e.g., PCP, LSD, Mushrooms, Mescaline, psilocybin)
<b>Inhalants</b> (e.g., poppers, Rush, Whippets or “huffing” paint, glue, aerosol can spray)
<b>Synthetic/Designer drugs</b> (e.g., synthetic marijuana, K2, spice, bath salts)
<b>Gabapentin/Neurontin not prescribed for you</b>
<b>Other</b> (specify: _____ )

1e. Have you ever been administered Narcan?

1eA. **IF YES**, how many times? \_\_\_\_ times

2. Have you **ever** in your life seen someone else overdose? (**IF NO, skip to Q3**)

0=No

1=Yes

9=Refuse to answer

1a. **IF YES**, how many times? \_\_\_\_\_ times

1b. Have you seen someone else overdose **in the 6 months prior to your current incarceration?**

0=No

1=Yes

9=Refuse to answer

1c. **IF YES**, how many times? \_\_\_\_\_ times

3. Do you know where to get Narcan?

0=No

1=Yes

9=Refuse to answer

4. Have you been trained on how to use Narcan?  
0=No  
1=Yes  
9=Refuse to answer
5. Have you **ever** in your life administered Narcan to someone else?  
0=No  
1=Yes  
9=Refuse to answer

3a. **IF YES**, how many times? \_\_\_\_times

6. Have you seen someone else be administered Narcan (that you did not administer yourself)?  
0=No  
1=Yes  
9=Refuse to answer

### **Section G. LEGAL STATUS**

**In this section you will be asked to answer questions about your involvement with the criminal justice system in the 12 months prior to this incarceration. Involvement in the criminal justice system can change over time and this information will help us understand that change.**

1. **In the 12 months prior to this incarceration**, how many **NIGHTS** were you incarcerated (jail, prison, or a detention center)? \_\_\_\_\_ Nights
2. **For which of the following have you been arrested & charged in the 12 months prior to this incarceration (Check all that apply):**

- Arson
- Assault
- Burglary, larceny, B & E
- Child support
- Contempt of Court
- Disorderly conduct, vagrancy, public intoxication
- Domestic violence (EPO, DVO violation)
- Driving while intoxicated
- Drug charges
- Escape
- Fleeing and evading
- Forgery or theft by deception
- Homicide/manslaughter
- Other major driving violations (reckless driving, speeding, no license, etc.)
- Parole/Probation violations
- Prostitution
- Rape, sodomy, or sexual abuse
- Receiving stolen property
- Robbery
- Shoplifting/vandalism
- Stalking
- Tampering with physical evidence
- Theft by unlawful taking
- Wanton endangerment
- Weapons offense
- Other charges: Specify \_\_\_\_\_
- None

- a. How many times were you arrested & charged in the 12 months prior to this incarceration? **(program will only show items selected in 2)**

- Assault ? \_\_\_\_ times
- Arson? \_\_\_\_ times
- Burglary, larceny, B & E? \_\_\_\_ times
- Child support charges ? \_\_\_\_ times
- Contempt of Court? \_\_\_\_ time
- Disorderly conduct, vagrancy, public intoxication ? \_\_\_\_ times
- Domestic violence charges? \_\_\_\_ times
- Driving while intoxicated? \_\_\_\_ times
- Drug charges? \_\_\_\_ times
  - o Specify which drug charges:
    - o Trafficking
    - o Possession
    - o Paraphernalia
    - o Manufacturing or cultivating drugs
- Escape charges ? \_\_\_\_ time
- Fleeing and evading? \_\_\_\_ times
- Forgery or theft by deception ? \_\_\_\_ times
- Homicide/manslaughter ? \_\_\_\_ times
- Other major driving violations (reckless driving, speeding, no license, etc.)? \_\_\_\_ times
- Parole/Probation violations? \_\_\_\_ times
- Prostitution? \_\_\_\_ times
- Rape, sodomy, or sexual abuse ? \_\_\_\_ times
- Receiving stolen property charges ? \_\_\_\_ times
- Robbery? \_\_\_\_ times
- Shoplifting/vandalism? \_\_\_\_ times
- Stalking ? \_\_\_\_ time
- Tampering with physical evidence? \_\_\_\_ times
- Theft by unlawful taking charges ? \_\_\_\_ times
- Wanton endangerment charges? \_\_\_\_ times
- Weapons offense ? \_\_\_\_ times
- Other charges ? \_\_\_\_ times

b. How many of the charges in the 12 months prior to this incarceration resulted in convictions? \_\_\_\_ charges

3. How many charges in your LIFETIME resulted in convictions? \_\_\_\_ charges

4. How many months have you served for THIS incarceration? (Counselor: If it is less than one month enter 1) \_\_\_\_ Months

**PEER GROUP RELATIONSHIPS/LEISURE & RECREATIONAL ACTIVITIES**

1. Prior to this incarceration, with whom did you spend most of your free time?

- Family
- Friends
- Alone

2. Were you satisfied with spending your time this way?

- No
- Indifferent
- Yes

3. How many close friends do you have? \_\_\_\_\_

4. Would you say you have had a close, long-lasting relationship with any of the following people in your life:

- Mother
- Father
- Brothers/sisters
- Sexual partners/spouse
- Children
- Friends
- Other – Please specify the other type of person/people with whom you have had a close, long lasting relationship: \_\_\_\_\_

5. In the 12 months prior to this incarceration, how many days per week on average were you involved in hobbies or activities that you liked to do? (ex: basketball, fishing, etc...) \_\_\_\_\_

### **Section G. RECOVERY SUPPORTS**

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

1. In the 30 days prior to this incarceration, how many times did you attend **AA, NA, MA or other self-help group meetings** (count # of meetings attended)? \_\_\_\_\_ meetings
2. Did you have contact with an AA, NA, MA or other sponsor in the 30 days prior to this incarceration? 0 = No 1 = Yes 2 = Don't have a sponsor
3. In the 30 days prior to this incarceration, did you have contact with family or friends who were supportive of your recovery? 0 = No 1 = Yes
4. In the 30 days prior to this incarceration, how many people could you count on for recovery support when you needed it? \_\_\_\_\_ people
5. **Besides treatment for substance use disorder**, what are the next two most useful things you believe will help you in getting or staying off illicit drugs or alcohol?  
**Select up to TWO answers.**
  - Employment
  - Counseling
  - Self Help (*this refers to programs or services like AA or NA*)
  - My faith or religion
  - Other people in recovery
  - Support from family
  - Support from friends
  - Support from a partner (boy/girlfriend, spouse)
  - Children (being responsible for dependents)
  - The need to stay out of jail or prison
  - Change in environment (staying away from certain people, places)
  - Staying busy/keeping occupied
  - Will power/self-talk/wanting it for myself (determination, motivation)
  - Remembering the past/consequences
  - Other, please specify: \_\_\_\_\_
6. Based on what you know about yourself and your situation, how good are the chances that you can get off and stay off drugs/alcohol?
  - 1 = Very poor
  - 2 = Moderately poor
  - 3 = Uncertain
  - 4 = Moderately good
  - 5 = Very good

### **FOLLOW-UP STUDY STATUS**

Part Two of CJKTOS is a second 30 minute telephone interview that takes place in about **12 months** post-release.

The **University of Kentucky** is responsible for interviews in **Part Two of CJKTOS**. 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 treatment for a substance use disorder. Clients who complete the **second half of the survey** are sent a “thank you” check for **\$30** from the University of Kentucky.

Remember, **all of your follow-up information is confidential**. Your name will never be reported by UK or linked with the answers given in these surveys. When reports are written, they include overall findings about the entire group of participants, not individuals. UK has a **Federal Certificate of Confidentiality** that prohibits revealing information about a person **even with a court order**. Your responses to these questions are well protected.

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

<p style="text-align: center;"><b>Corrections/Detention Consent to Participate In a Treatment Outcome Study</b></p> <p style="text-align: center;"><b>University of Kentucky Medical Center</b> <b>Center on Drug and Alcohol Research</b></p> <p style="text-align: center;"><b>UK HEALTH FOLLOW-UP STUDY</b></p>
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**WHY ARE YOU BEING ASKED TO TAKE PART IN THIS RESEARCH?**

You are being invited to take part in a follow-up treatment outcome study because you are a client of a state-funded

treatment program for substance use disorders in a correctional facility, local detention center, community custody or intensive outpatient program while under Kentucky Department of Corrections supervision. If you take part in this study, you will be one of about 4,000 people per year to do so. This research study is separate from your taking part in counseling services in the treatment program and your taking part in the study is not required for admission to the program.

**WHO IS DOING THE STUDY?**

The Principal Investigator in charge of the study is. Dr. Michele Staton, who is a Professor at the University of Kentucky. Robert Walker, M.S.W., L.C.S.W., Dr. Carl Leukefeld, Erin McNees Winston, M.P.A. and Jeb Messer also work with the study. Other professionals who work with the investigators as study staff may assist them or act for them.

**WHAT IS THE PURPOSE OF THIS STUDY?**

The purpose of this study is to gather information about substance use disorder and related mental health problems, employment, education, legal status, and previous use of health and treatment services. It is also for the purpose of evaluating the outcomes of the services that you receive.

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

When you are being interviewed early in the admission to the treatment program for substance use disorders, your counselor will collect clinical information from you. Part of the information for this study will be collected during one of those interviews. The other part is collected approximately 12 months after your release from the correctional facility. We may contact you by telephone, or Wi-Fi audio (such as using Facebook), or videoconference (such as using Zoom) if you request, for a follow-up interview using the contact information you give us in your counselor interview. For both the counselor interview and our call to you, the total amount of time for this study is about 1 hour over the next year.

If you are invited to participate in a one-time study voluntary focus group, the group will take place in the corrections-based treatment program for substance use disorders and will last about 1 hour.

**WHAT WILL YOU BE ASKED TO DO?**

You will be asked to answer questions about related mental health problems, employment, education, legal status, and

previous use of health and treatment services. Your counselor will ask you these questions, but you will not be asked to take part in any experimental treatments or procedures.

You will also be asked to give the names, addresses, and phone numbers of two contact persons who would be most likely to know how to reach you at the time of follow-up 12 months post-release. In addition, we may attempt to contact your community social service clinician for your updated address or phone number after you are released. You may be contacted while you are still in the corrections facility to update your locator information so we can reach you 12 months post-release. The research team may also use other internet searches and social media sites like Facebook to try to find you for the follow-up. Your decision to enroll in any study related social media site is completely voluntary and your contact information will not be shared with any other study participant. Sites like Facebook (if you are a member) will just be used to send you notifications about your follow-up interview. Twelve months after release, you may be called for a follow-up interview by telephone, or



Wi-Fi audio (such as using Facebook), or videoconference (such as using Zoom) if you request, and you will be asked some of the same questions that are asked by your counselor. This telephone call interview takes about 30 minutes. In general, we usually contact about 20% of the persons who agree to participate in the follow-up study so your chances are about one in five of being contacted 12 months post-release.

You also may be invited to take part in a one-time voluntary focus group where you will be asked general questions

about drug use, mental health, family, service options, and how helpful the program may be in addressing these issues, as well as how it may be improved. The groups will consist of a series of open-ended questions and will be audio recorded, if you agree, to ensure that we capture all the responses in the group. If you are invited to participate in the one-time study voluntary focus group, the group will take place in the corrections-based treatment program for substance use disorders and will last about 1 hour.

You are also asked to let the researchers use state information (DOC KOMS files, behavioral health service records) about the number and types of state-funded services that you received, court dates and actions, result of urine screens, time incarcerated, and other criminal activity in the study. In addition, you are being asked to let University of Kentucky researchers look at public records of arrests and court events that have involved you. This information will help researchers evaluate the services you receive.

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

There are no conditions that would keep you from taking part in this study.

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

There are no known risks to your health or mental health associated with these interview procedures. 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. For your first interview, you can talk about this discomfort with your treatment counselor. 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, you will be offered referral to counselors in your area.

However, if you are living in a treatment facility, institution or prison when contacted for a follow-up interview there is

always a risk that your interview could be overheard by facility staff. University of Kentucky researchers will make every effort to minimize this risk by asking that the follow-up interview be conducted in a confidential setting over a secure phone line.

Your participation or non-participation will not be reported to the parole board or court to affect your parole or status.

#### **WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?**

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. However, there are no direct benefits to you for taking part in the follow-up study.

#### **DO YOU 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 treatment program for substance use disorders.

#### **IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?**

If you do not want to take part in the follow-up study, there are no other choices except to not take part in the study.

#### **WHAT WILL IT COST YOU TO TAKE PART IN THIS STUDY?**

You will not be charged fees for any of the activities or procedures used in this study. The fees for your participation

in the treatment program for substance use disorders will not be increased or reduced because of your taking part in this study.

#### **WHO WILL SEE THE INFORMATION THAT YOU GIVE?**

Because of the steps we have taken to protect your privacy, the risk of unauthorized disclosure of follow-up interview

information is minimal. Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. You will not be identified in these written materials. We may publish the results of this study; however, 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 helps 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. When we contact you 12 months after release, your personal information will not be shared with the Department of Corrections or the Parole Board.

#### **We have obtained a Confidentiality Certificate from the US Department of Health and Human Services (DHHS) to protect the researchers from being forced, even by a court order or subpoena, to identify you.**

(The Confidentiality Certificate does not imply approval or disapproval of the project by the Secretary of DHHS.) You should know, however, that we may provide information to appropriate individuals or agencies if harm to you, harm to others or child abuse becomes a concern. In addition, the agency funding this research (Kentucky Department of Corrections), staff from the University of Kentucky, the Center on Drug and Alcohol Research, and DHHS agencies (SAMHSA) may review records that identify you as part of their audit procedures.

#### **CAN YOUR TAKING PART IN THE STUDY END EARLY?**

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You have the right to skip questions, terminate your participation at any time, and skip any part of the study, including the focus group. You will not be treated differently if you decide to stop taking part in the study. The individuals conducting the study may need to withdraw you from the study. This may occur if you are not able to follow the directions they give you, if they find that your being in the study is of more risk than benefit to you, or if the agency funding the study decides to stop the study early for a variety of reasons.

#### **WHAT HAPPENS IF YOU GET HURT OR SICK DURING THE STUDY?**

If you believe you are hurt or become ill because of something that is done as a part of participating in the follow-up interviews you should call Dr. Michele Staton at 859-257-2483 immediately. It is important for you to understand that the University of Kentucky will not pay for the cost of any care or treatment that might be necessary because you get hurt or become ill as part of participating in this study. That cost will be your responsibility. Also the University of Kentucky will not pay for any wages you may lose if you are harmed by this study. Health care providers are not allowed to bill your insurance company, Medicare, or Medicaid for these costs without first getting permission. If you have questions about any aspect of evaluation-related costs, you should ask the insurer or party who covers the costs of your treatment. The party that covers these costs may be the state of Kentucky and your counselor can answer questions about this source of treatment funding.

#### **WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?**

If you are selected for participation in a 12-month follow-up interview, you will receive \$30.00. In order to get the \$30.00 you must take part in the follow-up interviews, and then payment will be mailed to you. If you choose to participate in any interview but do not complete the interview, your payment will be based on the time of participation.

If you are invited and actually participate in a one-time voluntary study focus group, you will be paid an additional \$10.

#### **WHAT IF YOU HAVE QUESTIONS?**

Before you decide whether to participate in this follow-up study, please ask any questions that might come to

mind now. Later, if you have questions about the study, you can contact the investigator, Dr. Michele Staton at 859-257-2483 or the Study Director, Erin McNees Winston at 859-257-1720. 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 1866-400-9428. We will give you a copy of this consent form to take with you.

**WHAT ELSE DO YOU NEED TO KNOW?**

This study is funded by the Kentucky Department of Corrections to better understand the treatment of substance use disorders in state-funded programs. You will be told if any new information is learned which may influence your willingness to continue taking part in this study.

\_\_\_\_\_  
Signature of person agreeing to take part in the study

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person taking part in the study

\_\_\_\_\_  
Name of clinician or clinical staff providing information to participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of University of Kentucky Investigator

**FOLLOW-UP CONDITIONS**

I also understand that 12 months post-release, when the University is contacting me for a follow-up interview, I may be living in a treatment facility, institution, or prison. I consent to being contacted in any of these facilities if the University has located me for an interview.

(Check One)    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If there are any other studies being conducted by the University of Kentucky in your area following release from custody, please check here if you'd like to be contacted to hear more about the studies.

(Check One)    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**If client answers "I do NOT agree"**

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

**If client answers "I Agree"**

**Thank you for agreeing to be in the follow-up study!** The last part of the survey asks for some simple locator information that is important to help the UK Health Follow-up Study call you for the second interview. UK will use this information ONLY to locate you for a follow-up interview. Like all the rest of the responses you have just given, the locator information is stored encrypted in a password-protected file to which only approved study staff has access.

Please provide as much information as possible so that you can be contacted in 12 months for Part Two of CJKTOS, 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)	

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

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

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

<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/Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Spouse/partner/girlfriend/boyfriend <input type="checkbox"/> Ex-spouse/ex-partner/ex-girlfriend/ex-boyfriend <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Child <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Mother In-law/Father In-law <input type="checkbox"/> Sister In-law/Brother In-law <input type="checkbox"/> Employer/Co-worker <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: Specify other relationship: _____

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