



Recovery Center Outcome Study (RCOS)

FY2020 Phase 1 Intake Interview
Revised Sept 2020



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

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Please use the online data collection program through the data entry link at <https://ukcdar.uky.edu/rcos>

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

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.

Program staff, please answer the following questions before beginning the interview with the client:

1. What is your date of birth? _____ (YYYY-MM-DD)
2. How old were you on your last birthday? _____
3. Client's social security number: ____ - ____ - _____
4. What is the name of this facility?

| | |
|--------|---|
| 220703 | Brighton Center for Women |
| 220114 | CenterPoint of Paducah for Men |
| 221305 | Cumberland Hope Community Center for Women |
| 221511 | George Privett Recovery Center for Men (Hope) |
| 220707 | The Grateful Life Center for Men |
| 220608 | The Healing Place – Men's Program |
| 220609 | The Healing Place – Women's Program |
| 221413 | Healing Place of Campbellsville for Men |
| 221510 | The Hope Center for Women |
| 221504 | Liberty Place Recovery Center for Women |
| 221006 | Morehead Inspiration Center for Men |
| 220312 | Owensboro Regional Recovery Center for Men |
| 220201 | Trilogy Center for Women |
| 220302 | Women's Addiction Recovery Manor (W.A.R.M.) |

5. To track clients accurately and to allow us to contact program staff if we have questions, please enter the contact information the staff member conducting the intake interview with the client.

- a. Clinician/Staff Person's First and Last Name: _____
- b. Clinician/Staff person's email: _____
- c. Clinician/Staff person's work phone number (_____) ____ - _____

6. Date of intake interview—the date this interview is/was actually completed with a client:

_____ (MM/DD/YYYY)

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

7. Date this client entered this Recovery Center (S.O.S entry): _____ (MM/DD/YYYY)

Note: The time period to be considered throughout this interview is when the client first entered this Recovery Center at S.O.S. If they have been in the Recovery Center previously and were discharged or left the program without completing it, then give the most recent entry into S.O.S. at the Recovery Center.

Introduction

The following questions are part of the Recovery Center Outcome Study or RCOS. RCOS is an important part of Kentucky’s plan to help provide information to better understand the needs of individuals participating in recovery programs. RCOS involved collecting information from clients when they enter Phase I and after their recovery center experience to gain insight into the recovery center process and the individuals involved in the recovery center programs. Federal and local governments often respond to substance abuse problems by funding more jails and prisons. RCOS helps provide support for recovery center programs as a better alternative to jails and prisons for people who have substance abuse problems.

RCOS is a confidential two-part survey.

Part one is a face-to-face interview that is completed when you enter Phase I and takes about 20-30 minutes. You will answer a series of questions about physical and mental health, education and employment, substance use, legal involvement, and recovery support.

Part two is a phone interview about 12 months from now. At the end of part one, you’ll be asked to volunteer for the second half of the study. If you agree, your name will be included in the pool of clients who may get a home 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 helps improve future recovery options for others and provides important information about the experiences of people in recovery center programs.

Section A. Demographics

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

2. What race/ethnicity do you consider yourself to be? Please choose ALL that apply.
 - 1 = White (not of Hispanic origin)
 - 2 = Black (not of Hispanic origin)
 - 3 = American Indian
 - 4 = Alaskan Native
 - 5 = Asian or Pacific Islander
 - 6 = Hispanic-Mexican
 - 7 = Hispanic-Puerto Rican
 - 8 = Hispanic-Cuban
 - 9 = Other Hispanic
 - 10 = Other, please specify: _____

3. What would you consider to be your primary source of referral to this center?
 - 1 = A clinic, hospital, physician, or nurse
 - 2 = Drug court/non-DOC (DOC does not pay per diem)
 - 3 = Drug Court (DOC pays per diem)
 - 4 = DOC/Pre-Trial Diversion (DOC pays per diem)
 - 5 = DOC (Department of Corrections – Probation/Parole- pays per diem)
 - 6 = Probation/parole –Non-DOC client (DOC does not pay per diem)
 - 7 = Court (referral from a judge or other court avenue not mentioned above)
 - 8 = Family/Friend/Partner/Spouse
 - 9 = Another Recovery Kentucky Center (Please verify if it was an RKY center)
 - 10 = A substance abuse treatment or facility not included in the Recovery Kentucky program
 - 11 = Mental Health/Psychiatric care provider
 - 12 = Because of pregnancy
 - 13 = Self-referred
 - 14 = None of the above

- 3a. Were you ordered to this program by the court or other state agency? 0= No 1 = Yes

Calendar

The questions in this interview ask about a variety of timeframes. Some questions will ask about **ever**, others will ask about the **6 months or 30 days before** you entered this program. To help you remember what timeframe we are going to be talking about, we will use a calendar we fill out together. Because this may have been a while ago, to help you remember I would like to ask you for something memorable about any of those months.

Note: It is not necessary to spend a lot of time answering these questions. These questions are optional and meant to help jog the client’s memory and to help anchor the timeframes that will be referred to throughout the interview.

1. Fill in the appropriate dates going back 30 days (starting with the most recent 30 days). Then fill in the rest of the calendar so that a 6-month period is showing.
2. Each month should then be anchored in at least one event that has special meaning for the client (*Note: not all holidays or special days mean the same thing to all clients so it is critical that they decide what to put for each month as an anchor*).
 - a. Any holidays or other special days during this period (e.g., Halloween)
 - b. Any birthdays for you, your partner, your children, or other close relative
 - c. Did anything special (positive or negative) happen to you in this time period? (e.g., change in job, major illness, start school, graduate, pregnant)
 - d. Did you move at all during this time period? What months did you move?
 - e. Any changes in your relationship status during these months?
 - f. Anything else memorable that you can think of?

| <u>Month number</u> | <u>1 (past 30 days)</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> |
|---------------------|-------------------------|----------|----------|----------|----------|----------|
| <u>Month</u> | | | | | | |
| <u>Event(s)</u> | | | | | | |

If using a paper copy please print and refer to this calendar throughout the interview.
If using the computer please refer to the calendar on screen throughout the interview.

Section B. Physical Health, Stress, And Quality of Life

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

1. How would you rate your overall health in the 6 months before entering this Recovery Center?

- 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? Circle ALL that apply.

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

3. Thinking about your **physical health**, which includes physical illness and injury, during the 30 days before entering this Recovery Center for how many days was your physical health not good? _____ days

4. Thinking about your **mental health**, which includes stress, depression, and problems with emotions, during the 30 days before entering this Recovery Center for how many days was your mental health not good? _____ days

(Skip Q5 if 0 days in both Q3 & Q4)

5. During the 30 days before entering this Recovery Center, for about how many days did **poor physical or mental health** keep you from doing your usual activities, such as self-care, work, or recreation? _____ days

6. Body-mass index number or BMI is based on a person's height and weight. BMI helps to show current health status and suggests the possibility of certain health risks. How tall are you in feet and inches?

_____ Feet _____ Inches

7. How much do you weigh in pounds? _____ lbs

8. [FEMALES ONLY] Another area for special health care needs and services is during pregnancy. Are you currently pregnant? (If no, skip to Q9) 0 = No 1 = Yes 99= n/a (client is male)

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

9. How often, in the past 30 days, have you used alcohol, prescription drugs, or illegal drugs to reduce pain?

| Almost never | Sometimes | About half the time | Most of the time | Almost always |
|--------------|-----------|---------------------|------------------|---------------|
| 1 | 2 | 3 | 4 | 5 |

10. Another 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 reoccurring for 3 months or longer during the 6 months before entering this Recovery Center?

0= No 1 = Yes (If no, skip to Q11)

10a. How many months in the past 6 months before entering this program did you experience chronic pain? _____ Months

10a. How many days in the 30 days before entering this Recovery Center did you experience chronic pain? _____ days

10c. What was the earliest age that you began having any type of chronic pain? _____

10d. Rate the intensity of your chronic pain on AVERAGE during the 30 days before entering the Recovery Center. Select one rating.

0 1 2 3 4 5 6 7 8 9 10

No pain Pain as bad as you can imagine

11. What type of medical insurance did you have before entering this Recovery Center? Select one.

- 1 = No medical insurance
- 2 = Insurance through your employer
- 3 = Insurance through your partner’s employer
- 4 = Insurance through Health Exchange
- 5 = Private insurance (self-employed)
- 6 = Medicaid (Medical card, Passport)
- 7 = Medicare
- 8 = VA/Champus/Tricare
- 9 = Insurance through your parents or parent’s employer
- 10 = Other: Specify _____

12. How would you rate your quality of life just before you entered the Recovery Center?

| | | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|---|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst imaginable | | | | | | | | | Best imaginable |

Section C. Emotional Health

While people have problems due to drug or alcohol use, many also have problems in other areas of life like health, employment, or relationships. In the next section you will be asked if you feel you have significant problems in certain areas of your emotional health. This is an opportunity for you to describe problems you may have had in the past 6 months before you entered this Recovery Center.

In the 6 months before you entered this Recovery Center...

1. Did you have two weeks in a row when you were consistently depressed or down, most of the day, nearly every day? 0 = No 1 = Yes

2. Did you have two weeks in a row when you were much less interested in most things or much less able to enjoy the things you used to enjoy most of the time? 0 = No 1 = Yes

(If no to both Q1 & Q2, skip to Q3)

| In the two-week period when you felt depressed or uninterested.... | No | Yes |
|--|----|-----|
| 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)? <i>(If yes to either, circle 1 = Yes)</i> | 0 | 1 |
| 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 |
| Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day? | 0 | 1 |
| Did you feel tired or without energy almost every day? | 0 | 1 |
| Did you feel worthless or guilty almost every day? | 0 | 1 |
| Did you have difficulty concentrating or making decisions almost every day? | 0 | 1 |
| Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead? | 0 | 1 |

3. **In the 6 months before you entered this Recovery Center**, did you worry excessively or were you anxious about several things (like family, health, finances, school, or work difficulties)? 0 = No **(Skip to Q7)** 1 = Yes

4. Are these worries present most days? 0 = No 1 = Yes

5. Do you find it difficult to control the worries or do they interfere with your ability to focus on what you are doing? 0 = No 1 = Yes

| 6. During the time when you were anxious, did you... | No | Yes |
|--|----|-----|
| Feel restless, keyed up or on edge? | 0 | 1 |
| Feel tense (i.e., muscle tension)? | 0 | 1 |
| Feel tired, weak, or exhausted easily? | 0 | 1 |
| Have difficulty concentrating or have your mind go blank? | 0 | 1 |
| Feel irritable? | 0 | 1 |
| Have difficulty sleeping (difficulty falling asleep, waking up in the middle of the night, early morning wakening, or sleeping excessively)? | 0 | 1 |

During the 6 months before you entered this Recovery Center, did you...

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

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

9. How much do you worry about your personal safety?

- 0 = Not at all
- 1 = Only a little
- 2 = Somewhat
- 3 = A fair amount
- 4 = A great deal

10. How often, in the past 30 days, have you used alcohol, prescription drugs, or illegal drugs to reduce stress, anxiety, worry, or fear?

| Almost never | Sometimes | About half the time | Most of the time | Almost always |
|--------------|-----------|---------------------|------------------|---------------|
| 1 | 2 | 3 | 4 | 5 |

This next set of questions asks about hurtful things that others may have done to you when you were a child (less than 18 years old). These questions are important because our background can sometimes influence our emotions and coping styles. Research has shown that stressful events that happen to us in childhood and things that happen to us as adults matter. The questions only have a YES or NO response and will not ask you to provide details about any of your experiences. **(Interviewer note: if the client is unsure of whether something happened or not please mark it as a no).**

| <i>While you were growing up, before your 18th birthday:</i> | No | Yes |
|--|-----------|------------|
| 11. Did a household member go to prison? | 0 | 1 |
| 12. Were your parents separated or divorced (before you turned 18 years old)? | 0 | 1 |
| 13. Did you live with anyone who was a problem drinker or alcoholic or used street (illegal) drugs? | 0 | 1 |
| 14. Was a household member depressed or mentally ill or did a household member attempt suicide? | 0 | 1 |
| 15a. Did you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? | 0 | 1 |
| 15b. Did you often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it? | 0 | 1 |
| 16a. Did you often feel that no one in your family loved you or no one thought you were important or special? | 0 | 1 |
| 16b. Did you often feel that your family didn't look out for each other, feel close to each other, or support each other? | 0 | 1 |
| 17a. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her? | 0 | 1 |
| 17b. Was your mother or stepmother sometimes or often kicked, bitten, hit with a fist, or hit with something hard? | 0 | 1 |
| 17c. Was your mother or stepmother ever repeatedly hit lasting at least a few minutes or threatened with a gun or knife? | 0 | 1 |
| 18a. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you? | 0 | 1 |
| 18b. Did a parent or other adult in the household often act in a way that made you afraid that you might be physically hurt? | 0 | 1 |
| 19a. Did a parent or other adult in the household often push, grab, slap, or throw something at you? | 0 | 1 |
| 19b. Did a parent or other adult in the household ever hit you so hard that you had marks or were injured? | 0 | 1 |
| 20a. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? | 0 | 1 |
| 20b. Did an adult or person at least 5 years older than you ever try to or actually have oral, anal, or vaginal sex with you? | 0 | 1 |

21. The next group of questions asks about situations in which you may have been the victim of a crime, harmed by someone else, or felt unsafe in your lifetime and in the six months before you entered the recovery center. These are yes or no questions and if you select yes, you will be asked if the perpetrator was a partner or ex-partner, an acquaintance or family member, or a stranger. No other details will be asked.

| | Ever | | In the 6 months before entering the program | |
|--|------|-----|---|-----|
| | No | Yes | No | Yes |
| a. Have you been robbed or mugged (someone took your wallet, money, or other personal valuables) by someone who used force or threats of force? | 0 | 1 | 0 | 1 |
| If ever, was it by... (circle all that apply) 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) | | | | |
| b. Have you been physically assaulted or attacked by someone? | 0 | 1 | 0 | 1 |
| If ever, was it by... (circle all that apply) 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) | | | | |
| c. Have you been directly or indirectly threatened with a gun or held at gunpoint? | 0 | 1 | 0 | 1 |
| If ever, was it by... (circle all that apply) 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) | | | | |
| d. Have you been frightened or concerned for your safety or the safety of others close to you because someone repeatedly followed you, repeatedly contacted you, and/or repeatedly showed up at your house or other places when you did not want them to (stalked or obsessively pursued you)? | 0 | 1 | 0 | 1 |
| If ever, was it by... (circle all that apply) 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) | | | | |
| e. Have you been threatened or forced to engage in unwanted sex or sex acts against your will? | 0 | 1 | 0 | 1 |
| If ever, was it by... (circle all that apply) 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) | | | | |
| f. Have you had sexual intercourse that you did not want when you were drunk, passed out, asleep, drugged or otherwise unable to agree or consent to it? | | | | |
| If ever, was it by... (circle all that apply) 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) | | | | |
| g. Have you been abused by a dating or intimate partner? (a partner physically assaulted you, controlled you, or emotionally abused you that made you scared or afraid for your safety)? | 0 | 1 | 0 | 1 |

| | Ever | | In the 6 months before entering the program | |
|---|------|-----|---|-----|
| | No | Yes | No | Yes |
| h. Have you verbally, sexually or otherwise been harassed in a way that made you afraid for your safety that was not already discussed above? | 0 | 1 | 0 | 1 |
| If ever, was it by... (circle all that apply) 1 = a partner/ex-partner 2 = acquaintance or family member 3 = stranger (someone you did not know well) | | | | |

22. These next questions will ask about problems that people sometimes have in response to very stressful situations. Keeping your **worst event** in mind, please indicate how much you have been bothered by that experience in the 6 months before entering this program.

| In the 6 months before entering the program, how much: | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|------------|--------------|------------|-------------|-----------|
| a. were you bothered by repeated, disturbing, and unwanted memories of those experience(s)? | 0 | 1 | 2 | 3 | 4 |
| b. did you avoid external reminders of those experience(s) (for example, people, places, conversations, activities, objects, or situations)? | 0 | 1 | 2 | 3 | 4 |
| c. did you have strong negative beliefs about yourself, other people, or the world because of those experiences (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? | 0 | 1 | 2 | 3 | 4 |
| d. did you feel jumpy or easily startled? | 0 | 1 | 2 | 3 | 4 |

Section D. More About You and Your Living Situation

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

1. Prior to coming to this Recovery Center, how would you describe your living situation? Select one. *(Note: These options are from the HUD definition of homeless and are important to correctly classify)*

- 1 = Your own home (name is on the deed)
- 2 = Rented an apartment with no assistance from government resources like Section 8 and your name was on the lease
- 3 = Rented an apartment with help from government resources like having a Section 8 voucher and your name was on the lease
- 4 = Jail/prison/detention center more than 90 days
- 5 = Jail/prison/detention center less than 90 days
- 6 = Someone else's home or apartment
- 7 = Substance abuse program (includes Detox, residential)
- 8 = Other Recovery Center
- 9 = Hospital
- 10 = Psychiatric hospital
- 11 = Military base
- 12 = Halfway house, Sober Living Home
- 13 = Hotel/Motel without help from a voucher
- 14 = Foster care or group care
- 15 = Emergency shelter including a hotel with help from a voucher
- 16 = On the street, in the park, in your car, place not meant for human habitation

- 1a. In the 6 months before entering the Recovery Center how many months would you say you lived in the above place? (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

2. Did you consider yourself to be homeless at any time during the 6 months before entering the Recovery Center? *(Note: this is asking for client opinion of their living situation)* **(If no, skip to Q3)** 0 = No 1 = Yes

- 2a. Why did you consider yourself to be homeless at that time? Select one.

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

3. In the 30 days before you entered this Recovery Center, 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
4. How many children, who are still living, have you ever had in your lifetime? _____ number **(If 0, skip to Q5)**
- 4a. How many of those children were under the age of 18 at any point in the 6 months before you entered the Recovery Center? _____ number **(If 0, skip to Q5)**
- 4b. How many of your children under the age of 18 lived with you at any point in the 6 months before entering the Recovery Center? _____ number
5. 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 6 months before entering the Recovery Center? _____ 0 = No 1 = Yes
6. Many individuals have to travel to obtain needed recovery services. What was the county and state where you lived for most of the 6 months before you entered this Recovery Center?
_____ County/Town/City _____ State ___ Don't remember
7. What is your current marital status?
1 = Married (include same-sex and common-law marriages) **(If married, skip to Section E)**
2 = Separated
3 = Divorced
4 = Widowed
5 = Never married
- 7a. If not married, are you currently living with an intimate partner? _____ 0 = No 1 = Yes

Section E. Education & Employment

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

1. How many years of education have you completed? Please choose your highest completed level from the following list.
- | | | |
|---------------------------|-----------------------------|---------------------------|
| 0 = Never attended | 7 = 7 th grade | 14 = Some college |
| 1 = 1 st grade | 8 = 8 th grade | 15 = Some voc/tech school |
| 2 = 2 nd grade | 9 = 9 th grade | 16 = Voc/tech diploma |
| 3 = 3 rd grade | 10 = 10 th grade | 17 = Associate's degree |
| 4 = 4 th grade | 11 = 11 th grade | 18 = Bachelor's degree |
| 5 = 5 th grade | 12 = 12 th grade | 19 = Master's degree |
| 6 = 6 th grade | 13 = GED | 20 = Doctorate degree |
2. Are you a veteran or currently in the military, Reserves, or National Guard? This includes anyone who has served or is currently serving in the armed forces. **(If no, skip to Q3)** 0 = No 1 = Yes

2a. 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, please specify: _____

2b. Do you have a service-connected disability? 0 = No 1 = Yes

2c. Do you receive health services at a Veterans Administration Hospital or VA center?

0 = No 1 = Yes

2d. Are you in the National Guard? 0 = No 1 = Yes

3. How many months in the 6 months before you entered this Recovery Center were you employed at least part-time? Two weeks or more at a job counts as one month. _____ Months

4. What was your usual employment pattern in the 6 months before you entered this Recovery Center (i.e. your work pattern most of the time)? *[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?]*

- 1 = Full time (35+ hours per week)
- 2 = Part-time (<35 hours per week)
- 3 = Part-time (irregular, day work)
- 4 = Unemployed, student
- 5 = Retired
- 6 = Disability/applied for disability
- 7 = Unemployed, homemaker/caregiver
- 8 = Unemployed
- 9 = In a controlled environment (jail, hospital, etc...)

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

- 0 = Not employed **(If not employed, skip to Q6)**
- 1 = Fulltime (35+ hours per week)
- 2 = Part-time (<35 hours per work)
- 3 = Occasional, from time to time, or seasonal work

5a. How long did you have this job (in months)? Enter longest time if you had multiple jobs. _____ Months

5b. What was your hourly wage? If multiple jobs, enter the highest wage. If you receive a salary, please estimate how much you make an hour based on the typical number of hours you work in a week. _____.

5c. What type of work did you do? Select one. If multiple jobs, select the type of job you worked 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, entertainer, clergy)
- 2 = **Service** (e.g., food preparation and serving, child care, adult day care, health care support such as CNA, massage therapist, phlebotomist; landscaping, janitorial/cleaning, housekeeping, pest control, police officer, lifeguard, security guard, hair stylist, personal trainer, restaurant manager)
- 3 = **Sales and Office** (e.g., office and administrative support, cashier, retail sales, real estate, telemarketer, bookkeeping, bank teller, hotel desk clerk, postal service, data entry worker, store manager)
- 4 = **Natural Resources, Construction, and Maintenance** (e.g., mining, fishing, farming, nursery worker, logging, forestry, construction, carpenter, plumber, roofer, mechanic, repair shop, computer repair, utility worker, heating/air conditioning tech)
- 5 = **Production, Transportation, and Material Moving** (e.g., factory production line, baker, butcher, dry cleaning, tailor, woodworking, power plant, flight attendant, bus driver, taxi driver, packager, sanitation worker)
- 6 = **Military Specific**
- 7 = **Other, please specify:** _____

5d. Were you also in school or receiving additional vocational training while working?

0 = No 1 = Yes

(If Employed, SKIP Q6, and ask everyone Q7)

6. If you were not employed in the 30 days before you entered the Recovery Center, 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, please specify: _____

7. Do you expect to be employed in the 6 months after leaving the Recovery Center? 0 = No 1 = Yes

8. Do you currently receive SSI or SSDI benefits? 0 = No 1 = Yes

9. The next group of questions ask about how things have gone for you in your household in the 6 months before you entered this Recovery Center. Answer Yes or No to each question.

| <i>In the 6 months before you entered this Recovery Center...</i> | NO | YES |
|--|-----------|------------|
| a. Did you/your family have difficulty paying the full amount of rent or mortgage? | 0 | 1 |
| b. Were you/your family evicted from your home/apartment for not paying the rent? | 0 | 1 |
| c. Were you/your family unable to pay the gas or electric bill? | 0 | 1 |
| d. Were you/your family unable to pay your phone/cell phone bill? | 0 | 1 |
| e. Was there a time when there was not enough food in your household to eat? | 0 | 1 |
| f. Did you or someone in your household need to see a doctor or go to the hospital but weren't able to because of financial reasons? | 0 | 1 |
| g. Did you or someone in your household need to see a dentist but didn't go because of financial reasons? | 0 | 1 |
| h. Did you or someone in your household need to fill a prescription for medication but were unable to because of cost? | 0 | 1 |

Section F. Substance Use

The next group of questions is about your substance use in the 6 months and 30 days before you entered this Recovery Center. 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 6 months before you entered this Recovery Center , how many months did you smoke tobacco products (e.g., cigarettes, cigars, pipes, bidis, cigarillos)? <i>Do NOT include use of electronic cigarettes (electronic vapor products, e-cigarettes, e-pipes, vape pipes, vaping pens, and e-hookahs).</i> (If 0, skip to Q1d how old) | _____ # OF MONTHS |
| b. In the 30 days before you entered this Recovery Center , how many days did you smoke tobacco products (e.g., cigarettes, cigars, pipes, bidis, cigarillos)? | _____ # OF DAYS |
| c. On the days you smoke cigarettes, how many cigarettes on average do you smoke a day (20 in a pack)? | _____ # CIGARETTES |
| d. How old were you when you began smoking regularly (on a daily basis)? | _____ Years old 0 = Never used regularly |
| e. In the 6 months before you entered this Recovery Center , how many months did you use E-cigarettes (electronic cigarettes, devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)? | _____ # OF MONTHS |
| f. In the 30 days before you entered this Recovery Center , how many days did you use E-cigarettes (electronic cigarettes, devices that deliver nicotine in a vapor and look like cigarettes, but contain no tobacco)? | _____ # OF DAYS |
| g. In the 6 months before you entered this Recovery Center , how many months did you use smokeless tobacco (e.g., chewing tobacco, snuff, dissolvable tobacco)? (If 0, skip to Q1i how old smokeless) | _____ # OF MONTHS |
| h. In the 30 days before you entered this Recovery Center , how many days did you use smokeless tobacco (e.g., chewing tobacco, snuff, dissolvable tobacco)? | _____ # OF DAYS |
| i. How old were you when you began using smokeless tobacco regularly (on a daily basis)? | _____ Years old 0 = Never used regularly |

| | |
|---|--------------------------------------|
| 2. Alcohol Use <i>Alcohol includes beer, wine, wine coolers, liquor and grain alcohol.</i> <i>One drink is equivalent to a 12-ounce beer or wine cooler, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.</i> | |
| a. How old were you when had your first alcoholic drink, other than a few sips? | _____ Years old 0 = Never used |
| <i>In the 6 months before you entered this Recovery Center, how many months did you...</i> | |
| b. Drink any alcohol? (If 0, skip to Q3 illicit drug use) | _____ # OF MONTHS |
| c. Drink alcohol to intoxication? | _____ # OF MONTHS |
| d. Have 5 or more (4 or more if female) alcoholic drinks in a period of about 2 hours? | _____ # OF MONTHS |
| <i>In the 30 days before you entered this Recovery Center, how many days did you...</i> | |
| e. Drink any alcohol? (If 0, skip to Q3 illicit drug use) | _____ # OF DAYS |
| f. Drink alcohol to intoxication? | _____ # OF DAYS |
| g. Have 5 or more (4 or more if female) alcoholic drinks in a period of about 2 hours? | _____ # OF DAYS |

| 3. Select all the drugs you have used in the 6 months before you entered this Recovery Center: | No | Yes |
|---|-----------|------------|
| Marijuana (e.g., Hashish/Pot) | 0 | 1 |
| Opiates, analgesics, pain killers not prescribed for you (e.g., morphine, Percocet®, oxycodone, Oxycontin®, Lortab®, hydrocodone, Dilaudid®, opana) | 0 | 1 |
| Methadone not prescribed for you (e.g., dolophine, LAAM) | 0 | 1 |
| Subutex®/Suboxone® or buprenorphine that was not prescribed for you (include butran patch) | 0 | 1 |
| Heroin (e.g., smack, H, junk, skag) | 0 | 1 |
| 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 | 1 |
| Barbiturates not prescribed for you (e.g., mephobarbital, Mebacut, pentobarbital, Nembutal®, Seconal®, Amytal®) | 0 | 1 |
| Stimulants not prescribed for you (e.g., methamphetamine, Dexedrine®, Adderall®, crystal, uppers, speed, MDMA, Ritalin®, Ecstasy, crank) | 0 | 1 |
| Cocaine/crack (e.g., Cocaine crystal, free-base cocaine, crack, or rock cocaine) | 0 | 1 |
| Hallucinogens/psychedelics (e.g., PCP, LSD, Mushrooms, Mescaline, psilocybin) | 0 | 1 |
| Inhalants (e.g., poppers, Rush, Whippets or “huffing” paint, glue, aerosol can spray, etc.) | 0 | 1 |
| Synthetic/ Designer/Novel drugs (e.g., synthetic marijuana, K2, spice, bath salts, kratom, flakka) | 0 | 1 |
| I did not use ANY drugs in the past 6 months before entering this Recovery Center, (skip to Q6, illicit drug use age) | 0 = Used | 1 = No use |

| 4. Drug Use Details (Program pulls up only substances chosen in question 3) | | |
|--|--|--|
| Before you entered S.O.S at this Recovery Center.... | How many months in that 6-month period did you use the following drugs? | How many days in that 30-day period did you use the following drugs? |
| a. Marijuana | _____ # OF MONTHS | _____ # OF DAYS |
| b. Opiates, 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 tranquilizers | 1 = Benzos (Valium®, Ativan®, Xanax®) 2 = GHB 3 = Ketamine 4 = Muscle Relaxants 5 = Other tranquilizers |
| 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. Hallucinogen/psychedelics | _____ # OF MONTHS | _____ # OF DAYS |

| Before you entered S.O.S at this Recovery Center.... | How many months in that 6-month period did you use the following drugs? | How many days in that 30-day 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 = Kratom, Flakka, etc. | 1 = Synthetic marijuana 2 = Bath salts 3 = Kratom, Flakka, etc. |

(If no drug use selected, skip to Q6)

5. How many days did you use more than one substance per day in the 30 days before you entered this Recovery Center? (including alcohol, but excluding tobacco/nicotine products) _____ days

6. 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

7. How many times have you overdosed on drugs (required intervention by someone to recover, not simply sleeping it off; including suicide attempts by OD)?
 - 7a. Ever: _____ # of times **(If 0, skip to Q8)**
 - 7b. Past 6 months: _____ # of times

8. Before you entered this treatment program, did you **ever** inject any drugs? **(if no, skip to Q9)**

0 = No 1 = Yes

 - 8a. Have you ever used a Needle Exchange Program in Kentucky? 0 = No 1 = Yes
 - 8b. If yes, in what county or city was the Needle Exchange Program? _____ county/city

9. Prior to this current admission, how many times in your lifetime have you received services for substance abuse? Count previous treatment episodes including detox, drug court, and recovery programs, exclude current episode. _____ times

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

0 = No **(If No skip to Q12)** 1 = Yes

 - 10a. How many months out of the **past 6 months** did you use any prescribed buprenorphine/naloxone, naltrexone (Vivitrol™), or methadone for substance abuse? _____ Months
 - 10b. How many days in the past 30 did you use any of those medications? _____ Days

10c. What type of medication did you use most recently?

- 1 = Suboxone/Subutex (buprenorphine)
- 2 = Methadone
- 3 = Vivitrol

10d. 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

10e. Thinking about the most recently prescribed medication for your opioid use problems, how much do you think the medication helped you? (*Please select one*)

- 1=HELPED you with your drug problems
- 2=HAD NO EFFECT on your drug problems
- 3= Made your drug problems WORSE

11. Within the past 48 hours have you used prescribed buprenorphine/naloxone, naltrexone (Vivitrol™), or methadone? 0 = No 1 = Yes

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

12. How much money would you say you spent on ALCOHOL in the 30 days before entering this Recovery Center? Include only cash or monetary payments for alcohol you used or were planning on using before you entered this Recovery Center.

\$ _____

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

ALCOHOL

DRUGS

OF DAYS

OF DAYS

| 14. ALCOHOL | Not At All | Slightly | Moderately | Considerably | Extremely |
|--|------------|----------|------------|--------------|-----------|
| a. How troubled or bothered were you by ALCOHOL problems in the 30 days before you entered this Recovery Center?(your own problems) | 0 | 1 | 2 | 3 | 4 |
| b. How important to you was a recovery program for these alcohol problems in the 30 days before entering this Recovery Center? (your own problems) | 0 | 1 | 2 | 3 | 4 |

| 15. DRUG | Not At All | Slightly | Moderately | Considerably | Extremely |
|--|------------|----------|------------|--------------|-----------|
| c. How troubled or bothered were you by DRUG problems in the 30 days before you entered this Recovery Center? (your own problems) | 0 | 1 | 2 | 3 | 4 |
| d. How important to you was a recovery program for these drug problems in the 30 days before you entered this Recovery Center? (your own problems) | 0 | 1 | 2 | 3 | 4 |

(ASK EVERYONE)

In the past 6 months before you entered this Recovery Center have you:

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

If no to all Q16-28, skip to Section G

If yes to any Q16-28, then:

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

| Substance 1 | Substance 2 | Substance 3 |
|--|--|--|
| Alcohol | Alcohol | Alcohol |
| Cannabis (marijuana) | Cannabis (marijuana) | Cannabis (marijuana) |
| Opiates or painkillers not prescribed to you | Opiates or painkillers not prescribed to you | Opiates or painkillers not prescribed to you |
| Methadone not prescribed to you | Methadone not prescribed to you | Methadone not prescribed to you |
| Suboxone/Subutex not prescribed to you | Suboxone/Subutex not prescribed to you | Suboxone/Subutex not prescribed to you |
| Heroin | Heroin | Heroin |
| Sedatives or tranquilizers not prescribed to you (e.g., valium, Xanax, muscle relaxants) | Sedatives or tranquilizers not prescribed to you (e.g., valium, Xanax, muscle relaxants) | Sedatives or tranquilizers not prescribed to you (e.g., valium, Xanax, muscle relaxants) |
| Barbiturates not prescribed to you | Barbiturates not prescribed to you | Barbiturates not prescribed to you |
| Stimulants (e.g. methamphetamine, amphetamines, ecstasy/MDMA) | Stimulants (e.g. methamphetamine, amphetamines, ecstasy/MDMA) | Stimulants (e.g. methamphetamine, amphetamines, ecstasy/MDMA) |
| Cocaine/crack | Cocaine/crack | Cocaine/crack |
| Hallucinogens/psychedelics | Hallucinogens/psychedelics | Hallucinogens/psychedelics |
| Inhalants | Inhalants | Inhalants |
| Synthetic/designer drugs (e.g., synthetic marijuana, bath salts) | Synthetic/designer drugs (e.g., synthetic marijuana, bath salts) | Synthetic/designer drugs (e.g., synthetic marijuana, bath salts) |
| Other, specify other: | Other, specify other: | Other, specify other: |
| I have no preference | | |

Section G. Legal Involvement

In this section you will be asked to answer questions about your involvement with the criminal justice system in the 6 months before you entered this Recovery Center and today. Involvement in the criminal justice system can change over time and this information will help us understand that change.

1. **In the 6 months before** you entered this Recovery Center, how many **NIGHTS** were you incarcerated (jail, prison, or a detention center)? _____ Nights
2. Are you currently on probation? 0 = No 1 = Yes
3. Are you currently on parole? 0 = No 1 = Yes
4. In the 6 months before you entered this Recovery Center, how many times were you arrested and charged with any offense _____ Times

5. One can be convicted for several charges at the same time. How many times were you convicted **in the 6 months before you entered the Recovery Center**? Convictions are when you make a plea deal with the prosecutor about a charge or when a jury/judge finds you guilty.

| | Misdemeanor convictions | Felony convictions |
|--|-------------------------|--------------------|
| # in the 6 months before entering the Recovery Center (S.O.S.) | | |

Section H. Recovery Supports

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

- In the 30 days before you entered this Recovery Center**, how many times did you attend AA, NA, MA or other recovery self-help group meetings (count # of meetings attended)? _____ meetings
- Did you have contact with an AA, NA, MA or other sponsor **in the 30 days before you entered this Recovery Center**?
0 = No 1 = Yes 2 = Don't have a sponsor
- In the 30 days before you entered this Recovery Center**, did you have contact with family or friends-who were supportive of your recovery? 0 = No 1 = Yes
- In the 30 days before you entered this Recovery Center**, how many people could you count on for recovery support when you needed it? _____ people
- Now that you are in or about to enter Phase 1 of the Recovery Center, how many people do you feel you can count on for recovery support when you need it? _____ people
- In addition to being at the Recovery Center, what will be the next two most useful things you believe will help you in getting or staying off illicit drugs or alcohol?

Select Two (if client only gives one answer, please circle 98)

- 1 = Employment
- 2 = Counseling
- 3 = My faith or religion
- 4 = Other people in recovery
- 5 = Support from family
- 6 = Support from friends
- 7 = Support from a partner (boy/girlfriend, spouse)
- 8 = Children (being responsible for dependents)
- 9 = The need to stay out of jail or prison
- 10 = Change in environment (staying away from certain people, places)
- 11 = Staying busy/keeping occupied
- 12 = Will power/self-talk/wanting it for myself (determination, motivation)
- 13 = Remembering the past/consequences
- 14 = Other, please specify: _____
- 98 = Client only gave one answer

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

- 1 = Very poor
- 2 = Moderately poor
- 3 = Uncertain
- 4 = Moderately good
- 5 = Very good

8. 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 |

Follow-Up Study

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 6 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 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 recovery center 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, text or call us at 866-304-5467 for more information, or call Dr. TK Logan at 859-323-0416 with any questions or concerns.

RECOVERY CENTER CONSENT TO PARTICIPATE IN AN 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 research study of Recovery Centers. You are being asked to do this because you are a client of a recovery support program in Kentucky. 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 services at the Recovery Center. 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. TK Logan. She is a Professor at the University of Kentucky. Jennifer Cole, Ph.D. also work with the study. Other professionals who work with the investigators may help them with the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to gather information about substance abuse and related behavioral health problems. It also studies employment, education, housing, legal status, stress and health status and your use of behavioral health services. It is also for the purpose of learning more about your Recovery Center experience.

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

During Phase 1 intake, program staff will ask you questions about substance use and related behaviors. In addition, twelve months after you entered Phase 1 of the Recovery Center, UK will contact you by telephone for a follow-up interview. The follow-up interview takes about 15 minutes. In general, we usually contact about 20% of the persons who agree to participate in the follow-up study. Therefore, your chances are about one in five of being contacted for follow-up.

WHAT WILL I BE ASKED TO DO?

You will be asked to answer questions about your experiences at the Recovery Center as well as your substance use and related behavioral health problems. You will also be asked about your employment, education, housing, legal status, stress, and your use of services. You will not be asked to take part in any experimental treatments or procedures. The Recovery Center will also supply us with information about your length of stay in the program and your program status.

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 at the time of follow-up about 12 months from now. We may call you to update your information so we can reach you for the follow-up. If we call you for a follow-up interview by telephone, you will be asked some of the same questions asked during your Phase 1 intake interview. This follow-up telephone interview takes about 20 minutes.

You are also asked to let the researchers use state information about the number and types of state-funded services that 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. When trying to contact you, the researchers will continue to keep your connection with a Recovery Center confidential.

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.

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 intake interview you can speak about it with Recovery Center staff and at follow-up you will be offered referral to agencies nationally and in your area.

WILL I BENEFIT FROM TAKING PART IN THIS STUDY?

There are no direct benefits to you for taking part in the Recovery Center Outcome 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 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 skip any question you do not want to answer and stop at any time during the study and still be in good standing with the Recovery Center.

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

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

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

You will not have any cost for participating in the 12-month follow-up interview

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. Recovery Center staff will ask for your social security number, but it will be encrypted to keep it secure and protected. This number will help us match all information clearly to your file; however, if you do not want to give us your social security number, you can still take part in the study. All information is stored in computers that are secure and under password protection. Files are encrypted to further protect your confidentiality.

We have 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 subpoena, to identify you. (The Confidentiality Certificate does not imply approval or disapproval of the project by the Secretary of DHHS.) You should know, however, that we may provide information to appropriate individuals or agencies if harm to you, harm to others, or child abuse is disclosed to us. In addition, the agency funding this research (The Kentucky Housing Corporation) and the staff of the University of Kentucky may also see your information if necessary.

WILL I RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will receive \$20.00 for a completed follow-up interview at 12 months after you entered Phase 1. In order to get the \$20.00 you must take part in the follow-up interview, and then payment will be mailed to you. If you are paid over \$600 in any year from various studies, the University of Kentucky has to report this as income to the IRS. There is no compensation for completing the Phase 1 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 Investigator, Professor TK Logan at 859-257-8248. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll-free at 1-866-400-9428. 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 Housing Corporation to better understand recovery support programs in Kentucky. 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 decides again whether they do or do not want to participate in the follow-up interview.

- 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 "I do NOT agree" (The interview ends and no data are saved)

If client answers "I agree" (Continue with the interview)

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 in about 1 year from now.

1. What is the name of your first pet? _____
2. What was the make/model of your first car? _____
3. In what city were you born? _____
4. What was the name of the last elementary school you attended? _____
5. What was your childhood nickname? _____
6. 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 RCOS, 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) | |
| 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 (including area code) | |
| Cell phone number (including area code) | |
| 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

| Another contact address: | |
|--|--|
| First and last name | |
| Address number and street name | |
| Apartment number (if applicable) | |
| City name | |
| State name | |
| Zip code | |
| Home phone number (including area code) | |
| Cell phone number (including area code) | |
| 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: _____ |

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 polices. 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/

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

7a. Other email address to reach you? _____

8. What is the best way to reach you (check all that apply)?

- Text message Phone call Email Facebook Work

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?

11. Would you be interested in being contacted about other potential research studies? AT the time of contact you would learn about the study and decide at that time whether you want to join.

1 = Yes, I would like to possibly be contacted for a future research study

0 = No, only contact me for the follow-up study

Thank you for answering these questions. Your information helps improve Recovery Center programs in Kentucky.