

Form 464—CJ-DATS INTAKE

Serial Number:



Study Number:

C J T C M 0 0 0 0 1

Site:

0 0 0 0

ID #:

1

Name Code:

FINAL 0 / 1 2 /

Date of Assessment:

(MM/DD/YYYY)

2 0 0 4

Interviewer ID:

Treatment Phase: Baseline Case Management 3-Month FU 9-Month FU

CODE A-F WITHOUT QUESTIONING RESPONDENT:

A. START TIME:

: : AM PM

B. INTERVIEW LOCATION:

Prison Half-way house Other: (specify) Work furlough program Parole/probation office Community corrections facility Community treatment program

C. PROGRAM INTAKE DATE:

/ / Month Day Year

D. CLIENT GENDER:

Female Male

E. SERVICE TYPE:

What service type has the client received in the program? (Select one) Case management Outpatient Methadone Cognitive Behavioral Day treatment Outreach Residential Other (specify) Inpatient Intensive Outpatient Therapeutic Community

F. SPECIAL CODES:

READ ALOUD TO RESPONDENT:

Hello, my name is _____, and I work for the _____ study. Thank you for agreeing to talk with me today. This interview usually takes a little over an hour to complete. I'm going to read you a set of questions exactly as they are worded so that each person is asked the same thing. I will need to keep things moving along, so I hope that I don't sound rude if I tell you we need to move on to the next question.

I will be asking primarily about your personal and family background, your friends, your criminal and legal involvement, and your drug use history. All of your answers will be kept confidential and will in no way affect your legal status, or any services or money you may receive. Many of my questions will refer to the "last 6 months" or the "last 30 days" - that is the time prior to this incarceration. I'll try to be clear, but please ask me if you are not sure about the time period involved.

It is very important that you be open and honest. Some questions may be sensitive or difficult to talk about, but they are necessary to help us evaluate the services provided as part of this study. Do you have any questions before we start?

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CJ-DATS INTAKE (continued)

Serial Number:



4 7 2 4 9 7

ID #:	Name Code:	Date of Assessment:	(MM/DD/YYYY)	Site:
1		10 / 12 / 2004		0000

INCARCERATION TIME LINE

Month	Day	Year
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Enter the date the respondent began his/her current incarceration. Verify with the respondent that he/she has not been free since that date.

Month	Day	Year
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Enter the date that precedes the date of incarceration by 30 days.

Month	Day	Year
-------	-----	------

Enter the date that precedes the date of incarceration by six months (180 days).

Days

Enter the number of days that the client was free during the 30 days prior to his/her current incarceration.

Days

Enter the number of days that the client was free during the six months prior to his/her current incarceration.

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CJ-DATS INTAKE

(continued)

Serial Number:



4 7 2 4 9 7

ID #:	Name Code:	Date of Assessment:	(MM/DD/YYYY)	Site:
1		10 / 12 /	2004	0000

GENERAL INSTRUCTIONS TO INTERVIEWER: Some items in this form require that answers be recorded "*verbatim*" and then coded into specific units of measurement - such as "*months*" or "*amounts of alcohol*." Also, write out clarifying comments or other explanations of answers as needed in the margins next to questions, and identify any items that the respondent cannot or refuses to answer.

PART A: SOCIODEMOGRAPHIC BACKGROUND

Let's begin with some general information.

1. What is your birthdate?

		/			/				
Month			Day			Year			

2. Are you Hispanic or Latino/a?

No Yes*

*IF "Yes", ASK:

a. What ethnic group do you consider yourself?

Central American

Mexican

Other (specify)

Cuban

Puerto Rican

Dominican

South American

3. What is your race or ethnic background? (Please select one.)

African American/Black

Asian/Pacific Islander

Other Hispanic

American Indian

Mexican American

Other (specify)

Anglo/White/Caucasian

Mexican National

4. In the last 30 days prior to this incarceration, where were you living most of the time?

Shelter (safe havens, transitional living center, low demand facilities, reception centers, other temporary day or evening facility)

Street/outdoors (sidewalk, doorway, park, public or abandoned building)

Institution (hospital, nursing home, jail/prison)

Own/rent apartment, room, or house

Someone else's apartment, room or house

Halfway house

Residential treatment

Other housed (specify)

5. How long had you been living there (at that place)?

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Months

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CJ-DATS INTAKE (continued)

Serial Number:



ID #:

1			
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Name Code:

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Site:

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PART A: SOCIODEMOGRAPHIC BACKGROUND (continued)

6. During the last 6 months prior to this incarceration, how many nights did you spend in a homeless shelter?

--	--	--

Nights

7. During the last 6 months prior to this incarceration, how many nights did you spend in a supervised living situation, such as a halfway house or group home?

--	--	--

Nights

8. During the last 6 months prior to this incarceration, were you living with a spouse, significant other, or domestic partner?

No Yes*

*IF "Yes", ASK:

a. Which of the following most accurately described the employment status of your domestic partner/spouse?

Employed Full Time (35 hours or more per week, includes armed forces)

Employed Part Time (Less than 35 hours per week)

Unemployed, looking for work in last 30 days, or on lay-off from job.

Not in the labor force

9. How many children (including biological, step and adopted) do you have?

--	--

 *

Children

IF "1" OR MORE, ASK:

a. How many of them are under the age of 18?

--	--

b. How many had their primary residence with you for the majority of the last 6 months prior to this incarceration?

--	--

c. How many received financial support from you for the majority of the last 6 months prior to this incarceration?

--	--

d. During the last 6 months prior to this incarceration, how many of your children were in foster care?

--	--

10. During the last 6 months prior to this incarceration, how many people (including children, spouse, others) were dependent on you for the majority of their food, shelter, etc? (Do not include self-supporting spouse or self.)

--	--

People

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CJ-DATS INTAKE (continued)

Serial Number:



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ID #:

1			
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Name Code:

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Site:

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PART A: SOCIODEMOGRAPHIC BACKGROUND (continued)

11. What is your current marital status?

- | | |
|--|-------------------------------------|
| <input type="radio"/> 1. Never married | <input type="radio"/> 4. Separated* |
| <input type="radio"/> 2. Legally married* | <input type="radio"/> 5. Divorced* |
| <input type="radio"/> 3. Living as married*
(including common law marriage) | <input type="radio"/> 6. Widowed* |

***IF "RESPONSE IS CODE 2-6", ASK:**

a. How long have you been (current marital status)?

--	--	--

Months

12. What is the highest level of education you have finished, whether or not you received a degree?

(01=1st grade, 12=12th grade, 13=college freshman, 16=college completion, 17=graduate degree, 20=professional degree)
[DO NOT INCLUDE GED]

--	--

Level in years

13. Have you:

- a. graduated from high school?
 No Yes
- b. completed a vocational or technical training program?
 No Yes

IF "GRADUATED HIGH SCHOOL", SKIP TO Q14

- c. Have you completed your GED?
 No Yes
- d. Are you currently working on your GED or any type of vocational/technical training degree?
 No Yes

14. In the last 6 months prior to this incarceration, how many days were you enrolled in a vocational or job training program?

--	--	--

Days

15. In the last 6 months prior to this incarceration, how many days were you enrolled in a literacy or educational program?

--	--	--

Days

16. Prior to this incarceration, did you have a valid driver's license?

- No Yes

17. During most of the last 6 months prior to this incarceration, which of the following best described your employment status?

- | | | |
|---|--|---------------------------------------|
| <input type="radio"/> Employed full time (35+ hours per week) | <input type="radio"/> Unemployed, volunteer work | <input type="radio"/> Armed Forces |
| <input type="radio"/> Employed part time | <input type="radio"/> Unemployed, retired | <input type="radio"/> Homemaker |
| <input type="radio"/> Unemployed, looking for work | <input type="radio"/> Unemployed, not looking for work | <input type="radio"/> Other (specify) |
| <input type="radio"/> Unemployed, disabled | <input type="radio"/> Unemployed, in school | |

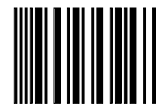
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CJ-DATS INTAKE (continued)

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0	0	0	0											

PART A: SOCIODEMOGRAPHIC BACKGROUND (continued)

18. What were all the different sources of financial support you had during the last 6 months prior to this incarceration? In how many of those months did you get any money, food, shelter, etc. from - [ENTER 0 FOR NONE]

1. your job or employment? [INCLUDE UNDER THE TABLE INCOME]

*

*IF "1" OR MORE, ASK:

a. In the last 30 days prior to this incarceration, how much money did you receive from employment?

--	--	--	--

Dollars

2. your spouse or ex-spouse (including child support)?

3. a sexual partner (other than a spouse) or a friend?

4. your family?

5. unemployment compensation (for being laid off)?

*

*IF "1" OR MORE, ASK:

a. In the last 30 days prior to this incarceration, how much money did you receive from unemployment?

--	--	--	--

Dollars

6. retirement?

*

*IF "1" OR MORE, ASK:

a. In the last 30 days prior to this incarceration, how much money did you receive from retirement?

--	--	--	--

Dollars

7. disability?

*

*IF "1" OR MORE, ASK:

a. In the last 30 days prior to this incarceration, how much money did you receive from disability?

--	--	--	--

Dollars

8. welfare or public assistance (food stamps, housing assistance, AFDC, TANF, general relief, Medicaid, SSI)?

*

*IF "1" OR MORE, ASK:

a. In the last 30 days prior to this incarceration, how much money did you receive from public assistance?

--	--	--	--

Dollars

9. selling drugs?

*

*IF "1" OR MORE, ASK 11a:

10. selling, pimping or trading sex (prostitution)?

*

*IF "1" OR MORE, ASK 11a:

11. any other kind of illegal activities (other than prostitution)?

*

*IF "1" OR MORE, ASK 11a:

a. In the last 30 days prior to this incarceration, how much money did you receive from **all illegal activities**?

--	--	--	--

Dollars

12. jail/prison, residential treatment program, or hospital?

13. anything else? (specify)

--

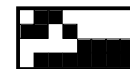
19. Which one of these was your major (or largest) source of support during those 6 months?

[Show Financial Support Card]

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CODE 1-13

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CJ-DATS INTAKE (continued)

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PART B: FAMILY BACKGROUND

Next, I would like to get some information about your family during the last 6 months prior to this incarceration.

[HAND "ANSWER CARD A" TO RESPONDENT]

1. What was your relationship with your spouse, significant other, or domestic partner like during those months? Tell me how often:
- | | Never | Rarely | Sometimes | Often | Always | N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. You <u>got along</u> together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. You really <u>enjoyed</u> being together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. You <u>drank</u> together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. You got <u>drunk</u> together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. You used <u>other (illegal) drugs</u> together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. You had serious talks about each other's <u>interests and needs</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. You <u>helped</u> each other with problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. You got <u>blamed or fussed</u> at about things YOU did or did not do.. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. You had <u>disagreements</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. You had <u>big arguments or fights</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
2. What was your relationship with your parents or parental figures (i.e., grandparents) like during those months? Tell me how often:
- | | Never | Rarely | Sometimes | Often | Always | N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. You <u>got along</u> together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. You really <u>enjoyed</u> being together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. You <u>drank</u> together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. You got <u>drunk</u> together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. You used <u>other (illegal) drugs</u> together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. You had serious talks about each other's <u>interests and needs</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. You <u>helped</u> each other with problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. You got <u>blamed or fussed</u> at about things YOU did or did not do.. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. You had <u>disagreements</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. You had <u>big arguments or fights</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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CJ-DATS INTAKE (continued)

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0	0	0	0											

PART B: FAMILY BACKGROUND (continued)

3. What was your relationship with your siblings like during those months? Tell me how often:

	Never	Rarely	Sometimes	Often	Always	N/A
a. You <u>got along</u> together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You really <u>enjoyed</u> being together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You <u>drank</u> together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You got <u>drunk</u> together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You used <u>other (illegal) drugs</u> together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You had serious talks about each other's <u>interests and needs</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You <u>helped</u> each other with problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You got <u>blamed or fussed</u> at about things YOU did or did not do..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You had <u>disagreements</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. You had <u>big arguments or fights</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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CJ-DATS INTAKE (continued)

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PART C: PEER RELATIONS

Now I want to ask a few questions about the **FRIENDS** you had during the **6 months** prior to this incarceration.

[HAND "ANSWER CARD A" TO RESPONDENT]

1. Describe your friends, roommates or the people you spent the majority of your time with during those 6 months. Tell me how often:

	Never	Rarely	Sometimes	Often	Always	N/A
a. They <u>worked regularly</u> on a job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. They felt <u>hopeful</u> about their future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. They <u>spent time</u> with their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. They <u>liked</u> being with their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. They got into <u>loud arguments or fights</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. They got <u>drunk</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. They used <u>other (illegal) drugs</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. They traded, sold, or <u>dealt drugs</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. They did other things <u>against the law</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. They spent time with " <u>gangs</u> ".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. They got <u>arrested</u> or had problems with the law.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Prior to this incarceration, had you ever been a gang member?

No Yes

3. Are you currently a gang member?

No Yes

Please fill bubbles completely:

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CJ-DATS INTAKE (continued)

Serial Number:



4 7 2 4 9 7

ID #:	Name Code:	Site:
<input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>

PART D: CRIMINAL HISTORY

Now I'm going to ask you about your past **ARRESTS**.

[“ARRESTED” MEANS TAKEN INTO CUSTODY OR TO POLICE STATION]

1. Altogether, about how many **TIMES** during your life have you ever been arrested?

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------	-------------------------------	-------------------------------

 *

ARRESTS

*IF "1" OR MORE, ASK:

a. About how many of these arrests were for things you did while using drugs or trying to get drugs?

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------	-------------------------------	-------------------------------

ARRESTS

b. How old were you the first time you were arrested?

<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------

 *

AGE

*[IF "17" OR LESS, ASK:]

c. How many times were you arrested before you turned 18?

[TOTAL ARRESTS MUST BE LESS THAN OR EQUAL TO Q1]

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
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ARRESTS

Now I have some questions about the last 6 months prior to this incarceration.

2. Altogether, how many **TIMES** were you arrested during the last 6 months prior to this incarceration?

[INCLUDING ARREST THAT LED TO THIS INCARCERATION]

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
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ARRESTS

3. How many **TIMES** in the last 30 days prior to this incarceration were you arrested?

[INCLUDING ARREST THAT LED TO THIS INCARCERATION]

<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------

ARRESTS

4. How many nights did you spend in jail during those 30 days?

[DON'T INCLUDE JAIL TIME FROM THE CURRENT INCARCERATION]

<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------

Nights

Please PRINT CLEARLY

<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="0"/>
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CJ-DATS INTAKE (continued)

Serial Number:



4 7 2 4 9 7

ID #:	Name Code:	Site:												
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PART D: CRIMINAL HISTORY (continued)

5. a. How many times during your life have you ever been involved in activities that were against the law? For example, the number of times you committed any of the following activities regardless of arrests. The activities we are talking about are listed on the card.

[RECORD RESPONSE IN "CRIME CHART"; IF "00" SKIP TO NEXT ACTIVITY]

*IF "1" OR MORE, ASK:

[HAND "CRIME CARD" TO RESPONDENT; RECORD RESPONSES IN "CRIME CHART"]

b. Look at this card and tell me how many times in the last 6 months prior to this incarceration you were involved in [CRIME]?

c. How many times in the last 30 days prior to this incarceration were you involved in [CRIME]?

FOR QUESTIONS 2, 14, 15, 16, 17, 18, 19, 20 & 23, ASK:

d. How many people were injured as a result of your involvement in [CRIME] during the 6 months prior to this incarceration?
[INJURED MEANS HURT BADLY ENOUGH TO REQUIRE MEDICAL ATTENTION WHETHER RECEIVED OR NOT. DO NOT INCLUDE INJURY TO SELF]

e. How many people died as a result of your involvement in [CRIME] during the 6 months prior to this incarceration?
[DIED MEANS DEATH OCCURRED AS A RESULT OF THE CRIME WHETHER IMMEDIATE OR SUBSEQUENTLY]

CRIME CHART

Type of Crimes
(and examples of each)

	5a. Times Committed Ever <u>Lifetime</u>	5b. Times Committed Last <u>6 months</u>	5c. Times Committed Last <u>30 Days</u>	5d. Number of people Injured	5e. Number of people Died
1. Public intoxication from alcohol or drugs.....	[][][][]	[][][][]	[][][]	N/A	N/A
2. Driving Under Influence of alcohol or drugs.....	[][][][]	[][][][]	[][][]	[][]	[][]
3. Use or possession of illegal drugs.....	[][][][]	[][][][]	[][][]	N/A	N/A
4. Possession with intent to distribute.....	[][][][]	[][][][]	[][][]	N/A	N/A
5. Possession of drug paraphernalia.....	[][][][]	[][][][]	[][][]	N/A	N/A
6. Manufacture or growing of drugs.....	[][][][]	[][][][]	[][][]	N/A	N/A
7. Sale or distribution of drugs.....	[][][][]	[][][][]	[][][]	N/A	N/A
8. Forgery/Fraud (bad checks, credit card fraud).....	[][][][]	[][][][]	[][][]	N/A	N/A
9. Fencing (buying or selling stolen property).....	[][][][]	[][][][]	[][][]	N/A	N/A

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Please PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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CJ-DATS INTAKE (continued)

Serial Number:



4 7 2 4 9 7

ID #:

1			
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Name Code:

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Site:

0	0	0	0
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PART D: CRIMINAL HISTORY (continued)

CRIME CHART

Type of Crimes
(and examples of each)

5a. Times
Committed Ever
Lifetime

5b. Times
Committed Last
6 months

5c. Times
Committed Last
30 Days

5d. Number
of people
Injured

5e. Number
of people
Died

10. Illegal gambling (running numbers).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A.....	N/A
11. Prostitution or pimping.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A.....	N/A
12. Burglary/attempted burglary/breaking and entering (home, auto, business).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A.....	N/A
13. Shoplifting/larceny/embezzlement.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A.....	N/A
14. Auto theft/car jacking.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Robbery/attempted robbery/mugging.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Assault/aggravated assault/battery (DO NOT include rape or sexual assault).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Kidnapping/hostage taking.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Terrorists threats/acts.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. Homicide/manslaughter/attempted homicide.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. Arson offenses.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. Weapons offenses.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A.....	N/A
22. Vandalism/property damage/tagging.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A.....	N/A
23. Sex offenses (rape/aggravated sexual assault/sex with a minor).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24. Probation/parole violations.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A.....	N/A

Please PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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CJ-DATS INTAKE (continued)

Serial Number:



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ID #:	Name Code:	Site:
1		0 0 0 0

PART D: CRIMINAL HISTORY (continued)

We are finished with that card, so I'll put it away. [TAKE BACK "CRIME CARD"]

Now I'm going to ask you about your current incarceration.

6. Interviewer: Is respondent currently incarcerated (e.g., jail, prison, work release, or community correctional facility)?
 No Yes*

IF "No", SKIP TO 8.

*IF "Yes", ASK:

- a. How long have you been in this facility?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years		Months		Days	

- b. How long have you been incarcerated on this conviction (include time at all jail and prison facilities)?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years		Months		Days	

- c. Have you received drug or alcohol treatment since you have been incarcerated this time?

No Yes*

- d. Are you currently in a drug or alcohol treatment program?

No Yes*

*1. If "Yes" to 6c or 6d: How long have you been in treatment during this incarceration?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Months		Days	

- e. During the time that you have been incarcerated in the past 6 months, how many nights did you spend in the hospital unit because of:

1. medical problems

2. mental or emotional problems

3. substance abuse (including detox)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Nights

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Nights

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Nights

- f. During the time you have been incarcerated in the past 6 months, how many nights were you in a separate residential program, such as a drug program?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Nights

- g. During the time you have been incarcerated in the past 6 months, how many times did you visit a psychiatrist, psychologist, psychiatric social worker, or other mental health professional for a individual session because of mental or emotional problems?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Times

- h. During the time you have been incarcerated in the past 6 months, how many times did you attend a group session with a psychiatrist, psychologist, psychiatric social worker or other mental health professional because of mental or emotional problems?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Times

- i. During the time you have been incarcerated in the past 6 months, how many times did you visit a substance abuse counselor for individual sessions?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Times

- j. During the time you have been incarcerated in the past 6 months, how many times did you attend a group session primarily for substance abuse? (Do not include 12-step support groups that you attended in a residential program.)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Times

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CJ-DATS INTAKE (continued)

Serial Number:



4 7 2 4 9 7

ID #:	Name Code:	Site:
1		0 0 0 0

PART D: CRIMINAL HISTORY (continued)

8. How many different TIMES during your whole life have you ever been in **JAIL, PRISON, OR JUVENILE LOCKUP?**
["IN JAIL OR PRISON" MEANS LOCKED BEHIND BARS FOR 24 HRS OR MORE]

--	--	--

*

TIMES

*IF "0", SKIP TO 10.

*IF "1" OR MORE, ASK:

a. How old were you the first time you were in jail, prison, or juvenile lock-up?

--	--

AGE

b. Altogether, how much time have you ever spent in jail, prison, or juvenile lock-up? [RECORD IN "MONTHS"]

--	--	--

MONTHS

9. In the last 6 months prior to this incarceration how many TIMES were you in jail or prison?

["IN JAIL OR PRISON" MEANS LOCKED BEHIND BARS FOR 24 HRS OR MORE]

--	--	--

*

TIMES

*IF "1" OR MORE, ASK:

a. Altogether, how many DAYS did you spend in jail or prison during those 6 months?

--	--	--

DAYS

b. And what about the last 30 days (of that period)? That is, on how many of those 30 DAYS did you spend any time in jail or prison?

--	--

DAYS

10. In the last 6 months prior to this incarceration, what is the total length of time that you were on probation?

--	--	--

DAYS

11. In the last 6 months prior to this incarceration, what is the total length of time that you were on parole?

--	--	--

DAYS

12. What is your **CURRENT LEGAL STATUS?** (Read options)

- None
- On probation with no jail/prison sentence
- On probation with jail/prison sentence
- On parole
- Mandatory release from prison with mandated supervision time
- On pretrial release (awaiting charge, trial, or sentence)
- On diversion program (e.g., prop. 36, etc.)
- Incarcerated
- Other (specify)

--

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CJ-DATS INTAKE (continued)

Serial Number:



4 7 2 4 9 7

ID #:

1			
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Name Code:

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Site:

0	0	0	0
---	---	---	---

PART E: HEALTH AND PSYCHOLOGICAL STATUS

1. How would you rate your overall health right now?
 Poor Fair Good Very Good Excellent
2. Not counting the effects from alcohol or other drug use, In your lifetime have you ever experienced -
 - a. a lot of physical pain or discomfort?
 No Yes
 - b. serious depression (for two weeks or more at a time)?
 No Yes
 - c. serious anxiety or tension?
 No Yes
 - d. hallucinations (hearing or seeing things that others thought were imaginary)?
 No Yes
 - e. trouble understanding, concentrating, or remembering?
 No Yes
 - f. trouble controlling violent behavior?
 No Yes
 - g. serious thoughts of suicide?
 No Yes
 - h. attempts at suicide?
 No Yes
3. Not counting the effects from alcohol or other drug use, In the past 30 days have you experienced - [MOST RECENT PAST 30 DAYS]
 - a. a lot of physical pain or discomfort?
 No Yes
 - b. serious depression (for two weeks or more at a time)?
 No Yes
 - c. serious anxiety or tension?
 No Yes
 - d. hallucinations (hearing or seeing things that others thought were imaginary)?
 No Yes
 - e. trouble understanding, concentrating, or remembering?
 No Yes
 - f. trouble controlling violent behavior?
 No Yes
 - g. serious thoughts of suicide?
 No Yes
 - h. attempts at suicide?
 No Yes

[If "Yes" to f, g, or h, refer to risk protocol]
4. IF "Yes" TO ONE OR MORE ITEMS IN QUESTION 3, ASK:
 - a. How much have you been bothered by these psychological or emotional problems in the past 30 days?
 Not at all Slightly Moderately Considerable Extremely
5. If female, how many times have you given birth?
[IF R IS MALE, WRITE -3]

--	--

 *
*IF "1 OR MORE", ASK:
 - a. How many of these times was the baby born early or with health problems?

--	--
6. During the 6 months prior to this incarceration:
 - a. Were you attacked with a weapon, beaten or sexually abused?
 No Yes
 - b. Did you have an argument in which you physically or verbally threatened someone?
 No Yes

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CJ-DATS INTAKE (continued)

Serial Number:



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ID #:	Name Code:	Site:												
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PART E: HEALTH AND PSYCHOLOGICAL STATUS (continued)

7. How many times in your life have you been hospitalized for psychiatric/emotional problems?

--	--	--	--

8. How many times in your life have you been hospitalized for physical health problems?

--	--	--	--

9. During the 30 days prior to this incarceration, did you receive:

a. Inpatient Treatment for:

30 days

If "Yes", altogether for
how many nights/days

1. Physical complaint

No Yes

2.

--	--

3. Mental or emotional difficulties

No Yes

4.

--	--

5. Alcohol or substance abuse

No Yes*

6.

--	--

*If "Yes", ASK:

7. How many nights were in detox?

--	--	--	--

8. How many nights were in a residential program?

--	--	--	--

b. Outpatient Treatment for:

30 days

If "Yes", altogether for
how many nights/days

1. Physical complaint

No Yes

2.

--	--

3. Mental or emotional difficulties

No Yes*

4.

--	--

If "Yes", ASK:

5. How many times did you attend a group session with a psychiatrist, psychologist, psychiatric social worker, or other counselor because of mental or emotional problems?

--	--	--	--

6. Alcohol or substance abuse

No Yes*

7.

--	--

If "Yes", ASK:

8. How many times did you attend a group session primarily for substance abuse?

--	--	--	--

c. Emergency Room Treatment for:

30 days

Admissions

1. Physical complaint

No Yes

2.

--	--

3. Mental or emotional difficulties

No Yes

4.

--	--

5. Alcohol or substance abuse

No Yes

6.

--	--

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CJ-DATS INTAKE (continued)

Serial Number:



4 7 2 4 9 7

ID #:	Name Code:	Site:												
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PART F: DRUG AND TREATMENT HISTORY

1. Now I'd like to ask you about your drug and alcohol use. Remember that this information is confidential. Please look over this list of drugs and tell me which ones caused you the most serious problems before you entered this treatment. (Read categories.) [HAND "DRUG CARD" TO RESPONDENT, USE CODE NUMBERS FROM "DRUG HISTORY CHART"]

a. First most serious?

--	--	--	--

b. Second most serious?

--	--	--	--

c. Third most serious?

--	--	--	--

2. a. For each drug that you have EVER USED (for non-medical use), tell me how old you were the first time you ever tried it (i.e., of your own choice). [RECORD AGE AT FIRST USE IN "DRUG HISTORY CHART"; WRITE "00" FOR THOSE DRUGS NEVER USED]

FOR EACH SEPARATE DRUG USED, ASK:

[TAKE BACK "DRUG CARD" - HAND "ANSWER CARD B" TO RESPONDENT]

b. Using answers from this card, tell me how often during the LAST 6 MONTHS BEFORE THIS INCARCERATION you used (drug name). [RECORD RESPONSE IN "DRUG HISTORY CHART"]

c. In the LAST 30 DAYS before this incarceration, how often did you use (drug name)? [RECORD RESPONSE IN "DRUG HISTORY CHART"; DO NOT USE RESPONSE CODE "1" FOR THIS MONTHLY ITEM BECAUSE IT OVERLAPS WITH CODES 2 & 3]

FOR DRUGS USED THAT CAN BE INJECTED (SEE CHART), ASK -

d. How old were you the first time you injected (drug name)? [RECORD AGE IN "DRUG HISTORY CHART," AND WRITE "0" FOR THOSE NEVER INJECTED]

e. And how often in those last 30 days did you INJECT (drug name)?

FREQUENCY OF USE CODES:

- | | | |
|------------------------------------|------------------------------|----------------------------------|
| 0. Never/Not used | 3. About 2-3 times per MONTH | 6. About 1 time per DAY |
| 1. Only 1-3 times in LAST 6 MONTHS | 4. About 1 time per WEEK | 7. About 2-3 times per DAY |
| 2. About 1 time per MONTH | 5. About 2-6 times per WEEK | 8. About 4 or more times per DAY |

DRUG HISTORY CHART

TYPE OF DRUGS (AND EXAMPLES OF EACH)	2a. AGE 1ST USED	2b. LAST 6 MONTHS	2c. LAST 30 DAYS	2d. AGE 1ST INJECTED	2e. INJECTED LAST 30 DAYS											
01. <u>Alcohol</u>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					N/A.....N/A
02. <u>Tobacco</u>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					N/A.....N/A
03. <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.).....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					N/A.....N/A

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CJ-DATS INTAKE (continued)

Serial Number:



4 7 2 4 9 7

ID #:

1			
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Name Code:

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Site:

0	0	0	0
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PART F: DRUG HISTORY (continued)

DRUG HISTORY CHART(continued)

TYPE OF DRUGS
(AND EXAMPLES OF EACH)

2a. AGE
1ST USED

2b. LAST
6 MONTHS

2c. LAST
30 DAYS

2d. AGE
1ST INJECTED

2e. INJECTED
LAST 30 DAYS

04. <u>Marijuana</u> /Hashish.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A.....	N/A.....
05. <u>Hallucinogens</u> /LSD/Psychedelics/PCP/ Mushrooms/Peyote.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A.....	N/A.....
06. <u>Crack</u> /Freebase.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A.....	N/A.....
07. <u>Cocaine</u> (by itself).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08. <u>Heroin and Cocaine</u> (mixed together).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09. <u>Heroin and Meth</u> (mixed together).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. <u>Heroin</u> (by itself).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. <u>Street Methadone</u> (non-prescription).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. <u>Other Opiates</u> /Opium Morphine/Demerol/ Dilaudid/Percodan/Viocardin/Oxycotin.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. <u>Methamphetamine</u> /Speed/Ice/Ecstasy/Crystal.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. <u>Other Amphetamines</u> /Uppers/Diet Pills.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. <u>Librium</u> /Valium/Minor Tranquilizers.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. <u>Barbiturates</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. <u>Other sedatives</u> /Hypnotics/Quaaludes.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. <u>Non-prescription GHB</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. <u>Ketamine</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. <u>Other</u> (specify).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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CJ-DATS INTAKE (continued)

Serial Number:



4 7 2 4 9 7

ID #:	Name Code:	Site:
<input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>

PART F: DRUG HISTORY (continued)

Now I'm going to ask you about your **ALCOHOL USE** in the last 30 days prior to this incarceration.

[IF Q2B = 0, THEN Q3 SHOULD = 0]

3. Altogether, on how many of those 30 days did you drink any beer, malt beverage, wine, wine coolers, fortified wine, or hard liquor? ["HARD LIQUOR" INCLUDES WHISKEY, RUM, VODKA, GIN, ETC.]

<input type="text"/>	<input type="text"/>	*
----------------------	----------------------	---

DAYS

*IF ANY, ASK:

a. On how many of those 30 days did you drink any BEER?

<input type="text"/>	<input type="text"/>	*
----------------------	----------------------	---

DAYS

*IF ANY, ASK:

1. How many cans or bottles of beer did you generally drink on a typical day?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

2. What size were the cans or bottles? [RECORD IN OUNCES.]

<input type="text"/>	<input type="text"/>
----------------------	----------------------

b. On how many days did you drink any MALT LIQUOR, MALT BEVERAGE, OR REGULAR WINE COOLER? [PROVIDE EXAMPLES: OLD ENGLISH, SMIRNOFF ICE, MICKEY'S, ST. IDES, BACARDI SILVER, SPARKS, 211, BARTLES & JAMES, SEAGRAM'S COOLER, ETC.]

<input type="text"/>	<input type="text"/>	*
----------------------	----------------------	---

DAYS

*IF ANY, ASK:

1. How many cans or bottles did you generally drink on a typical day?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

2. What size were the cans or bottles? [RECORD IN OUNCES.]

<input type="text"/>	<input type="text"/>
----------------------	----------------------

c. On how many days did you drink any WINE?

<input type="text"/>	<input type="text"/>	*
----------------------	----------------------	---

DAYS

*IF ANY, ASK:

1. How many glasses or bottles of wine did you generally drink on a typical day? [FOR GLASSES, RECORD IN STANDARD WINE GLASS SIZE, USUALLY ABOUT 5 OZ.]

a. <input type="text"/>	<input type="text"/>	glasses	b. <input type="text"/>	<input type="text"/>	bottles
-------------------------	----------------------	---------	-------------------------	----------------------	---------

2. What size were the bottles? [RECORD IN OUNCES.]

<input type="text"/>	<input type="text"/>
----------------------	----------------------

d. On how many days did you drink any FORTIFIED WINE OR FORTIFIED WINE COOLERS? [PROVIDE EXAMPLES: THUNDERBIRD, NIGHT TRAIN, CISCO, MAD DOG, ETC.]

<input type="text"/>	<input type="text"/>	*
----------------------	----------------------	---

DAYS

*IF ANY ASK:

1. How many glasses or bottles of fortified wine did you generally drink on a typical day? [FOR GLASSES, RECORD IN STANDARD WINE GLASS SIZE, USUALLY ABOUT 5 OZ.]

a. <input type="text"/>	<input type="text"/>	glasses	b. <input type="text"/>	<input type="text"/>	bottles
-------------------------	----------------------	---------	-------------------------	----------------------	---------

2. What size were the bottles? [RECORD IN OUNCES.]

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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CJ-DATS INTAKE (continued)

Serial Number:



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ID #:	Name Code:	Site:
<input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>

PART F: DRUG HISTORY (continued)

e. On how many days did you drink any HARD LIQUOR? [ALSO COUNT OTHER DRINK TYPES HERE, INCLUDING JELLO SHOTS AND PUNCH.]

--	--

DAYS

*IF ANY ASK:

1. How many drinks or bottles of hard liquor did you generally drink on a typical day? [USUALLY A "DRINK" IS 1.5 OZ. (SHOT GLASS) OF LIQUOR, RECORD DRINKS IN THIS STANDARD SIZE.]

a.

--	--

 drinks

b.

--	--

 bottles

2. What size were the bottles? [RECORD IN OUNCES.]

--	--

3. Was it regular liquor or high proof? [CODE "1" FOR REGULAR (80-100 PROOF, 40-50% ALCOHOL), CODE "2" FOR HIGH PROOF(120-190 PROOF, 60-95% ALCOHOL)]

--

Think about the last 6 months prior to this incarceration and tell me how often your use of alcohol or other drugs caused PROBLEMS for you. First, let's talk about alcohol, and then other drugs.

[HAND "ANSWER CARD "A" TO RESPONDENT]

4. Tell me how often you think drinking alcohol or using other drugs have led to problems in each of the following areas of your life. ASK ABOUT "ALCOHOL", THEN "OTHER DRUGS"

How often did your (<u>alcohol/drug</u>) use affect -	<u>(1) Alcohol Use</u>					<u>(2) Other Drug Use</u>				
	Never	Rarely	Sometimes	Often	Always	Never	Rarely	Sometimes	Often	Always
a. <u>your physical</u> health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. your relations with <u>family or friends</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. your <u>general attitude or emotional health</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. your <u>attention and concentration</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <u>going to work</u> or finding a job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <u>money</u> and finances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. <u>fight</u> s or arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. <u>police</u> or legal trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please fill bubbles completely:



CJ-DATS INTAKE (continued)

Serial Number:



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ID #:

1			
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Name Code:

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Site:

0	0	0	0
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PART F: DRUG HISTORY (continued)

5. How many times have you ever overdosed on drugs or alcohol? (Requires medical intervention)

		*
--	--	---

TIMES

*IF "1" OR MORE, ASK:

a. How long has it been since the last time?

--	--	--

MONTHS

b. How many times have you intentionally overdosed on drugs?

--	--

[IF "1" OR MORE, ASK: WAS THIS A SUICIDE ATTEMPT? IF "YES" CROSSCHECK WITH Q2H AND 3H IN PART E.]

TIMES

6. During the 30 days prior to this incarceration, how stressful were things for you because of your use of alcohol or other drugs?
 Not at all Somewhat Considerably Extremely Not applicable

7. During the 30 days prior to this incarceration, did your use of alcohol or other drugs cause you to reduce or give up important activities?
 Not at all Somewhat Considerably Extremely Not applicable

8. During the 30 days prior to this incarceration, did your use of alcohol or other drugs cause you to have emotional problems?
 Not at all Somewhat Considerably Extremely Not applicable

9. How many TIMES have you ever quit using alcohol or other drugs for at least 3 months or longer?

		*
--	--	---

TIMES

*IF "1" OR MORE, ASK:

a. How many times did you quit -

1. on your own (without help)?

--	--

2. in a community based treatment program?

--	--

3. in jail/prison (no treatment)?

--	--

4. in a jail/prison treatment program?

--	--

5. some other way? (specify)

--	--

--

b. What is the longest time you were ever able to stay "clean and sober"?

--	--	--

MONTHS

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CJ-DATS INTAKE (continued)

Serial Number:



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ID #: <input style="width: 100%; height: 20px;" type="text" value="1"/>	Name Code: <input style="width: 100%; height: 20px;" type="text"/>	Site: <input style="width: 100%; height: 20px;" type="text" value="0000"/>
--	---	---

PART F: DRUG HISTORY (continued)

10. How important is it for you to continue to get substance abuse treatment after you are released?
 Not at all Somewhat Considerably Extremely

11. How many TIMES before now have you ever been in a substance abuse treatment program?

[DO NOT INCLUDE NA, CA, OR AA]

*

TIMES

***IF "0", SKIP TO Q12**

***IF "1" OR MORE, ASK:**

a. Tell me how many TIMES you have ever been in each type of treatment program?
 [RECORD ANSWERS IN "DRUG TREATMENT CHART"]

ASK b & c ONLY FOR TREATMENTS WITH "1" OR MORE ADMISSIONS:

[RECORD ANSWERS IN "DRUG TREATMENT CHART"]

b. How old were you the first time you entered [TYPE OF TREATMENT]?

c. Altogether, how many months have you been treated in [TYPE OF TREATMENT]?

Drug Treatment Chart READ EACH ITEM, RECORD ANSWER	11a. TIMES ENTERED	11b. AGE AT 1ST ADMISSIONS	11c. MONTHS TREATED
1. <u>Inpatient treatment</u> (in a hospital setting)?.....	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
2. <u>Residential/Therapeutic community</u> ?.....	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
3. <u>Other institutional treatment</u> (such as VA or state hospital or in-prison program)?.....	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
4. <u>Outpatient</u> ?.....	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
5. <u>Outpatient methadone</u> ?.....	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
6. <u>Other? (specify)</u> <input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
7. <u>Other? (specify)</u> <input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

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CJ-DATS INTAKE (continued)

Serial Number:



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ID #:

1			
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Name Code:

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Site:

0	0	0	0
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PART F: DRUG HISTORY (continued)

12. Who was mainly responsible for you entering this current treatment? [MARK ONLY ONE]

- Judge Myself
 Court officer Other criminal justice officer
 Substance Abuse Referral Unit Other (specify)
 Correctional classification

--

13. Have you ever gone to self-help meetings like AA, NA, CA, etc.?

[INCLUDE NON-12-STEP GROUPS SUCH AS RATIONAL RECOVERY, SOS AND SMART]

- No Yes*

*IF "Yes", ASK:

a. How old were you when you first went to a meeting?

--	--

AGE

b. About how many meetings have you ever attended? Was it:

- 1-5 6-10 11-25 26-100 Over 100

c. Over how many months did you attend these meetings?

--	--	--

MONTHS

d. Did you attend any self-help group meetings in the last 30 days prior to this incarceration?

- No Yes

14. Did you have medical insurance during the 6 months prior to this incarceration?

- No Yes

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CJ-DATS INTAKE (continued)

Serial Number:



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ID #:

1			
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Name Code:

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Site:

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PART G: AIDS RISK ASSESSMENT

In this set of questions, I need to get information about your drug use and sexual activities that could have exposed you to HIV, the virus that causes AIDS. A few questions are highly personal, but it is very important that you be open and honest in your answers. Remember that what you tell me is completely confidential.

1. In the last 6 months prior to this incarceration how often did you inject illegal drugs with a needle?

[USE "ANSWER CARD B"]

--

 *

CARD B

***IF "0", SKIP TO Q11**

2. How often did you use needles or syringes that were "dirty" - that is, that someone else had used and were not sterilized or cleaned with bleach before you used them?

--

CARD B

3. And how often did you use the same cooker, cotton, or rinse water that someone else had already used?

--

CARD B

[TAKE BACK "ANSWER CARD B"]

4. Altogether, how many PEOPLE did you share the same works with during those 6 months? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did?

--	--	--

PEOPLE

5. In the last 30 days prior to this incarceration, how many TIMES did you inject illegal drugs with a needle?

--	--	--

 *

TIMES

***IF "0", SKIP TO Q11**

6. How many times, in those 30 days, did you inject with "dirty" needles or syringes - those that had already been used by someone else but were not sterilized or cleaned with bleach before you used them?

--	--	--

TIMES

7. How many of the times you injected in those 30 days did you use the same cooker, cotton, or rinse water that someone else had already used?

--	--	--

TIMES

8. And how many of the times that you injected drugs, in those 30 days, were you with other people who were also injecting?

--	--	--

TIMES

61451



CJ-DATS INTAKE (continued)

Serial Number:



4 7 2 4 9 7

ID #:

1			
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Name Code:

--	--	--	--

Site:

0	0	0	0
---	---	---	---

PART G: AIDS RISK ASSESSMENT (continued)

9. Altogether, how many PEOPLE did you share the same works with in those 30 days? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did.

--	--	--

PEOPLE

10. How many TIMES, in those 30 days, did you give or loan your used needles or syringes to someone else, who then used them without cleaning them with bleach?

--	--	--

TIMES

11. Now I'm going to ask you about **SEX** (including vaginal, oral, or anal) in the **last 6 months** prior to this incarceration? How many different PEOPLE did you have sex with during that time?

			*
--	--	--	---

PEOPLE

***IF "0", SKIP TO Q17**

12. During those months, how often did you have sex **WITHOUT USING A CONDOM:**

a. with someone who was not your spouse or primary partner?

- Never Only a few times 1-3 Times a month 1-5 Times a week About every day

b. with someone who shot drugs with needles?

- Never Only a few times 1-3 Times a month 1-5 Times a week About every day

c. while you or your partner were trading, giving, or getting sex for drugs, money, or gifts?

- Never Only a few times 1-3 Times a month 1-5 Times a week About every day

13. Now I have questions about **SEX** in the **last 30 days** prior to this incarceration.

How many different PEOPLE did you have any kind of sex with during that month (including vaginal, oral, or anal)?

			*
--	--	--	---

PEOPLE

***IF "0", SKIP TO Q17**

14. How many of your partners were female and how many were male?

Female:

--	--	--

PEOPLE

Male:

--	--	--

PEOPLE

15. Altogether, how many times did you have sex (including vaginal, oral, or anal) that month? [DO NOT INCLUDE MASTURBATION]

--	--	--

TIMES

61451





ID #:	Name Code:	Site:
1		0 0 0 0

PART G: AIDS RISK ASSESSMENT (continued)

16. Altogether, how many times did you have sex (including vaginal, oral, anal) in the 30 days before incarceration without using protection (i.e. condoms, dental dams, etc.)? [TOTAL TIMES SHOULD EQUAL THE SUM OF A6, A7 AND A8]

--	--	--

*

TIMES

*IF "0", SKIP TO Q17

*IF "1" OR MORE, ASK:

a. When you had sex without using a condom that month, how many times was it:

1. with someone who is not your spouse or primary partner?

--	--	--

2. with someone who shot drugs with needles?

--	--	--

3. with someone who sometimes smokes crack/cocaine, and/or Methamphetamine?

--	--	--

4. while you or your partner were "high" on drugs or alcohol?

--	--	--

5. while trading (giving/getting) sex for drugs, money, or gifts?

--	--	--

6. involving vaginal sex (penis to vagina)?

--	--	--

7. involving oral sex (mouth to penis/vagina)?

--	--	--

8. involving anal sex (penis to anus)?

--	--	--

17. How many PEOPLE have you known personally who have been infected with HIV, the virus that causes AIDS (including those who now have AIDS or have died of AIDS)?

--	--	--

*

PEOPLE

*IF "1" OR MORE, ASK:

a. How many of them ever shared a needle or works with you?

--	--

b. How many of them ever had sex with you?

--	--

