

Form 489—CJ-DATS 9-Month Follow-up

Serial Number:

Study Number:

Site:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID #:

Sample

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Start

Event:

(MM/DD/YYYY)

Interviewer ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Treatment Phase:

Do Not Use

Month FU

9-Month FU

A. START TIME: : AM PM

B. INTERVIEW LOCATION:

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

C. SERVICE TYPE:

What service types *has* the client received (last six months) or is currently receiving? (Check all that apply)

1. Case management <input type="radio"/> Yes <input type="radio"/> No	2. Day treatment <input type="radio"/> Yes <input type="radio"/> No	3. Inpatient <input type="radio"/> Yes <input type="radio"/> No	4. Outpatient <input type="radio"/> Yes <input type="radio"/> No
5. Outreach <input type="radio"/> Yes <input type="radio"/> No	6. Intensive Outpatient <input type="radio"/> Yes <input type="radio"/> No	7. Methadone <input type="radio"/> Yes <input type="radio"/> No	8. Therapeutic Community <input type="radio"/> Yes <input type="radio"/> No
9. Residential <input type="radio"/> Yes <input type="radio"/> No	10. Cognitive Behavioral <input type="radio"/> Yes <input type="radio"/> No	11. Other <input type="radio"/> Yes (specify) <input type="text"/> <input type="radio"/> No	

D. SPECIAL CODE:

E. Number of days since last interview DAYS

F. Is the client currently participating in formal AOD treatment? (DO NOT include AA, NA, or other self help) No Yes

G. Is the client currently incarcerated? No Yes

Draft



ID #:	Name Code:	Date of Assessment:	(MM/DD/YYYY)	Site:
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>

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 fourth through the ninth month after your release (last six months) or in the last 30 days. I'll try to be clear, but please ask me if you are not sure about the time period involved. I will put the appropriate dates on the timeline below to help you know which time period I am asking about.

It is very important that you be open and honest. Some questions may be sensitive or embarrassing to you, but they are necessary to evaluate the intervention.

Do you have any questions before we start?

LAST 6 MONTHS TIMELINE

<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 60px; height: 20px;" type="text"/>
Month		Day		Year

Date of Release (Baseline)

Enter the date the client was released from the institution where the baseline interview was completed.

<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 60px; height: 20px;" type="text"/>
Month		Day		Year

Date 3-months Post-release from Baseline

Enter the date 3-months after release from baseline institution.

<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 60px; height: 20px;" type="text"/>
Month		Day		Year

9-Month Date (Last 6 months)

Enter the date 6-months from the date entered above.

LAST 30 DAYS TIMELINE

<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 30px; height: 20px;" type="text"/>	/	<input style="width: 60px; height: 20px;" type="text"/>
Month		Day		Year

Date 30-days PRIOR TO THIS INTERVIEW (last 30 days)

Draft



ID #:	Name Code:	Date of Assessment:	(MM/DD/YYYY)	Site:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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? (Mark ONE ONLY.)

<input type="radio"/> Central American	<input type="radio"/> Mexican American	<input type="radio"/> South American
<input type="radio"/> Cuban	<input type="radio"/> Mexican National	<input type="radio"/> Other (specify) . . . <input style="width: 150px; height: 20px;" type="text"/>
<input type="radio"/> Dominican	<input type="radio"/> Puerto Rican	

3. What is your race or ethnic background? (Mark ALL that apply.)

<input type="radio"/> African American/Black	<input type="radio"/> Pacific Islander
<input type="radio"/> Asian	<input type="radio"/> White
<input type="radio"/> Native American	<input type="radio"/> Other (specify) <input style="width: 150px; height: 20px;" type="text"/>

4. In the last 6 months, where have you been living most of the time? (i.e. over 1/2 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)? # Months

6. In the last 6 months, how many nights have you spent in a homeless shelter? # Nights

7. In the last 6 months, how many nights have you spent in a supervised living situation, such as a halfway house or group home? # Nights

8. In the last 6 months, have you been 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



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

ID #: <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100%; height: 20px;"> </div>	Name Code: <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100%; height: 20px;"> </div>	Site: <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100%; height: 20px;"> </div>
----------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

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 in the last 6 months?

c. How many received financial support from you in the last 6 months?

d. In the last 6 months, how many of your children were in foster care?

10. In the last 6 months, 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

11. What is your current LEGAL 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? Level in years

01=1st grade
 12=12th grade
 13=college freshman
 16=college completion
 17=graduate degree
 20=professional degree

[DO NOT INCLUDE GED]



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

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

13a. In the last 6 months, have you graduated from high school?

- No Yes *

*** IF "GRADUATED HIGH SCHOOL = YES", SKIP b and c.**

13b. In the last 6 months, have you completed your GED?

- No Yes

13c. Are you currently working on your GED ?

- No Yes

13d. In the last 6 months, have you completed a vocational or technical training program?

- No Yes

13e. Are you currently enrolled in any type of vocational/job training program?

- No Yes

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

Days

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

Days

16. Do you have a current, valid driver's license?

- No Yes

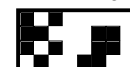
17 a. Which of the following best described your employment status during the last 6 months?

- | | | |
|---------------------------------------------------------------|--------------------------------------------------------|---------------------------------------|
| <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 | |

17 b. Which of the following best described your employment status during the last 30 days?

- | | | |
|---------------------------------------------------------------|--------------------------------------------------------|---------------------------------------|
| <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 | |

Draft



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

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

18. What were **all** the different sources of financial support you had in the last 6 months?

In how many of those months did you get any money, food, shelter, etc. from:
[ENTER 0 FOR NONE]

1. your job or employment? # of months

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

a. How much money did you receive from employment?

1. In the last 6 months Dollars

2. In the last 30 days Dollars

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

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

4. your family? # of months

5. unemployment compensation (for being laid off)? # of months

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

a. How much money did you receive from unemployment?

1. In the last 6 months Dollars

2. In the last 30 days Dollars

6. retirement? # of months

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

a. How much money did you receive from retirement?

1. In the last 6 months Dollars

2. In the last 30 days Dollars

Draft



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

ID #: <input style="width: 100%;" type="text"/>	Name Code: <input style="width: 100%;" type="text"/>	Site: <input style="width: 100%;" type="text"/>
-------------------------------------------------	------------------------------------------------------	-------------------------------------------------

7. disability? # of months

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

a. How much money did you receive from disability?

1. In the last 6 months Dollars

2. In the last 30 days Dollars

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

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

a. How much money did you receive from public assistance?

1. In the last 6 months Dollars

2. In the last 30 days Dollars

9. selling drugs? # of months

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

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

***IF "1" OR MORE TO 9, 10, OR 11, ASK 11a:**

a. How much money did you receive from all illegal activities?

1. In the last 6 months Dollars

2. In the last 30 days Dollars

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

13. anything else? (specify) # of months

19. Which one of these was your major (or largest) source of support in the last 6 months? CODE 1-13

Draft



ID #: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Name Code: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Site: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
---------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

PART B: FAMILY BACKGROUND

Next, I would like to get some information about your family during the last 30 days. [HAND "ANSWER CARD A" TO RESPONDENT]

<p>1. What was your relationship with your spouse, significant other, or domestic partner like during the last 30 days? Tell me how often:</p> <p>a. You <u>got along</u> together -----</p> <p>b. You really <u>enjoyed</u> being together -----</p> <p>c. You <u>drank</u> together -----</p> <p>d. You got <u>drunk</u> together -----</p> <p>e. You used <u>other (illegal) drugs</u> together. -----</p> <p>f. You had serious talks about each other's <u>interests and needs</u> -----</p> <p>g. You <u>helped</u> each other with problems -----</p> <p>h. You got <u>blamed or fussed</u> at about things YOU did or did not do -----</p> <p>i. You had <u>disagreements</u> -----</p> <p>j. You had <u>big arguments or fights</u> -----</p>	<p>Never</p> <hr/> <p>0</p>	<p>Rarely</p> <hr/> <p>1</p>	<p>Sometimes</p> <hr/> <p>2</p>	<p>Often</p> <hr/> <p>3</p>	<p>Always</p> <hr/> <p>4</p>	<p>N/A</p>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<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"/>
	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

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

PART B: FAMILY BACKGROUND (continued)

3. What was your relationship with your siblings like during the last 30 days?
Tell me how often:

	Never	Rarely	Sometimes	Often	Always	N/A
	0	1	2	3	4	
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"/>

Draft



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

PART C: PEER RELATIONS

Now I want to ask a few questions about your FRIENDS.

1. Describe your friends and the people you usually spent your time with during the last 30 days.
Tell me how often:
- | | Never | Rarely | Sometimes | Often | Always | N/A |
|----------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 1 | 2 | 3 | 4 | |
| 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. Are you currently a gang member? No Yes

PART D. CRIMINAL HISTORY

Now I'm going to ask you about your past **ARRESTS** - that is, the number of times and reasons.
["ARRESTED" MEANS TAKEN INTO CUSTODY OR TO POLICE STATION]

1. How much of your income or source of support in the last 6 months came from some kind of **ILLEGAL ACTIVITY**?
 None Less than half About half More than half All
2. Altogether, how many TIMES were you arrested in the last 6 months? # of arrests (If '0', skip to Q.5a)
3. About how many of these arrests were for things you did while using drugs or trying to get drugs? # of arrests
4. How many nights did you spend in jail during this period? # of nights



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

ID #: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Name Code: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Site: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
---------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

5a. How many times in the last 6 months have you 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 "0" SKIP TO NEXT ACTIVITY]

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

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

5b. Were you arrested for [crime]? **[Ask even if 5a = 0]**

5c. How many times in the last 30 days were you involved in [CRIME]?

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

5d. How many people were injured as a result of your involvement in [CRIME] your release? **[INJURED MEANS HURT BADLY ENOUGH TO REQUIRE MEDICAL ATTENTION WHETHER RECEIVED OR NOT. DO NOT INCLUDE INJURY TO SELF]**

5e. How many people died as a result of your involvement in [CRIME] since your release? **[DIED MEANS DEATH OCCURRED AS A RESULT OF THE CRIME WHETHER IMMEDIATE OR SUBSEQUENTLY]**

CRIME CHART

Type of Crimes (and examples of each)	Q5a. Times Committed Last 6 Months	Q5b. Were you arrested?	Q5c. Times Committed Last 30 Days	Q5d. Number of people Injured	Q5e. Number of people Died
1. Public intoxication from alcohol or drugs.	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	N/A	N/A
2. Driving Under Influence of alcohol or drugs.	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
3. Use or possession of illegal drugs.	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	N/A	N/A
4. Possession with intent to distribute.	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	N/A	N/A
5. Possession of drug paraphernalia	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	N/A	N/A
6. Manufacture or growing of drugs	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	N/A	N/A

Draft



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

ID #: <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	Name Code: <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	Site: <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Type of Crimes (and examples of each)	Q5a. Times Committed Last 6 Months	Q5b. Were you arrested?	Q5c. Times Committed Last 30 Days	Q5d. Number of people Injured	Q5e. Number of people Died
7. Sale or distribution of drugs	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	N/A	N/A
8. Forgery/Fraud (bad checks, credit card fraud).	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	N/A	N/A
9. Fencing (buying or selling stolen property)	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	N/A	N/A
10. Illegal gambling (running numbers)	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	N/A	N/A
11. Prostitution or pimping.	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	N/A	N/A
12. Burglary/attempted burglary/ breaking and entering (home, auto, business)	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	N/A	N/A
13. Shoplifting/larceny/embezzlement	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	N/A	N/A
14. Auto theft/car jacking.	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>
15. Robbery/attempted robbery/mugging	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>
16. Assault/aggravated assault/battery (DO NOT include rape or sexual assault)	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>
17. Kidnapping/hostage taking	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>
18. Terrorists threats/acts	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>
19. Homicide/manslaughter/attempted homicide	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>
20. Arson offenses.	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>
21. Weapons offenses	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	<input type="radio"/> No <input type="radio"/> Yes	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div><div style="width: 25%;"></div></div>	N/A	N/A

Draft



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

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

Type of Crimes (and examples of each)	Q5a. Times Committed Last 6 Months	Q5b. Were you arrested?	Q5c. Times Committed Last <u>30 Days</u>	Q5d. Number of people Injured	Q5e. Number of people Died
22. Vandalism/property damage/tagging	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	N/A	N/A
23. Sex offenses (rape/ aggravated sexual assault/ sex with a minor).	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input style="width: 20px; 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"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
24. Probation/parole violations	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	N/A	N/A
25. Other (Specify)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input style="width: 20px; 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"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>					

Draft



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

ID #:

--	--	--	--

Name Code:

--	--	--	--

Site:

--	--	--	--

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

6. What is the total amount of time you have been incarcerated in the last 6 months?

--	--	--

*
of days

*If 0, skip to question 7

a. Have you received drug or alcohol treatment during any periods of incarceration in the last 6 months?

No (skip to Q.6c) Yes

b. IF "YES": How long did you spend or have you spent in the treatment program?

--	--

Months

--	--

Days

c. During all periods of incarceration in the last 6 months, how many nights did you spend in the hospital unit because of:

1. medical problems

--	--	--

Nights

2. mental or emotional problems

--	--	--

Nights

3. substance abuse (including detox)

--	--	--

Nights

d. During all periods of incarceration in the last 6 months, how many nights were you in a separate residential program, such as a drug program?

--	--	--

Nights

e. During all periods of incarceration in the last 6 months, how many times did you visit a psychiatrist, psychologist, psychiatric social worker, or other mental health professional for an individual session because of mental or emotional problems?

--	--	--

Times

f. During all periods of incarceration in the last 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?

--	--	--

Times

g. During all periods of incarceration in the last 6 months, how many times did you visit a substance abuse counselor for individual sessions?

--	--	--

Times

h. During all periods of incarceration in the last 6 months, how many times did you attend a group session primarily for substance abuse? (Do not include support groups that you attended in a residential program.)

--	--	--

Times

Draft



ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Site: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

7. In the last 6 months, what is the total length of time that you were on probation?

<input type="text"/>	<input type="text"/>	<input type="text"/>	# of days
----------------------	----------------------	----------------------	-----------

8. In the last 6 months, what is the total length of time that you were on parole?

<input type="text"/>	<input type="text"/>	<input type="text"/>	# of days
----------------------	----------------------	----------------------	-----------

9. What is your **CURRENT LEGAL STATUS**?

- On probation with no jail/prison sentence (1)
- On probation with jail/prison sentence (2)
- On parole (3)
- Mandatory release from prison with mandated supervision time (4)
- On pretrial release (awaiting charge, trial, or sentence) (5)
- Diversion program (6)
- Prison/Jail (7)
- Work Release (8)
- Community correction facility (9)
- Other (specify)
- None

***IF "1", "2", "3", "4", OR "6", ASK:**

a. When does your current supervision (parole/probation) end?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Year	

[IF ON "LIFETIME PAROLE", CODE "12/90"; IF ON "PROBATION AND PAROLE", RECORD LATEST DATE]

Draft



ID #: <input style="width: 20px; 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"/>	Name Code: <input style="width: 20px; 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"/>	Site: <input style="width: 20px; 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"/>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 the past 30 days have you experienced -
 - a. a lot of physical pain or discomfort?
 No Yes
 - b. serious depression?
 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]

3. IF "Yes" TO ONE OR MORE ITEMS IN QUESTION 2, ASK:

- a. How much have you been bothered by these physical, psychological, or emotional problems in the past 30 days?
 Not at all Slightly Moderately Considerably Extremely
4. In the last 6 months:
 - 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
5. If female, in the last 6 months, have you given birth? No Yes N/A
6. In the last 6 months and in the last 30 days, have you received any of the following services in the community?

<p>a. <u>Inpatient Treatment</u> for:</p> <p>1. Physical complaint</p> <p style="margin-left: 20px;">a. Last 6 months <input type="radio"/> No <input type="radio"/> Yes</p> <p style="margin-left: 20px;">c. Last 30 days <input type="radio"/> No <input type="radio"/> Yes</p> <p>2. Mental or emotional difficulties</p> <p style="margin-left: 20px;">a. Last 6 months <input type="radio"/> No <input type="radio"/> Yes</p> <p style="margin-left: 20px;">c. Last 30 days <input type="radio"/> No <input type="radio"/> Yes</p> <p>3. Alcohol or substance abuse</p> <p style="margin-left: 20px;">a. Last 6 months <input type="radio"/> No <input type="radio"/> Yes*</p> <p style="margin-left: 20px;">c. Last 30 days <input type="radio"/> No <input type="radio"/> Yes*</p>	<p><u>If "Yes", altogether for how many nights/days</u></p> <p>b. <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>d. <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>b. <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>d. <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>b. <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>d. <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Draft



ID #: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>					Name Code: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>					Site: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>				

***If "Yes", ASK:**

4. How many nights were in detox?				
a. Last 6 months	<table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			
b. Last 30 days	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			
5. How many nights were in a residential program?				
a. Last 6 months	<table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			
b. Last 30 days	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			

b. Outpatient Treatment for:	<u>If "Yes", altogether for how many visits/treatment sessions</u>			
1. Physical complaint				
a. Last 6 months <input type="radio"/> No <input type="radio"/> Yes	b. <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			
c. Last 30 days <input type="radio"/> No <input type="radio"/> Yes	d. <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			
2. Mental or emotional difficulties				
a. Last 6 months <input type="radio"/> No <input type="radio"/> Yes*	b. <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			
c. Last 30 days <input type="radio"/> No <input type="radio"/> Yes*	d. <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			

If "Yes", ASK:

3. 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?				
a. Last 6 months	<table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			
b. Last 30 days	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			

4. Alcohol or substance abuse	<u>If "Yes", altogether for how many visits/treatment sessions</u>			
a. Last 6 months <input type="radio"/> No <input type="radio"/> Yes*	b. <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			
c. Last 30 days <input type="radio"/> No <input type="radio"/> Yes*	d. <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			

If "Yes", ASK:

5. How many times did you attend a group session primarily for substance abuse?				
a. Last 6 months	<table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			
b. Last 30 days	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>			

Draft



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

c. Emergency Room Treatment for:

1. Physical complaint

a. Last 6 months No Yes

c. Last 30 days No Yes

2. Mental or emotional difficulties

a. Last 6 months No Yes

c. Last 30 days No Yes

3. Alcohol or substance abuse

a. Last 6 months No Yes

c. Last 30 days No Yes

**If "Yes", altogether for how many
visits/treatment sessions?**

b.

d.

b.

d.

b.

d.

PART F: DRUG USE AND TREATMENT HISTORY

1. Now I'd like to ask you about your drug and alcohol use. Remember that this information is confidential. Using answers from this card - [Hand "Answer Card B" to respondent.]

FOR EACH SEPARATE DRUG USED, ASK:

a. Tell me how often IN THE LAST 6 MONTHS you used (drug name)? [RECORD RESPONSE IN "DRUG HISTORY CHART"]

b. Tell me how often during the last 30 days, you used (drug name)? [RECORD RESPONSE IN "DRUG HISTORY CHART"]

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

c. And how often during the last 30 days did you INJECT (drug name)?

FREQUENCY OF USE CODES:

FREQUENCY OF USE CODES:

0. Never/Not used

1. Only 1-3 times

2. About 1 time per MONTH

3. About 2-3 times per MONTH

4. About 1 time per WEEK

5. About 2-6 times per WEEK

6. About 1 time per DAY

7. About 2-3 times per DAY

8. About 4 or more times per DAY

PROBE FOR CLARITY AND CONSISTENCY OF ANSWERS!

Draft



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

ID #:

--	--	--	--

Name Code:

--	--	--	--

Site:

--	--	--	--

DRUG HISTORY CHART

TYPE OF DRUGS (AND EXAMPLES OF EACH)	Q1a. LAST 6 MONTHS	Q1b. LAST 30 DAYS	Q1c. INJECTED LAST 30 DAYS
1. Alcohol. -----	<input type="checkbox"/>	<input type="checkbox"/>	N/A
2. Tobacco -----	<input type="checkbox"/>	<input type="checkbox"/>	N/A
3. Inhalants (glue, spray paint, toluene, liquid paper, etc.) -----	<input type="checkbox"/>	<input type="checkbox"/>	N/A
4. Marijuana/Hashish -----	<input type="checkbox"/>	<input type="checkbox"/>	N/A
5. Hallucinogens/LSD/Psychedelics/PCP/Mushrooms/Peyote -----	<input type="checkbox"/>	<input type="checkbox"/>	N/A
6. Crack/Freebase -----	<input type="checkbox"/>	<input type="checkbox"/>	N/A
7. Cocaine (by itself) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Heroin and Cocaine (mixed together) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Heroin and Meth (mixed together) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Heroin (by itself) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Street Methadone (non-prescription) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other Opiates/Opium Morphine/Demerol/ Dilaudid/Percodan/Viocodin/Oxycotin -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Methamphetamine/Speed/Ice/Ecstasy/Crystal -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other Amphetamines/Uppers/Diet Pills -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Librium/Valium/Minor Tranquilizers -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Barbiturates -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Draft



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

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

TYPE OF DRUGS (AND EXAMPLES OF EACH)	Q1a. LAST 6 MONTHS	Q1b. LAST 30 DAYS	Q1c. INJECTED LAST 30 DAYS
17. Other sedatives/Hypnotics/Quaaludes	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
18. Non-prescription GHB	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
19. Ketamine	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
20. Other (specify) <input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>

Draft



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

Tell me about your ALCOHOL USE in the last 30 days.

2. 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.]

 *

DAYS

***IF ANY, ask a thru e:**

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

 *

DAYS

***IF ANY, ASK:**

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

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

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.]

 *

DAYS

***IF ANY, ASK:**

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

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

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

 *

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.

glasses

b.

bottles

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

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

 *

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.

glasses

b.

bottles

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

Draft



ID #:

--	--	--	--

Name Code:

--	--	--	--

Site:

--	--	--	--

- 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)]

--

3. In the last 6 months, how many times have you overdosed on alcohol or drugs? (Requires medical intervention)

--	--

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

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

--	--	--

 # MONTHS (if less than 1 month, enter 1)

- b. In the last 6 months, how many times have you intentionally overdosed on drugs?

--	--

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

4. In the last 30 days, how stressful were things for you because of your use of alcohol or other drugs?

Not at all Somewhat Considerably Extremely Not applicable

5. In the last 30 days, did your use of alcohol or other drugs cause you to have emotional problems?

Not at all Somewhat Considerably Extremely Not applicable

6. In the 30 days, 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

Draft



CJ-DATS 9-Month Follow-up (continued)

Serial Number:

Page 23 of 25

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

7. In the last 6 months, have you 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. Did you attend any self-help group meetings in the last 30 days?

No (skip to Q.8) Yes

b. About how many meetings have you attended in the last 30 days? Was it -

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

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

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

8. Do you have any type of medical insurance?

No Yes *

***IF "YES", ASK:**

a. What kind of insurance do you have?

<input type="text"/>

Draft



ID #:

--	--	--	--

Name Code:

--	--	--	--

Site:

--	--	--	--

PART G: AIDS RISK ASSESSMENT

In this last 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 30 days**, how many **TIMES** did you inject illegal drugs with a needle?

--	--	--

TIMES

***IF "0", SKIP TO Q.7**

2. How many times 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

3. 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

4. And how many of the times that you injected drugs were you with other people who were also injecting?

--	--	--

TIMES

5. 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

6. How many **TIMES** did you give or loan your used needles or syringes to someone else, who then used them without cleaning them with bleach?

--	--	--

TIMES

7. Now I'm going to ask you about **SEX** (including vaginal, oral, or anal) in the last 30 days.

How many **PEOPLE** did you have any kind of sex with during that time?

--	--	--

PEOPLE

***IF "0", SKIP TO Q.11**

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

Female:

--	--	--

PEOPLE

Male:

--	--	--

PEOPLE

9. Altogether, how many times did you have sex (including vaginal, oral or anal) that month?

[DO NOT INCLUDE MASTURBATION]

--	--	--

TIMES

Draft



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

10. And how many times did you have sex without using protection (i.e. condoms, dental dams, etc...)?
[TOTAL TIMES SHOULD EQUAL THE SUM OF a6, a7 AND a8]

<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> *	# TIMES	*IF "0", SKIP TO Q.11
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------	-----------------------

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

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

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

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	# of times
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

2. with someone who shot drugs with needles?

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	# of times
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

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

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	# of times
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

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

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	# of times
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

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

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	# of times
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

6. involving vaginal sex (penis to vagina)?

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	# of times
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

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

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	# of times
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

8. involving anal sex (penis to anus)?

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	# of times
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

11. How many PEOPLE have you known personally who have been infected with the HIV/AIDS virus (including those who now have AIDS)?

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> *	# PEOPLE
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------

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

a. How many of them shared a needle or works with you in the last 30 days?

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	# of people
-----------------------------------------------------------------------------------------------------------------	-------------

b. How many of them had sex with you in the last 30 days?

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	# of people
-----------------------------------------------------------------------------------------------------------------	-------------

Draft

