

Appendices

The Form 90 Family of Instruments

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Form 90-AI

Drinking Assessment Interview—Intake

"I'd like to begin by reminding you that whatever you say here is confidential. I am going to be asking you some specific questions about the period from about 3 months before your last drink up until (yesterday/the day of your admission)."

[Place calendar in front of client.]

"Here is a calendar to help you remember this period of time. First of all, when was your last drink?"

[Count back 89 days from the day of last drink, and cross out with Xs the days preceding this period.]

"So the period I'm going to be asking you about is from [beginning date, 89 days prior to last drink] up through [end date]."

"I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. Notice that a few events are already printed in the calendar."

[Point out some specific events already printed on the calendar.]

"Were there any particularly memorable things that happened during this time—any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?"

[Record on calendar.]

"Now, the rest of the questions that I will ask you are also about this period, from _____ up through _____. I'll be asking you about your drinking in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, since it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

1. For period from
____/____/____
through
____/____/____

2. Number of days in this
assessment period:

3. This is
(0) Intake

4. ____ (1) Female
____ (2) Male

5. Current body weight
in pounds:

6. Weight was obtained by:
____ (1) weighing
____ (2) self-report

7. This interview was
conducted:
____ (1) on site
____ (2) by telephone
____ (3) home visit
____ (4) other location

Treatment/Incarceration/Living Experiences

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

[Mark days on calendar]

Total number of hospital days for medical problems

8. _____ Hm

Total number of hospital days for detoxification

9. _____ Htox

Total number of nonhospital residential detox days

10. _____ Rtox

Total number of ambulatory detox treatment days

11. _____

Total number of residential days alcohol treatment

12. _____ Ra

Total number of residential days for other drug problems

13. _____ Rd

Total residential days for emotional/psych problems

14. _____ Rp

Total days in residential treatment during this period

[Sum of 8 + 9 + 10 + 12 + 13 + 14. Do not include 11.]

15. _____ Total

"During this period, did you spend any time in jail or prison?"

[Mark days on calendar.]

Total days incarcerated during period

16. _____ In

Total days in institutions [Add 15 + 16.]

17. _____ Total

"During this period, where did you live? How many days did you live in the following?"

[Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room

18. _____

Total number of days living with others (no rent)

19. _____

Total number of days living in halfway house

20. _____

Total number of days homeless (shelters, etc.)

21. _____

[Items 17 + 18 + 19 + 20 + 21 must equal item 2.]

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care

22. _____

"During this period, on how many days did you have a session with a counselor or therapist?"

[Do not record on calendar unless useful as memory aids.]

Total number of days for alcohol problems**

23. _____

Total number of days for other drug problems**

24. _____

[** Administer the Treatment Experiences Questionnaire if client received alcohol or drug treatment.]

Total days for emotional/psychological problems

25. _____

[If treatment was received, describe briefly here:] _____

"During this period, on how many days did you attend a meeting of Alcoholics Anonymous or another 12-step meeting?"

[Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings
[Enter 0 if none.]

26. _____

Other Activities

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking.]

"How many days have you been paid for working during this period?"

27. _____ Work

"How many days have you been in school or training during this period?"

28. _____ Education

"On how many days during this time did you attend a worship service or other religious celebration?"

29. _____ Religious
attendance

Medications

"During this period, on how many days did you take any medications prescribed by a physician?"

[Do not enter medication days on the calendar unless they appear to be of memory value.]

To treat a medical problem

30. _____

Specify medication: _____

To prevent you from drinking (antidipsotropic only)

31. _____

To help you detoxify/come off alcohol or another drug

32. _____

Specify medication: _____

To help you stabilize or change your use of drugs other than alcohol

Maintaining/stabilizing drugs (e.g., methadone)

33. _____

Specify medication: _____

Drug antagonists/blockers

34. _____

Specify medication: _____

For psychological or emotional problems

35. _____

Specify medication: _____

Periods of Abstinence

"Now I'd like to ask you about your drinking during this same period. The things already recorded on the calendar here may help you to remember better. First of all, were there any periods of days when you had nothing to drink at all?"

[Mark all abstinent days as "A" on calendar.]

Date of first drink during period

36. ____/____/____

Date of last drink during period

37. ____/____/____

"During this period of time, when you were drinking, I'd like to see if your pattern was at all similar from one week to the next, at least for a few of these weeks. I realize that drinking will vary from day to day and from week to week, but I want to know if there was any similarity among weeks. Was there any consistency to your drinking from week to week?"

[If NO, skip to item 42, episodic pattern charts. If YES, continue and complete steady pattern grid(s).]

"Could you describe for me a usual or typical week of drinking. In a typical week, let's start with weekdays — Monday through Friday. What did you normally drink in the morning, from the time you got up until about lunchtime?"

[Record on steady pattern grid.]

[For each drinking period, obtain time estimates to allow BAC calculation. For example:]

"About what time did you normally have your first drink? . . . And when did you usually finish the last one?"

"Now how about weekday afternoons, including what you drank with lunch up through the afternoon until dinner time — what did you normally drink on weekday afternoons, Monday through Friday?"

[Record on grid.]

"And how about weekday evenings? What did you normally drink with dinner, up through the rest of the evening, until the time you went to sleep?"

[Record on grid.]

[Repeat same instructions for weekend days.]

P1—Steady Pattern Grid 1

	Morning	Afternoon	Evening	Total SECs
M O N	Time: _____	Time: _____	Time: _____	_____.____
T U E	Time: _____	Time: _____	Time: _____	_____.____
W E D	Time: _____	Time: _____	Time: _____	_____.____
T H U	Time: _____	Time: _____	Time: _____	_____.____
F R I	Time: _____	Time: _____	Time: _____	_____.____
S A T	Time: _____	Time: _____	Time: _____	_____.____
S U N	Time: _____	Time: _____	Time: _____	_____.____

Total number of standard drinks (SECs) per week 38. _____

Estimated BAC peak for steady pattern week (mg%) 39. _____

[Enter all days of this pattern on calendar as P1.]

[If the above pattern does not describe all drinking weeks, ask:]

"Now on the other weeks when you were drinking, was your drinking at all the same from week to week?"

[If YES, complete steady pattern grid 2. If NO, proceed to item 42, episodic pattern charts.]

P2—Steady Pattern Grid 2

	Morning	Afternoon	Evening	Total SECs
M O N	Time: _____	Time: _____	Time: _____	_____.____
T U E	Time: _____	Time: _____	Time: _____	_____.____
W E D	Time: _____	Time: _____	Time: _____	_____.____
T H U	Time: _____	Time: _____	Time: _____	_____.____
F R I	Time: _____	Time: _____	Time: _____	_____.____
S A T	Time: _____	Time: _____	Time: _____	_____.____
S U N	Time: _____	Time: _____	Time: _____	_____.____

Total number of standard drinks (SECs) per week 40. _____

Estimated BAC peak for steady pattern week (mg%) 41. _____

[Enter all days of this pattern on calendar as P2.]

Continue on next page.

Episodic Pattern Charts

Instructions when steady pattern grids were completed:

"Now that we have your regular pattern, I'd like you to tell me about times during this period when your drinking was different from this. Look at the calendar again, and think back over this period. When were times that you had more or less than your regular amount to drink?"

Instructions when no regular pattern was detected (steady pattern grids have been skipped):

"If you didn't have a regular pattern from week to week, tell me about times when you did drink during the period on this calendar."

Followthrough for all clients (when a particular episode is identified):

"Did that happen more than once during this period?"

[If NO, record data directly on the calendar. If YES, record as episode type 1 below and continue.]

"Now, using the calendar, which were the days when your drinking was about like that?"

[Record E1 in the middle of those day blocks.]

[Continue to probe in this manner for up to two other episode types: E2 and E3 days.]

[If no repeated episode types can be identified, proceed to fill in the calendar day by day.]

E1 Episode Type 1

Beverages and amounts: _____

Total SECs 42. _____

Time to consume: _____

Estimated peak BAC for episode type 1 (mg%) 48. _____

[Record on calendar as E1.]

E2 Episode Type 2

Beverages and amounts: _____

Total SECs 44. _____

Time to consume: _____

Estimated peak BAC for episode type 2 (mg%) 45. _____

[Record on calendar as E2.]

E3 Episode Type 3

Beverages and amounts: _____

Total SECs 46. _____

Time to consume: _____

Estimated peak BAC for episode type 3 (mg%) 47. _____

[Record on calendar as E3.]

[Proceed to fill in any other drinking days on calendar not accounted for by P or E codes. Then identify the **THREE HEAVIEST DRINKING DAYS** in the calendar. If not P or E days, obtain the time of first drink and last drink, to permit BAC calculation.]

Other Drug Use

"Now I'm going to show you this set of cards. Each card names a kind of drug that people sometimes use. I'd like you to sort them into two piles for me. In one pile here (indicate position) I'd like you to place those cards that name a kind of drug that you have tried at least once in your life. In the other pile here (indicate position), place the cards that name types of drugs that you have never tried at all."

[Give cards to client in numerical order with nicotine on top, cannabis next, and so on. Use the header cards provided ("Drugs I have used at least once" and "Drugs I have not used") to mark where the two piles are to be placed. Emphasize that you are asking about drug use *ever* in the client's life. When the sorting is complete, take the NO (never used) pile, and check all these categories as "NO" in the Lifetime Use column on items 48-58. Continue with the YES pile.]

"Now for each of these types of drugs, I'd like you to give me an estimate of how long you have used them in your lifetime. What I will want to know is: during how many weeks during your lifetime have you used each type of drug at least once. Let's start with [use nicotine, or first YES card from numerical sequence]. How many weeks, during your lifetime, would you say that you used _____ at least once?"

[Record response. It may be recorded in months or years, but must always be converted into weeks. Repeat for each YES drug card. Then give YES pile back to client.]

"Now I'd like you to sort these again to say which kinds of drugs you have used at least once during the period we've been talking about on this calendar, from _____ up through _____. If you used the drug at least once during this time, put it in a pile here (indicate "Drugs I have used at least once" pile), and if you never used it at all during this period, put it here (indicate "Drugs I have have not used" pile)."

[Alternatively, if there are few cards, simply ask: "Which of these have you used at least once during this period we've been talking about . . ." Be clear that you are now asking about recent use during a specified calendar period.]

[For each of the YES cards, specify the drug(s) used and ask:]

"During this period, how many days would you say you used _____?"

[Record on items 48-58 and repeat for all YES cards.]

Other Drug Use Chart

	Lifetime Use?	Weekly Use Year=52, Month=4	Current period
48. Nicotine Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days Cigarettes per day in current period:
49. Cannabis Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days
50. Sedatives Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days
51. Hypnotics Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days
52. Steroids Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days
53. Amphetamines Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days
54. Cocaine Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days
55. Hallucinogens Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days
56. Inhaled Toxicants Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days
57. Opiates Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days
58. Other Drugs Specify:	___(0)No ___(1)Yes	Lifetime weeks: _____	_____ Days

Form 90-AF

Followup Interview Assessment of Drinking and Related Behaviors

"Now, as in the interview(s) you've had before, I'd like to remind you that whatever you say here is confidential. I am going to be asking you some specific questions about the period of time from _____ up through yesterday."

[Place calendar in front of client.]

"Here is a calendar to help you remember this period of time. I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. As before, you can see that there are some events already printed on the calendar. Were there any particularly memorable things that happened during this time — any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?"

[Record on calendar.]

"Now, the rest of the questions that I will ask you are also about this time period, from _____ up through yesterday. I'll be asking about your drinking in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, because it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

1. For period from

____/____/____
through
____/____/____

2. Number of days in this
assessment period:

3. This is ____-month
followup

4. ____ (1) Female
____ (2) Male

5. Current body weight in
pounds: _____

6. Weight was obtained by:
____ (1) weighing
____ (2) self-report

7. This interview was conducted:
____ (1) on site
____ (2) by telephone
____ (3) home visit
____ (4) other location

Treatment/Incarceration/Living Experiences

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

[Mark days on calendar.]

Total number of hospital days for medical problems

8. _____ Hm

Total number of hospital days for detoxification

9. _____ Htox

Total number of nonhospital residential detox days

10. _____ Rtox

Total number of ambulatory detox treatment days

11. _____

Total number of residential days alcohol treatment

12. _____ Ra

Total number of residential days for other drug problems

13. _____ Rd

Total residential days for emotional/psych problems

14. _____ Rp

Total days in residential treatment during this period
[Sum of 8 + 9 + 10 + 12 + 13 + 14. Do not include 11.]

15. _____ Total

"During this period, did you spend any time in jail or prison?"

[Mark days on calendar.]

Total days incarcerated during period

16. _____ In

Total days in institutions [add 15 + 16]

17. _____ Total

"During this period, where did you live? How many days did you live in the following?"

[Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room

18. _____

Total number of days living with others (no rent)

19. _____

Total number of days living in halfway house

20. _____

Total number of days homeless (shelters, etc.)

21. _____

[Items 17 + 18 + 19 + 20 + 21 must equal item 2.]

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care

22. _____

"During this period, on how many days did you have a session with a counselor or therapist?"

[Do not record on calendar unless useful as memory aids.]

Total number of days for alcohol problems**

23. _____

Total number of days for other drug problems**

24. _____

[** If alcohol or drug treatment was received, administer Treatment Experiences Questionnaire.]

Total days for emotional/psychological problems

25. _____

[If treatment was received, describe briefly here:]

"During this period, on how many days did you attend a meeting of Alcoholics Anonymous or another 12-step meeting?"

[Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings
[Enter 0 if none.]

26. _____

Other Activities

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking.]

"How many days have you been paid for working during this period?"

27. _____ Work

"How many days have you been in school or training during this period?"

28. _____ Education

"On how many days during this time did you attend a worship service or other religious celebration?"

29. _____ Religious
attendance

Medications

"During this period, on how many days did you take any medications prescribed by a physician?"

[Do not enter medication days on the calendar unless they appear to be of memory value.]

To treat a medical problem

30. _____

Specify medication: _____

To prevent you from drinking (antidipsotropic only)

31. _____

To help you detoxify/come off alcohol or another drug

32. _____

Specify medication: _____

To help you stabilize or change your use of drugs other than alcohol

Maintaining/stabilizing drugs (e.g., methadone)

33. _____

Specify medication: _____

Drug antagonists/blockers

34. _____

Specify medication: _____

For your psychological or emotional problems

35. _____

Specify medication: _____

Periods of Abstinence

"Now I'd like to ask you about your drinking during this same period. The things already recorded on the calendar here may help you to remember better. First of all, were there periods of days when you had nothing to drink at all?"

[Mark all abstinent days as "A" on calendar. NOTE: If the client was mostly abstinent, it may be easier to ask about drinking days first, and record these on the calendar.]

Date of first drink during period

36. ____/____/____

Date of last drink during period

37. ____/____/____

"During this period of time, when you were drinking, I'd like to see if your pattern was at all similar from one week to the next, at least for a few of these weeks. I realize that drinking will vary from day to day and from week to week, but I want to know if there was any similarity among weeks. Was there any consistency to your drinking from week to week?"

[If NO, skip to item 42, episodic pattern charts. If YES, continue and complete steady pattern grids.]

"Could you describe for me a usual or typical week of drinking, then. In a typical week, let's start with weekdays — Monday through Friday — what did you normally drink in the morning, from the time you got up until about lunchtime?"

[Record on steady pattern grid.]

[For each drinking period, obtain time estimates to allow BAC calculation. For example:]

"About what time did you normally have your first drink? . . . And when did you usually finish the last one?"

"Now how about weekday afternoons, including what you drank with lunch up through the afternoon until dinner time— what did you normally drink on weekday afternoons, Monday through Friday?"

[Record on grid.]

"And how about weekday evenings? What did you normally drink with dinner, up through the rest of the evening, until the time you went to sleep?"

[Record on grid. Repeat same instructions for weekend days.]

P1—Steady Pattern Grid 1

	Morning	Afternoon	Evening	Total SECs
M O N	Time: _____	Time: _____	Time: _____	_____.____
T U E	Time: _____	Time: _____	Time: _____	_____.____
W E D	Time: _____	Time: _____	Time: _____	_____.____
T H U	Time: _____	Time: _____	Time: _____	_____.____
F R I	Time: _____	Time: _____	Time: _____	_____.____
S A T	Time: _____	Time: _____	Time: _____	_____.____
S U N	Time: _____	Time: _____	Time: _____	_____.____

Total number of standard drinks (SECs) per week 38. _____

Estimated BAC peak for steady pattern week (mg%) 39. _____

[Enter all days of this pattern on calendar as P1.]

[If the above pattern does not describe all drinking weeks, ask:]

"Now on the other weeks when you were drinking, was your drinking at all the same from week to week?"

[If YES, complete steady pattern grid 2. If NO, proceed to item 42, episodic pattern charts.]

P2—Steady Pattern Grid 2

	Morning	Afternoon	Evening	Total SECs
M O N	Time: _____	Time: _____	Time: _____	_____.____
T U E	Time: _____	Time: _____	Time: _____	_____.____
W E D	Time: _____	Time: _____	Time: _____	_____.____
T H U	Time: _____	Time: _____	Time: _____	_____.____
F R I	Time: _____	Time: _____	Time: _____	_____.____
S A T	Time: _____	Time: _____	Time: _____	_____.____
S U N	Time: _____	Time: _____	Time: _____	_____.____

Total number of standard drinks (SECs) per week 40. _____

Estimated BAC peak for steady pattern week (mg%) 41. _____

[Enter all days of this pattern on calendar as P2.]

Continue on next page.

Episodic Pattern Chart

Instructions when steady pattern grids were completed:

"Now that we have your regular pattern, I'd like you to tell me about times during this period when your drinking was different from this pattern. Look at the calendar again, and think back over this period. When were times that you had more or less than your regular amount to drink?"

Instructions when no regular pattern was detected (steady pattern grids have been skipped):

"If you didn't have a regular pattern from week to week, tell me about times when you did drink during the period on this calendar."

Followthrough for all clients (when a particular episode is identified:)

"Did that happen more than once during this period?"

[If NO, record data directly on the calendar. If YES, record as episode type 1 below and continue.]

"Now, using the calendar, which were the days when your drinking was about like that?"

[Record E1 in the middle of those day blocks.]

[Continue to probe in this manner for up to two other episode types: E2 and E3 days.]

[If no repeated episode types can be identified, proceed to fill in the calendar day by day.]

E1 Episode Type 1

Beverages and amounts: _____

Total SECs 42. _____

Time to consume: _____

Estimated peak BAC for episode type 1 (mg%) 48. _____

[Record on calendar as E1.]

E2 Episode Type 2

Beverages and amounts: _____

Total SECs 44. _____

Time to consume: _____

Estimated peak BAC for episode type 2 (mg%) 45. _____

[Record on calendar as E2.]

E3 Episode Type 3

Beverages and amounts: _____

Total SECs 46. _____

Time to consume: _____

Estimated peak BAC for episode type 3 (mg%) 47. _____

Proceed to fill in any other drinking days on calendar not accounted for by P or E codes. Then identify the **THREE HEAVIEST DRINKING DAYS** in the calendar. If not P or E days, obtain the time of first drink and last drink, to permit BAC calculation.

Other Drug Use

"Now I'm going to show you this set of cards, which you have seen before. Each card names a kind of drug that people sometimes use. I'd like you to sort them into two piles for me. In one pile here [indicate position and use marker card] I'd like you to place those cards that name a kind of drug that you have used at least once during this period. In the other pile here [indicate position and use marker card], place the cards that name types of drugs that you have not used at all, not even once, during this period."

[Give cards to client in numerical order, with nicotine on top, cannabis next, and so on. When the sorting has been completed, take the NO pile and mark all these categories as zero (0) days on items 48–58, respectively. Then for each of the YES cards, ask about specific drug(s) and route(s) of administration. For example:

"Which drug(s) from this group have you used at least once during this period? And how did you take it?"

[Routes of administration include oral ingestion, smoke, nasal inhalation, and needle injection.]

[Record on items 48–58.]

[Also determine frequency of use for each drug class:]

"During this period, on how many days would you say you used _____?"

[Record on items 48–58 and repeat for all YES cards.]

[If the reported use in a drug category qualifies (see table 2, page 36), enter the number of days of use for that category on the drug use chart. If the reported use does not qualify (e.g., prescribed use for less than 30 days), enter zero (0) days even though the client initially placed the card in the YES pile.]

Current Drug Use

	Days*
Nicotine Specify number of cigarettes per day in current period: _____	48. _____
Cannabis Specify: _____	49. _____
Sedatives Specify: _____	50. _____
Hypnotics Specify: _____	51. _____
Steroids Specify: _____	52. _____
Amphetamines Specify: _____	53. _____
Cocaine Specify: _____	54. _____
Hallucinogens Specify: _____	55. _____
Inhaled Toxicants Specify: _____	56. _____
Opiates Specify: _____	57. _____
Other drugs Specify: _____	58. _____

*Days = Total number of days in which any drug from the class was used during this followup window. Do not include drugs used during prior followup windows but not this window. Do not report drug use that does not qualify (see table 2, page 36).

Remote Reconstruction

[Complete only when the period being reconstructed is from a prior missed followup (not the most recent period). ALWAYS attempt items 1-37 and 48-58, but highest priority should be given to items 36-37 and the information below.]

[Indicate the present followup period from which reconstruction is being conducted (not the period being reconstructed).]

PRESENT followup point is

59. _____ months

[If the calendar can be reconstructed with reasonable confidence, do so, to obtain daily consumption data needed for summary statistics. If day-by-day reconstruction is not viable, complete the following procedure instead:]

Total number of abstinent (A) days in reconstructed period

60. _____

Total number of drinking days in same period

[Note: 60 + 61 must equal item 2.]

61. _____

Total number of drinking days with 6 drinks (SECs) or more per day [Use "one drink" graphic if needed.]

62. _____

Average SECs per drinking day from the most recent followup period [Obtain from summary statistics for current period.]

63. _____

Multiplier

64. _____

[What is needed here is a multiplier that best captures the client's comparison of these two periods. It is not likely that most clients could generate this number themselves. Rather, the interviewer must make the decision, based on the client's report. Some examples:

Client's description	Multiplier
About half as much	0.50
About the same	1.00
Just a little more	1.10
About half again as much	1.50
Twice as much	2.00
Four times as much	4.00

[See also manual instructions.]

Estimated SECs/drinking day in reconstructed period
[item 64 × item 63]

65. _____

Estimated SECs in reconstructed period
[item 61 × item 65]

66. _____

ONE STANDARD DRINK IS:

BEER



10 oz

WINE



4 oz

80 PROOF LIQUOR



1 1/4 oz

100 PROOF LIQUOR



1.0 oz

Form 90-AT

Client Telephone Assessment of Drinking and Related Behaviors

[If the client's cooperation seems tenuous, complete Form 90-AQ first to obtain critical variables, then proceed with 90-AT.]

"Now, as in the interview(s) you've had before, I'd like to remind you that whatever you say here is confidential. I am going to be asking you some specific questions about the period of time from _____ up through yesterday."

[If calendar has been mailed and received, have the client refer to it now. If not, ask the client to get a regular calendar.]

"The calendar should help you remember this period of time. I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. (As before, you can see that there are some events already printed on the calendar.) Were there any particularly memorable things that happened during this time — any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?"

[Record on your calendar.]

"Now, the rest of the questions that I will ask you are also about this time period, from _____ up through yesterday. I'll be asking you about your drinking in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, because it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

1. For period from

____/____/____
through
____/____/____

2. Number of days in this
assessment period:

3. This is ____-month
followup

4. ____ (1) Female
____ (2) Male

5. Current body weight in
pounds: _____

6. Weight was obtained by:
____ (1) weighing or
____ (2) self-report

7. This interview was conducted
____ (2) by telephone

Treatment/Incarceration/Living Experiences

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

[Mark days on calendar.]

Total number of hospital days for medical problems

8. _____ Hm

Total number of hospital days for detoxification

9. _____ Htox

Total number of nonhospital residential detox days

10. _____ Rtox

Total number of ambulatory detox treatment days

11. _____

Total number of residential days alcohol treatment

12. _____ Ra

Total number of residential days for other drug problems

13. _____ Rd

Total residential days for emotional/psych problems

14. _____ Rp

Total days in residential treatment during this period

[Sum of 8 + 9 + 10 + 12 + 13 + 14. Do not include 11.]

15. _____ Total

"During this period, did you spend any time in jail or prison?"

[Mark days on calendar.]

Total days incarcerated during period

16. _____ In

Total days in institutions [add 15 + 16]

17. _____ Total

"During this period, where did you live? How many days did you live in the following?"

[Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room

18. _____

Total number of days living with others (no rent)

19. _____

Total number of days living in halfway house

20. _____

Total number of days homeless (shelters, etc.)

21. _____

[Items 17 + 18 + 19 + 20 + 21 must equal item 2.]

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care

22. _____

"During this period, on how many days did you have a session with a counselor or therapist?"

[Do not record on calendar unless useful as memory aids.]

Total number of days for alcohol problems**

23. _____

Total number of days for other drug problems**

24. _____

[** If alcohol or drug treatment was received, administer Treatment Experiences Questionnaire.]

Total days for emotional/psychological problems

25. _____

If treatment was received, describe briefly here:

"During this period, on how many days did you attend a meeting of Alcoholics Anonymous or another 12-step meeting?"

[Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings
[Enter 0 if none.]

26. _____

Other Activities

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking.]

"How many days have you been paid for working during this period?"

27. _____ Work

"How many days have you been in school or training during this period?"

28. _____ Education

"On how many days during this time did you attend a worship service or other religious celebration?"

29. _____ Religious
attendance

Medications

"During this period, on how many days did you take any medications prescribed by a physician?"

[Do not enter medication days on the calendar unless they appear to be of memory value.]

To treat a medical problem

30. _____

Specify medication: _____

To prevent you from drinking (antidipsotropic only)

31. _____

To help you detoxify/come off alcohol or another drug

32. _____

Specify medication: _____

To help you stabilize or change your use of drugs other than alcohol

Maintaining/stabilizing drugs (e.g., methadone)

33. _____

Specify medication: _____

Drug antagonists/blockers

34. _____

Specify medication: _____

For your psychological or emotional problems

35. _____

Specify medication: _____

Periods of Abstinence

"Now I'd like to ask you about your drinking during this same period. The calendar may help you to remember better. First of all, were there periods of days when you had nothing to drink at all?"

[Mark all abstinent days as "A" on calendar. NOTE: If the client was mostly abstinent, it may be easier to ask about drinking days first, and record these on the calendar.]

Date of first drink during period

36. ____/____/____

Date of last drink during period

37. ____/____/____

"During this period of time, when you were drinking, I'd like to see if your pattern was at all similar from one week to the next, at least for a few of these weeks. I realize that drinking will vary from day to day and from week to week, but I want to know if there was any similarity among weeks. Was there any consistency to your drinking from week to week?"

[If NO, skip to item 42, episodic pattern charts. If YES, continue and complete steady pattern grids.]

"Could you describe for me a usual or typical week of drinking, then. In a typical week, let's start with weekdays — Monday through Friday — what did you normally drink in the morning, from the time you got up until about lunchtime?"

[Record on steady pattern grid.]

[For each drinking period, obtain time estimates to allow BAC calculation. For example:]

"About what time did you normally have your first drink? . . . And when did you usually finish the last one?"

"Now how about weekday afternoons, including what you drank with lunch up through the afternoon until dinner time — what did you normally drink on weekday afternoons, Monday through Friday?"

[Record on grid.]

"And how about weekday evenings? What did you normally drink with dinner, up through the rest of the evening, until the time you went to sleep?"

[Record on grid. Repeat same instructions for weekend days.]

P1—Steady Pattern Grid 1

	Morning	Afternoon	Evening	Total SECs
M O N	Time: _____	Time: _____	Time: _____	_____.____
T U E	Time: _____	Time: _____	Time: _____	_____.____
W E D	Time: _____	Time: _____	Time: _____	_____.____
T H U	Time: _____	Time: _____	Time: _____	_____.____
F R I	Time: _____	Time: _____	Time: _____	_____.____
S A T	Time: _____	Time: _____	Time: _____	_____.____
S U N	Time: _____	Time: _____	Time: _____	_____.____

Total number of standard drinks (SECs) per week 38. _____

Estimated BAC peak for steady pattern week (mg%) 39. _____

[Enter all days of this pattern on calendar as P1.]

[If the above pattern does not describe all drinking weeks, ask:]

"Now on the other weeks when you were drinking, was your drinking at all the same from week to week?"

[If YES, complete steady pattern grid 2. If NO, proceed to item 42, episodic pattern charts.]

P2—Steady Pattern Grid 2

	Morning	Afternoon	Evening	Total SECs
M O N	Time: _____	Time: _____	Time: _____	_____.____
T U E	Time: _____	Time: _____	Time: _____	_____.____
W E D	Time: _____	Time: _____	Time: _____	_____.____
T H U	Time: _____	Time: _____	Time: _____	_____.____
F R I	Time: _____	Time: _____	Time: _____	_____.____
S A T	Time: _____	Time: _____	Time: _____	_____.____
S U N	Time: _____	Time: _____	Time: _____	_____.____

Total number of standard drinks (SECs) per week 40. _____

Estimated peak BAC for steady pattern week (mg%) 41. _____

[Enter all days of this pattern on calendar as P2.]

Continue on next page.

Episodic Pattern Chart

Instructions when steady pattern grids were completed:

"Now that we have your regular pattern, I'd like you to tell me about times during this period when your drinking was different from this pattern. Look at the calendar again, and think back over this period. When were times that you had more or less than your regular amount to drink?"

Instructions when no regular pattern was detected (steady pattern grids have been skipped):

"If you didn't have a regular pattern from week to week, tell me about times when you did drink during the period on this calendar."

Followthrough for all clients (when a particular episode is identified):

"Did that happen more than once during this period?"

[If NO, record data directly on the calendar. If YES, record as episode type 1 below and continue.]

"Now, using the calendar, which were the days when your drinking was about like that?"

[Record E1 in the middle of those day blocks.]

[Continue to probe in this manner for up to two other episode types: E2 and E3 days.]

[If no repeated episode types can be identified, proceed to fill in the calendar day by day.]

E1 Episode Type 1

Beverages and amounts: _____

Total SECs 42. _____

Time to consume: _____

Estimated peak BAC for episode type 1 (mg%) 43. _____

[Record on calendar as E1.]

E2 Episode Type 2

Beverages and amounts: _____

Total SECs 44. _____

Time to consume: _____

Estimated peak BAC for episode type 2 (mg%) 45. _____

[Record on calendar as E2.]

E3 Episode Type 3

Beverages and amounts: _____

Total SECs 46. _____

Time to consume: _____

Estimated peak BAC for episode type 3 (mg%) 47. _____

Proceed to fill in any other drinking days on calendar not accounted for by P or E codes. Then identify the **THREE HEAVIEST DRINKING DAYS** in the calendar. If not P or E days, obtain the time of first drink and last drink, to permit BAC calculation.

Other Drug Use

"Now I'd like to ask you about different kinds of drugs that people sometimes use. For each type that I name, I'd like you to tell me whether you have used any of those drugs at least once during this period that we have been discussing. Remember that this is the period from (date) through (date)."

[Read the cards in order, including the examples listed on each card, asking:]

"During this period, did you use any drugs with nicotine—nicotine cigarettes, snuff or dip, chewing tobacco, or a nicotine patch or gum? . . . Did you use any marijuana or hashish?" and so forth.

[Sort the cards in front of you into two piles—those used and those not used—according to the telephone information given to you by the client. When you have finished this step, take the NO pile and mark all these categories as zero (0) days on items 48–58, respectively. Then for each drug the client used during the assessment window (YES pile), ask about specific drug(s) and route(s) of administration. For example:]

"Which drug(s) from the _____ group have you used at least once during this period? And how did you take it?"

[Record the drugs and routes of administration in the "specify" spaces for items 48–58. For each category, also ask as you go:]

"During this period, on how many days would you say you used _____?"

[Record the days of use for each YES category in the days column for items 48–58. Be sure that the reported use qualifies as drug misuse, according to the criteria specified in table 2 (page 36). If the reported use does not qualify (e.g., prescribed use for less than 30 days), enter zero (0) days even though the client initially reported use.]

Current Drug Use

	Days*
Nicotine Specify number of cigarettes per day in current period: _____	48. _____
Cannabis Specify: _____	49. _____
Sedatives Specify: _____	50. _____
Hypnotics Specify: _____	51. _____
Steroids Specify: _____	52. _____
Amphetamines Specify: _____	53. _____
Cocaine Specify: _____	54. _____
Hallucinogens Specify: _____	55. _____
Inhaled Toxicants Specify: _____	56. _____
Opiates Specify: _____	57. _____
Other drugs Specify: _____	58. _____

* Days = Total number of days in which any drug from the class was used during this followup window. Do not include drugs used during prior followup windows but not this window. Do not report drug use that does not qualify (see table 2, page 36).

Remote Reconstruction

[Complete only when the period being reconstructed is from a prior missed followup (not the most recent period). ALWAYS attempt items 1-37 and 48-58, but highest priority should be given to items 36-37 and the information below.]

[Indicate the present followup period from which reconstruction is being conducted (not the period being reconstructed).]

PRESENT followup point is

59. _____ months

[If the calendar can be reconstructed with reasonable confidence, do so, to obtain daily consumption data needed for summary statistics. If day-by-day reconstruction is not viable, complete the following procedure instead:]

Total number of abstinent (A) days in reconstructed period

60. _____

Total number of drinking days in same period

[Note: 60 + 61 must equal item 2.]

61. _____

Total number of drinking days with 6 drinks (SECs) or more per day [Use "one drink" graphic if needed.]

62. _____

Average SECs per drinking day from the most recent followup period [Obtain from summary statistics for current period.]

63. _____

Multiplier

64. _____

[What is needed here is a multiplier that best captures the client's comparison of these two periods. It is not likely that most clients could generate this number themselves. Rather the interviewer must make the decision, based on the client's report. Some examples:

Client's description	Multiplier
About half as much	0.50
About the same	1.00
Just a little more	1.10
About half again as much	1.50
Twice as much	2.00
Four times as much	4.00

[See also manual instructions.]

Estimated SECs/drinking day in reconstructed period
[item 64 × item 63]

65. _____

Estimated SECs in reconstructed period
[item 61 × item 65]

66. _____

Form 90-AQ

Quick Drinking Assessment Interview

"I'd like to ask you just six questions about your drinking during the period from _____ up through yesterday. That's a period of _____ days.

"First of all, on how many days during this period did you have at least one drink containing alcohol?"

{Record as item 5a.}

[To confirm the answer to item 5a:]

"So that means there were [item 2 minus item 5] days during this period when you didn't drink at all."

[Confirm and record below.]

[Item 5a + item 5b must = item 2.]

"Now, on those days when you did drink, how much did you have to drink on average?"

[Probe and record as nearest whole number of standard drink units for item 6.]

"Now, of those [read number from item 5a] days on which you drank, on how many did you have six or more drinks?"

[Record as item 7.]

"When was the first day that you had a drink during this period?"

[Record date as item 8.]

"And when was the first day that you had six or more drinks in the same day?"

[Record date as item 9.]

"And when did you have your last drink?"

[Record date as item 10.]

[If appropriate, continue with longer interview such as Form 90-AT.]

1. For period from _____/_____/_____
through
_____/_____/_____

2. Number of days in this assessment period:

3. This is _____-month followup

4. Interview conducted:
_____(1) on site
_____(2) by telephone
_____(3) home visit
_____(4) other location

5a. Total number of drinking days during period:

5b. Total number of abstinent days during period:

6. Number of standard drinks per drinking day:

7. Total number of heavy drinking days during period:

8. Date of first drink during period:
_____/_____/_____

9. Date of first heavy drinking day in period:
_____/_____/_____

10. Date of last drink during period:
_____/_____/_____

Form 90-ACS

Collateral Interview on Drinking

SO Name: _____

SO# _____

"Hello, my name is _____ and I'm calling from _____. I would like to ask you a few questions about _____, who gave us your name as a person who might help us with some information about him/her. As you may know, he/she is participating in a research study designed to learn more about _____. The information you give me will be completely confidential. It will be used only for our research, and we will not share it with (client)."

"How long have you known _____?"

[Record as item 5, coded in months.]

"I want to ask you some questions about the period between _____ and _____ [refer to dates from item 1]. There are a total of [see 1a] days in that period. On how many of those [1a] days were you in contact with _____?"

[Record as item 6.]

"How have you been in contact during this time?"

[Check all that apply in item 7.]

1. For period from
____/____/____
through
____/____/____

1a. Number of days in this
assessment period:

2. This is ____ (0) intake
or ____-month followup

3. Interview conducted:
____ (1) in person
____ (2) by telephone

4. Relationship to client:
____ (1) spouse
____ (2) parent
____ (3) sibling
____ (4) child
____ (5) other family
specify _____
____ (6) friend
____ (7) girlfriend/boyfriend
____ (8) employer or coworker
____ (9) probation officer
____ (0) other
specify: _____

5. Known client for
_____ months

6. Days in contact with client:

7. Type of contact:
____ (1) live together
____ (2) work together
____ (3) social visits
____ (4) scheduled visits (e.g.,
probation)
____ (5) telephone
____ (6) other
specify: _____

"Now I'm going to ask you some questions about what has been happening with (client) during this period from up to . [Use dates from item 1.] Some of these things you may know about, and some you may not. Just give me the best information you can, and let me know if you're not clear what I'm asking. I also want to remind you that what you say is completely confidential and won't be shared with (client) or anyone else outside our research project. Do you have any questions before we begin?"

"First of all, did drink any alcohol during that time period?"

[Determine which of the following statements is the most accurate response. If necessary, read the statements to the SO. Then enter the appropriate code for item 8.]

Code

0 I am sure that did not drink during that time period.

1 I am reasonably certain that did not drink during that time period.

[If abstinent (0 or 1) enter zero (0) codes for questions 9, 11, and 12, and enter the number of days in the period (from item 1) for question 10. Then skip to question 13.]

2 Yes, I suspect that did drink during that time period, although I did not observe it firsthand.

[Record reason for suspicion here:]

3 I am sure that did drink during that time period because I observed it.

8 I don't know whether did or did not drink during that time period.

"During the period of days that we have been discussing, how many days would you say drank at least some alcohol?"

Total number of drinking days during period
[Enter 998 for don't know.]

8. (code 0-3 or 8)

9.

"That would mean that _____ had nothing to drink at all on [item 1 – item 9] days during this period. Does that sound right?"

Total number of abstinent days during period

10. _____

[Enter 998 for don't know.]

[Adjust items 9 and 10 to equal the number of days in item 1a.]

"On days when _____ drank during this period, how many drinks do you think he/she had, on average?"

[Prompts: What kind of alcohol would he/she usually drink? And how many (beers, etc.) would he/she have in one day?]

Total number of standard drinks per day

11. _____

[Enter 998 for don't know.]

"On how many days during this period of [item 1] days do you think _____ had 6 or more drinks?"

Total number of heavy drinking days

12. _____

[Code 998 for don't know.]

"Sometimes during these types of interviews people have to guess in order to answer questions about someone else. To what extent have you guessed during this interview? Would you say:"

Code

- 1 not at all
- 2 a little
- 3 a lot
- 4 completely

13. _____ (code 1-4)

[Enter appropriate code in item 13.]

Form 90-DI

Drug Use Assessment (Intake)

"I'd like to begin by reminding you that whatever you say here is confidential. In this first interview, I am going to be asking you some specific questions about your drug use in the 90 days before your last use. I'll be asking about drugs that were prescribed for you as well as others that you have used during this period. [Place calendar in front of client.] Here is a calendar to help you remember this period of time. First of all, when was the last time that you used any drug?"

[Drug is as defined in table 2 on page 36; count back 89 days and cross out with Xs the days preceding this period.]

"So the period I'm going to be asking you about is from [beginning date] up through [end date]."

"I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. Notice that a few events are already printed on the calendar."

[Point out some specific events already printed on the calendar.]

"Were there any particularly memorable things that happened during this time — any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?"

[Record on calendar.]

"Now, the rest of the questions that I will ask you are also about this time period, from _____ up through _____. I'll be asking you about your drug use in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, since it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

1. For period from _____/_____/_____
through _____/_____/_____
2. Number of days in this assessment period: _____/_____/_____
3. This is
(0) Pretreatment
4. _____(1) Female
_____(2) Male
5. Current body weight in pounds: _____
6. Weight was obtained by:
_____(1) weighing
_____(2) self-report
7. This interview was conducted:
_____(1) on site
_____(2) by telephone
_____(3) home visit
_____(4) other location
8. Presenting drug _____

Treatment / Incarceration / Living Experiences

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

[Mark days on calendar.]

Total number of hospital days for medical problems

8. _____ Hm

Total number of hospital days for detoxification

9. _____ Htox

Total number of nonhospital residential detox days

10. _____ Rtox

Total number of ambulatory detox treatment days

11. _____

Total number of residential days alcohol treatment

12. _____ Ra

Total number of residential days for other drug problems

13. _____ Rd

Total residential days for emotional/psych problems

14. _____ Rp

Total days in residential treatment during this period
[Sum of 8 + 9 + 10 + 12 + 13 + 14. Do not include 11.]

15. _____ Total

"During this period, did you spend any time in jail or prison?"

[Mark days on calendar.]

Total days incarcerated during period

16. _____ In

Total days in institutions [Add 15 + 16.]

17. _____ Total

"During this period, where did you live? How many days did you live in the following?"

[Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room

18. _____

Total number of days living with others (no rent)

19. _____

Total number of days living in halfway house

20. _____

Total number of days homeless (shelters, etc.)

21. _____

[Items 17 + 18 + 19 + 20 + 21 must equal item 2.]

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse-practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care

22. _____

"During this period, on how many days did you have a session with a counselor or therapist?"

[Do not record on calendar unless useful as memory aids.]

Total number of days for drug problems (EXCEPT alcohol).
[Write down the drug or drugs.]

23. _____

[If treatment was received, describe briefly:]

Total number of days for alcohol problems

24. _____

[If treatment was received, describe briefly:]

Total days for emotional/psychological problems

25. _____

[If treatment was received, describe briefly:]

"During this period, on how many days did you attend a 12-step meeting like NA, CA, or AA?"

[Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings

26. _____

[Enter 0 if none.]

Other Activities

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking.]

"How many days have you been paid for working during this period?"

27. _____ Work

"How many days have you been in school or training during this period?"

28. _____ Education

"On how many days during this time did you attend a worship service or other religious celebration?"

29. _____ Religious
attendance

Medications

"During this period, on how many days did you take any medications prescribed by a physician?"

[Do not enter medication days on the calendar unless they appear to be of memory value.]

To treat a medical problem

Specify medication: _____

30. _____

To prevent you from drinking (antidipsotropic only)

31. _____

To help you detoxify/come off drugs or alcohol

Specify: _____

32. _____

To help you stabilize or change your use of drugs

Specify: _____

Maintaining/stabilizing drugs (e.g., methadone)

33. _____

To help you keep from using drugs

Specify: _____

Drug antagonists/blockers

34. _____

For psychological or emotional problems

Specify medication: _____

35. _____

Drug Assessment

Card Sort

"Now I am going to show you this set of cards. Each card names a kind of drug that people sometimes use. I'd like you to sort them into two piles for me. In one pile here (indicate position and use marker card) I'd like you to place those cards that name a kind of drug that you have tried at least once in your life. In the other pile (indicate position and use marker card), place the cards that name the types of drugs that you have never used at all."

[Give cards to client IN NUMERICAL ORDER—with alcohol on top, nicotine next, cannabis next, and so on. When the sorting has been completed, take the NO pile and check all these categories as "NO" in the Lifetime Use column below.]

[For each card from the "YES" pile, ask:]

"How old were you the first time you used this kind of drug?"

[For convenience, record here the client's current age.]

_____ years

Drug Type	Lifetime Use Ever?	Age at First Use	Lifetime Weeks of Use
Alcohol (al)	____(0) No ____ (1) Yes		
Nicotine (to)	____(0) No ____ (1) Yes		
Cannabis (ma)	____(0) No ____ (1) Yes		
Sedatives (tr)	____(0) No ____ (1) Yes		
Hypnotics (do)	____(0) No ____ (1) Yes		
Steroids (sd)	____(0) No ____ (1) Yes		
Amphetamines (up)	____(0) No ____ (1) Yes		
Cocaine (co)	____(0) No ____ (1) Yes		
Hallucinogens (ha)	____(0) No ____ (1) Yes		
Inhaled Toxicants (in)	____(0) No ____ (1) Yes		
Opiates (op)	____(0) No ____ (1) Yes		
Other Drugs (xx)	____(0) No ____ (1) Yes		
	Total Yes:		XXXXXX

[Then continue with the "YES" pile.]

"Now for each of these types of drugs, I'd like you to give me an estimate of how long you have used them in your lifetime. What I will want to know is about how many weeks during your lifetime have you used each type of drug at least once. Let's start with _____."

[Use first YES card from numerical sequence.]

"How many weeks, during your lifetime, would you say that you used _____ at least once?"

[Record responses on the chart on the previous page. Convert all responses into weeks. Year = 52 weeks if used every week, month = 4 weeks, etc. Repeat the query for each YES drug card. Then give YES pile back to client.]

Periods of Abstinence

"Now I'd like to ask you about your drug use during this same period we were discussing before. The things already recorded on the calendar here may help you to remember better. I'm not asking here about drugs that were prescribed for you for medical problems, like antibiotics or stomach or blood pressure medicine. I'm asking about drugs not prescribed for you, although I do want to know about any medication prescribed for pain or to help you relax or sleep. I will also ask you about your use of alcohol. First of all, were there any periods of days during this time when you used no drugs (including alcohol) at all?"

[Mark all abstinent days with a capital "A" on calendar.]

Date of first drug use during period

Drug: _____

Date of last drug use during period

Drug: _____

36. ____/____/____

37. ____/____/____

[Give back the YES pile and say:]

"Now I'd like you to sort these cards again to say which kinds of drugs you have used at least once during the period we've been talking about on this calendar, from _____ up through _____. If you used the drug at least once during this time, put it in the pile here (indicate position and use marker card), and if you never used it at all during this period, put it the other pile here (indicate position and use marker card)."

[Alternatively, if there are few cards, simply ask: "Which of these have you used at least once during this period we've been talking about?"]

[For each NO card in this sort, print a zero (0) under "total days used" on the use pattern grid. For the remainder, proceed with the calendar instructions.]

Use Pattern Grid

Drug classes		Total days used	Use *			Oral ingestion	Smoke	Nasal inhale	Needle	Other
			1	2	3					
Alcohol	al						—	—	—	
Nicotine	to								—	
Cannabis	ma								—	
Sedatives	tr						—	—		
Hypnotics	do						—	—		
Steroids	sd						—	—		
Amphetamines	up									
Cocaine	co									
Hallucinogens	ha									
Inhaled Toxicants	in									
Opiates	op					—	—		—	
Other Drugs	xx									
Totals	12									

*Use categories:

1 = Single use, 2 = Several uses, 3 = Steady or heavier use

[Enter days of each type of use. 1+2+3 must equal total days of use.]

[Enter days of each route of administration. These must total to at least the number of days of use, but total may be higher if multiple routes of administration were used on the same day.]

[If "other" route of administration, specify drug(s) and route here: _____]

Calendar

[Show the client the categories for days of use.]

"Now I'd like to ask you about each of the drugs that you have used during this period. I'd want to get an idea of what your pattern of use was during this period of time for each of these drugs. We'll use this calendar to make it easier. Let's start with _____. When were you using _____ during this period?"

[Proceed drug by drug, entering drug codes for each day of use. For a day on which alcohol, cannabis, and cocaine were used, for example, three codes would be entered into the box for that day: al, ma, co. Using different colored pencils for different drugs can be helpful.]

[Using the calendar, carefully count the total number of days of use during the assessment period for each drug class, and put this information on the use pattern grid.]

"Now I'm going to go back through these drugs once again and ask you two more questions about each. For each one, I will tell you the total number of days that you said you used the drug during this period, and I will want to know how many of those days you think fell into each of these three categories."

[Show client categories for days of use.]

"According to the calendar we did, you used _____ on a total of _____ days during this period. Help me divide those days up among these three categories. On how many of those _____ days would you say that you used _____ only once? How many of those days did your use fall in between? And that would mean that on _____ days your use of _____ fell in this third category — does that seem right? And how did you give yourself (take) _____ during this period of time we have been talking about? Any other way?"

[If more than one route of administration for a drug class, ask:]

"According to the calendar we did, you used _____ on a total of _____ days during this period. On how many of those _____ days would you say that you gave yourself [drug] by [route]?"

[Repeat for each drug class. Be sure you have accounted for all days of use. The total across routes of administration should be at least the same as the number of days of use, although the total may be higher if multiple routes are used on the same day.]

[Fill in the information on the use pattern grid. Be sure 1+2+3 totals to the number of days of use.]

[When you have completed the calendar for all drug classes used, show the client the confidence scale and ask:]

"Now I'd like you to tell me, using this line, how confident you feel about the information you've given me about your drug use. How accurate do you think you have been in estimating your drug use on this calendar? I'm not asking if you got each drug on the exact days you used it. But overall, how accurate is this calendar in showing how much you used drugs during this period?"

5	4	3	2	1
Very Accurate		Fairly Accurate		Not at all Accurate

CATEGORIES FOR DAYS OF USE

- (1) **Single use.** On this day you used the drug only once.

Examples: One alcoholic drink

One cigarette

One dose

- (2) **Medium use.** On this day you used the drug more than once, but not steadily or heavily.

Examples: 2-4 drinks

2-9 cigarettes

Two doses of other drugs

- (3) **Heavier use.** On this day you used the drug more heavily than the "medium" category

Examples: 5 or more drinks

10 or more cigarettes (half a pack or more)

Three or more doses of other drugs

WAYS OF TAKING DRUGS

Orally Eating, drinking, swallowing, placing the drug under the tongue, chewing, dipping

Smoking Lighting and smoking the drug

Inhaling Snorting, breathing in the drug (but not smoking)

Injecting Taking a drug by needle; injecting under the skin or into a vein

CONFIDENCE SCALE

5	4	3	2	1
Very Accurate		Fairly Accurate		Not at all Accurate

Form 90-DF

Drug Use Assessment (Followup)

"Now, as in the interview(s) you've had before, I'd like to remind you that whatever you say here is confidential. I am going to be asking you some specific questions about your drug use in the time period from _____ up through yesterday. I'll be asking about drugs that were prescribed for you as well as others that you have used during this period."

[Place calendar in front of client.]

"Here is a calendar to help you remember this period of time."

"I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. As before, there are some events already printed on the calendar. Were there any particularly memorable things that happened during this time — any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?"

[Record on calendar.]

"Now, the rest of the questions that I will ask you are also about this time period, from _____ up through yesterday. I'll be asking you about your drug use in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, since it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

1. For period from _____/_____/_____
through _____/_____/_____
2. Number of days in this assessment period:

3. This is _____-month followup
4. _____(1) Female
_____ (2) Male
5. Current body weight in pounds: _____
6. Weight was obtained by:
_____ (1) weighing
_____ (2) self-report
7. This interview was conducted:
_____ (1) on site
_____ (2) by telephone
_____ (3) home visit
_____ (4) other location

Treatment / Incarceration / Living Experiences

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?"

[Mark days on calendar.]

Total number of hospital days for medical problems

8. _____ Hm

Total number of hospital days for detoxification

9. _____ Htox

Total number of nonhospital residential detox days:

10. _____ Rtox

Total number of ambulatory detox treatment days

11. _____

Total number of residential days alcohol treatment

12. _____ Ra

Total number of residential days for other drug problems

13. _____ Rd

Total residential days for emotional/psychological problems

14. _____ Rp

Total days in residential treatment during this period
[Sum of 8 + 9 + 10 + 12 + 13 + 14. Do not include 11.]

15. _____ Total

"During this period, did you spend any time in jail or prison?"

[Mark days on calendar.]

Total days incarcerated during period

16. _____ In

Total days in institutions [add 15 + 16]

17. _____ Total

"During this period, where did you live? How many days did you live in the following?"

[Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room

18. _____

Total number of days living with others (no rent)

19. _____

Total number of days living in halfway house

20. _____

Total number of days homeless (shelters, etc.)

21. _____

[Items 17 + 18 + 19 + 20 + 21 must equal item 2.]

"During this period, how many days were there (not including hospital or detox days) when you saw a doctor, nurse, nurse-practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care

22. _____

"During this period, on how many days did you have a session with a counselor or therapist?"

[Do not record on calendar unless useful as memory aids.]

Total number of days for drug problems (EXCEPT alcohol)

23. _____

[Write down the drug or drugs.]

[If treatment was received, describe briefly:]

Total number of days for alcohol problems

24. _____

[If treatment was received, describe briefly:]

Total days for emotional/psychological problems

25. _____

[If treatment was received, describe briefly:]

"During this period, on how many days did you attend a 12-step meeting like NA, CA, or AA?"

[Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings

26. _____

[Enter 0 if none.]

Other Activities

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking.]

"How many days have you been paid for working during this period?"

27. _____ Work

"How many days have you been in school or training during this period?"

28. _____ Education

"On how many days during this time did you attend a worship service or other religious celebration?"

29. _____ Religious
attendance

Medications

"During this period, on how many days did you take any medications prescribed by a physician?"

[Do not enter medication days on the calendar unless they appear to be of memory value.]

To treat a medical problem
specify medication: _____

30. _____

To prevent you from drinking (antidipsotropic only)

31. _____

To help you detoxify/come off drugs or alcohol
specify medication: _____

32. _____

To help you stabilize or change your use of drugs
specify: _____
maintaining/stabilizing drugs (e.g., methadone)

33. _____

To help you keep from using drugs
specify: _____
drug antagonists/blockers

34. _____

For psychological or emotional problems
specify: _____

35. _____

Drug Assessment**Periods of Abstinence**

"Now I'd like to ask you about your drug use during this period. The things already recorded on the calendar here may help you to remember better. I'm not asking here about drugs that were prescribed for you for medical problems, like antibiotics or stomach or blood pressure medicine. I'm asking about drugs not prescribed for you, although I do want to know about any medication prescribed for pain or to help you relax or sleep. I will also ask you about your use of alcohol. First of all, were there any periods of days during this time when you used no drugs (including alcohol) at all?"

[Mark all abstinent days with a capital "A" on calendar.]

Date of first drug use during period

Drug: _____

36. ____/____/____

Date of last drug use during period

Drug: _____

37. ____/____/____

Card Sort

"Now I'd like you to sort these cards, to say which kinds of drugs you have used at least once during this period. If you used the drug at least once during this time, put it in a pile here (indicate position and use marker card), and if you never used it at all during this period, put it on the other pile here (indicate position and use marker card)."

[For each NO card in this sort, print a zero (0) under "Used in this period" on the use pattern grid on the next page. For the remainder, proceed with the calendar instructions.]

Use Pattern Grid

Drug Classes		Total days used	Use *			Oral ingestion	Smoke	Nasal inhale	Needle	Other
			1	2	3					
Alcohol	al						—	—	—	
Nicotine	to								—	
Cannabis	ma								—	
Sedatives	tr						—	—		
Hypnotics	do						—	—		
Steroids	sd						—	—		
Amphetamines	up									
Cocaine	co									
Hallucinogens	ha									
Inhaled Toxicants	in									
Opiates	op					—	—		—	
Other Drugs	xx									
Totals	12									

*Use categories:

1 = Single use, 2 = Several uses, 3 = Steady or heavier use

[After the calendar has been completed, continue to enter the following data in the use pattern grid.]

[Enter days of each type of use. 1+2+3 must equal total days used.]

[Enter days of each route of administration. These must total to at least the number of days of use, but total may be higher if multiple routes of administration were used on the same day.]

[If "other" route of administration, specify drug(s) and route here:] _____

"Now I'd like to ask you about each of the drugs that you have used during this period. I want to get an idea of what your pattern of use was during this period of time for each of these drugs. We'll use this calendar to make it easier. Let's start with _____. When were you using _____ during this period?"

[Proceed drug by drug, entering drug codes for each day of use. For a day on which alcohol, cannabis, and cocaine were used, for example, three codes would be entered into the box for that day: al, ma, co. Using different colored pencils for different drugs can be helpful.]

[Using the calendar, carefully count the total number of days of use during the assessment period for each drug class, and put this information on the use pattern grid.]

"Now I'm going to go back through these drugs once again and ask you two more questions about each. For each one, I will tell you the total number of days that you said you used the drug during this period, and I will want to know how many of those days you think fell into each of these three categories."

[Show categories for days of use.]

"According to the calendar we did, you used _____ on a total of ____ days during this period. Help me divide those days up among these three categories. On how many of those ____ days would you say that you used _____ only once? How many of those days did your use fall in between? And that would mean that on ____ days your use of _____ fell in this third category — does that seem right? And how did you give yourself (take) _____ during this period of time we have been talking about? Any other way?"

[If more than one route of administration for a drug class, ask:]

"According to the calendar we did, you used _____ on a total of ____ days during this period. On how many of those ____ days would you say that you gave yourself _____ [drug] by _____ [route] _____?"

[Repeat for each drug class. Be sure you have accounted for all days of use. The total across routes of administration should be at least the same as the number of days of use, although the total may be higher if multiple routes are used on the same day.]

[Fill in the information on the use pattern grid. Be sure 1+2+3 totals to the number of days of use.]

[When you have completed the calendar for all drug classes used, show the client the confidence scale and ask:]

"Now I'd like you to tell me, using this line, how confident you feel about the information you've given me about your drug use. How accurate do you think you have been in estimating your drug use on this calendar? I'm not asking if you got each drug on the exact days you used it. But overall, how accurate is this calendar in showing how much you used drugs during this period?"

5	4	3	2	1
Very Accurate		Fairly Accurate		Not at all Accurate

Form 90 Drug Card Sort

Copy this sheet onto card stock and cut out cards

Form 90 Drug Card Sort	OTHER DRUGS Designer Drugs Amyl/Butyl Nitrates (poppers) Nitrous Oxide (laughing gas) Over-the-counter remedies like Dextromethorphan (DM) etc. 11
Yes Drugs I have used at least once	No Drugs I have not used
NICOTINE Tobacco cigarettes Snuff (dip) Chewing tobacco Nicotine patch or gum 1	CANNABIS Marijuana (pot) Hashish 2
SEDATIVES Librium, Valium Ativan, Serax Xanax, etc. 3	HYPNOTICS (Downers) Quaalude (ludes) Barbiturates Seconal (reds) Amytal (blues) Nembutal (yellow jackets), etc. 4

<p>STEROIDS</p> <p>5</p>	<p>AMPHETAMINES (Uppers)</p> <p>Amphetamine (Speed) Methamphetamine Dexedrine, Benzedrine Ritalin, Ice, etc.</p> <p>6</p>
<p>COCAINE</p> <p>Freebase Crack Powder Paste, etc.</p> <p>7</p>	<p>HALLUCINOGENS</p> <p>LSD (Acid) Mescaline (Peyote) PCP (Angel Dust) Morning Glory Seeds MDMA (Ecstasy) Mushrooms, etc.</p> <p>8</p>
<p>INHALED TOXICANTS</p> <p>Aerosol Sprays Glue Paint Gasoline, etc.</p> <p>9</p>	<p>OPIATES</p> <p>Heroin, Morphine Opium, Methadone Percodan, Demerol Codeine, etc.</p> <p>10</p>

Use the following card for Form 90-D only.

<p>ALCOHOL</p> <p>Beer, Wine Liquor, etc.</p> <p>0</p>

The Treatment Experiences Questionnaire

The Treatment Experiences Questionnaire is to be filled out by individuals who have had additional outpatient, partial hospitalization, or residential treatment for alcohol/drug problems. This Project MATCH version contains four scales:

Twelve-step facilitation treatment elements	1, 5, 8, 13, 20
Cognitive-behavioral treatment elements	2, 4, 9, 11 14
Motivational enhancement treatment elements	7, 10, 12, 15, 19
General treatment characteristics	3, 6, 16, 17, 18, 21

There are five items corresponding to each of the three unique treatments evaluated in Project MATCH (1993). Scores on these items can be summed to yield scales corresponding to the three treatments. The remaining six items describe general characteristics of additional treatment received and do not sum to a meaningful score.

Treatment Experiences Questionnaire

Please describe the treatment you received during this calendar period for alcohol/drug problems. Circle YES or NO for every item.

Did any counselor, doctor, or other therapist who treated you during this time:

- | | | |
|---|-----|----|
| 1. Encourage you to attend 12-step (AA, NA, ACoA) meetings? | Yes | No |
| 2. Help you think about "high risk" situations in which you are in danger of relapsing? | Yes | No |
| 3. See you and your husband/wife/partner together? | Yes | No |
| 4. Help you practice how to refuse drinks or drugs? | Yes | No |
| 5. Encourage you to make changes in your life (like healthy diet, exercise, hobbies, getting enough rest) to help you stay sober? | Yes | No |
| 6. See you for more than five sessions? | Yes | No |
| 7. Leave it up to you whether or not you drink or use drugs? | Yes | No |
| 8. Encourage you to use the Twelve Steps? | Yes | No |
| 9. Have you keep a diary of your urges? | Yes | No |
| 10. Give you personal feedback based on test results? | Yes | No |
| 11. Help you learn new skills to deal with depression, anger, or other negative moods? | Yes | No |
| 12. Encourage you to make your own decisions about what to do about your drinking or drug use? | Yes | No |
| 13. Give you 12-step literature to read? | Yes | No |
| 14. Help you plan how to handle a relapse, in case it happens? | Yes | No |
| 15. Emphasize that it is your responsibility to decide whether and how to change your alcohol/drug use? | Yes | No |
| 16. See you for personal, individual sessions with no one else in the room? | Yes | No |
| 17. Tell you that you are an alcoholic or addict, who can never drink or use drugs again? | Yes | No |
| 18. Have you participate in group therapy? | Yes | No |

- | | | |
|--|-----|----|
| 19. Help you think about the positives and the negatives about your drinking or drug use? | Yes | No |
| 20. Encourage you to use AA tools (such as getting a sponsor, remembering AA slogans, and associating with AA/NA friends) to deal with urges and problems? | Yes | No |
| 21. Did you participate in any treatment program designed especially for a particular group of people — for example, women only, men only, Hispanics only? | Yes | No |

If you answered YES, what group was the program designed for?

STUTTGART BRUEA OLPO
16890
1115 X02 3M EVA 111
6800 80182 AW 21/1982
1000-012 1801

Sample Letter to Collaterals (in advance of Form 90-ACS interview)

Dear _____:

We are conducting a research program designed to develop new methods for treating people who have problems with alcohol. Our most important goal is to determine the effectiveness of the treatment approaches we are using. We are asking for your help in improving the work we do.

_____ is participating in our study, which includes a very thorough evaluation both before and after the program. As one part of this evaluation, we ask all participants for the name of someone whom they trust, who knows them well, and who is in fairly close contact with them on a regular basis. We then call this person to ask some questions about our participant's drinking and other behaviors. _____ has given us your name as a trusted person who could answer these questions for us.

Within the next week or so you will be receiving a telephone call from a member of our staff. The purpose of this call is for us to get a clearer understanding of _____'s situation and drinking pattern. Your help is very important and will be greatly appreciated.

We want you to understand several things before you receive this call:

1. We will be calling you with _____'s full knowledge and written permission. There is nothing secret about the fact that we are calling you. You can feel free to discuss it with _____ if you wish.
2. All information that you provide to us will be kept in strict confidence, and will not be shared with _____.
3. Because of our policy of strict confidentiality, we will not be able to tell you anything about _____'s progress in treatment or participation in our study.
4. It is important that the information you give us be as accurate as possible. We would rather have no information than have inaccurate or misleading information. We depend upon honesty to draw the most accurate conclusions from our study, which will be used to help many other people. Your accurate information can help our research and in this way benefit the lives of many others who will be treated in the future.

We greatly appreciate your assistance with our work.

[signature]