

Instructions for 90-AI and 90-AF

Preparing for the Interview

To conduct an in-person Drinking Assessment Interview—Intake (Form 90-AI) or Followup Interview Assessment of Drinking and Related Behaviors (90-AF), you will need a table to work on and a drug card sort set. For in-person followup interviews, you should have a copy of the Treatment Experiences Questionnaire (TEQ) available to administer if the client has received additional alcohol/drug treatment (see items 23–24). Additional TEQ items might be useful depending upon the specific applications of Form 90-AF.

It is helpful to have a clipboard to keep your Form 90 interview protocol out of the client's line of vision. It is best not to lay Form 90 on the table during your interview (with the exception of the steady pattern and calendar grids) where the client can follow your instructions and the information you record. Finally, it can be helpful to have glasses, a pitcher, and a measuring cup available to help with drink quantification (see section on steady pattern grids).

FIGURE 3.—Items needed for conducting Form 90 interviews

- The proper Form 90 interview blank
- Calendar forms to cover the assessment window
- The Form 90 Drug Card Sort
- A copy of the Treatment Experiences Questionnaire
- A set of glasses, a pitcher of water, and a measuring cup (optional)

Define Assessment Window

Generate calendar forms to cover the assessment window to be constructed. A calendar software program should automatically insert holidays and other memorable local events.

The period for drinking inquiry on Form 90–AI will always be 90 days, plus whatever span of days elapsed between the last drink and the intake interview or admission date. This will almost always require at least 4 monthly grids. Days not included in the assessment window should be crossed out on the calendar with X's to avoid confusion. For outpatients, print "TODAY" on the date of interview and place an X over subsequent dates. For inpatients, print "ADMITTED" on the date of inpatient admission and place an X over subsequent dates.

At intake, the assessment window begins 89 days before the client's last drink, with the last day of drinking being the 90th day. An easy way to locate the point 89 days before the last drink is to place your finger on the day of the last drink, then count back 13 weeks, staying on the same day of the week as the day of the last drink. When you get back 13 weeks, cross out (X) that day and the next day. The following day is your starting point for the 90-day period.

At followup points, the interval will generally be at least 90 days, but usually longer, encompassing the period from the last interview (or target date) to the current interview date. Again, X's should be placed on the calendar before and after the assessment window to indicate the period being queried. Because the day of interview is not a complete day, the last day of any Form 90 assessment window is the day before the interview.

If the followup interview is to be conducted by telephone, mail a copy of this calendar to the client in advance of the interview along with a brief letter of explanation. Keep a copy of the mailed materials in the file for your own use during the interview. For further details, see the chapter on telephone interviewing.

Items 1–7

Before the interview begins, the first seven items can be filled in. At item 1, specify the starting and ending dates of the period being queried. (For remote reconstruction periods, this is the followup period being *reconstructed*, not the current period.) At item 2, indicate the number of days in this period. If this is not determined automatically by software, take great care in counting the number of days in the assessment window and verifying your count before and after the interview, because an error can cause vexing problems later during data entry. At item 3, indicate which evaluation period is being queried (on 90–AI this is always 0 – Pretreatment). Again, for remote reconstruction periods, this is the followup period being reconstructed, not the current period.

Indicate the client's gender at item 4. The client's current body weight in pounds is recorded at item 5 to facilitate estimates of BAC levels. This is best obtained by weighing the client at each followup interview, although self-report may be accepted. Indicate at item 6 whether weight was obtained by weighing or by self-report. At item 7, indicate

whether the interview is being done in person on site, by telephone, in person during a home visit, or at another location.

Conducting the Interview

Style

The style of interviewing is important. A warm empathic tone will encourage more honest reporting. Use reflective listening to respond to client statements. Maintain eye contact and memorize instructions in order to avoid excessive reliance on the form. Patience and positive reinforcement are also vital, given the amount of detail the client is being asked to provide.

When a client voices frustration, it is often helpful to offer an empathic reflection of the feeling and then to reassure or refocus the interviewee [e.g., "It is difficult to say, and I'm sure that your drinking does vary from week to week, but were there some times here when your drinking was fairly consistent from week to week?"] It is also wise to thank and reinforce the client for persisting with a sometimes difficult process.

Starting the Interview

Below is a script that can be used or paraphrased before beginning the Form 90 to help the interviewer obtain more useful and accurate information. This script may be worked into the opening introduction provided on the Form 90 interview form.

"I'd like to begin this session by asking you questions about your drinking and other experiences you've had during the period of time from about 3 months before your last drink up until yesterday/the day prior to admission (or for about the past 90 days for followup)."

Place calendar in front of client.

"We will be reconstructing this period by using points on the calendar to help you remember things that have happened to you as well as to help you remember what and how much you've had to drink on each of these 90 days. You will be able to use the calendar throughout the interview to help you remember this period of time."

Continue using the script on the Form 90 interview form.

The length and content of this statement will vary depending on the client's familiarity with the procedure. For the client's first Form 90 (90-AI), however, follow the instructions as printed on the interview form.

When asking for memorable events to serve as calendar prompts, read the list of possible events slowly and allow clients time to search their memory. Write any mentioned memorable events on the calendar across the top of the day boxes. Clients often volunteer information here about abstinent or drinking days. Note these briefly and then proceed with the instructions printed on the interview form.

**Treatment/
Incarceration/
Living Experiences**

Record numbers for all items 8–26. If there were no countable days in a category, always enter 0 on that item.

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

For inpatients, be sure they understand that this is for the period before their admission and does not include their current hospitalization. At first followup, be sure that inpatients understand this is for the period *after* their discharge. If, in response to this question, clients indicate that they had *no* hospital/residential days, do *not* proceed to ask item by item for each category. Instead verify the answer by saying:

"So you had no overnight stays in a program for detox or treatment of any kind?"

Even if the client indicates no days of hospital or residential treatment, do ask specifically about outpatient/ambulatory detoxification:

"Did you receive any detoxification treatment at all during this time?"

For each reported hospitalization or residential treatment, record all days with any period of residential stay by printing the appropriate code in the lower left corner of each day box. *Partial* hospitalizations (e.g., day treatment) and emergency room visits do not count as hospitalized days. To count, the client must have been *admitted* for a residential stay and have stayed overnight. Halfway house stays do not count as hospital days and are recorded separately (item 20). Classify admissions (items 8–14) according to the primary problem being treated, as follows.

**Item 8
Medical**

The person was admitted to a medical hospital to be treated for injuries, illnesses requiring hospitalization, medical tests, etc. If the injury or illness is alcohol related, the admission is still counted as medical if the purpose of treatment was to remedy the medical condition rather than to detoxify or to treat the alcohol problem.

- Record on the calendar as **Mm**.

**Items 9-11
Detoxification**

The person received treatment for detoxification from alcohol and/or other drugs. These are days specifically for detoxification, not treatment. Count any days admitted for detox only, or detox in one facility in preparation for treatment at another. If the person was admitted to a treatment program where detoxification is merely the first phase and blends into treatment and *if the person stayed* at the facility for subsequent days of treatment, count all days as treatment days rather than detox days. Note that detoxification experiences are classified separately as hospital, nonhospital residential, or ambulatory.

- Hospital/medical detox days are recorded as item 9 and also indicated on the calendar as Htox.
- Days spent in residential but nonmedical detox are recorded as item 10 and recorded on the calendar as Rtox.
- Days receiving specific ambulatory/outpatient treatment for detox are recorded as item 11.

Among the three types of detox days, only hospital and residential nonmedical detox days (items 9 and 10) contribute to the total number of residential treatment days (item 15), and only these must be recorded on the calendar.

There should be no double counting of days as both detox (items 9-11) and treatment. Treatment always takes precedence. Detox days are those in which only detox services were received with nothing more than minimal advice. For inpatients at intake, do not count detox received as part of the client's current admission. Self-detoxification, detoxing by family or friends, and involuntary detox (e.g., during incarceration) do not count unless the client specifically received assistance (e.g., prescribed medication) from a qualified professional or program.

**Item 12
Alcohol**

The person was admitted to an inpatient or residential program to be treated primarily for alcohol problems. This includes admission to a psychiatric unit when the purpose included treatment of alcohol problems. If both alcohol and other drug problems were involved, the interviewer must decide which constituted the *primary* reason for admission.

- Record on the calendar as Ra.

**Item 13
Drug**

The person was admitted to an inpatient or residential program to be treated primarily for drug problems other than drinking. This includes admission to a psychiatric unit when the purpose included treatment of drug problems.

- Record on the calendar as Rd.

**Item 14
Psychiatric**

The person was admitted to a psychiatric facility for psychological problems other than alcohol/drug. If treatment was for a combination of alcohol/drug and other psychological problems, it should be classified as an alcohol or drug admission. No hospital/residential day may be classified in more than one category.

- Record on the calendar as Rp.

**Item 15
Total**

Record the total number of days in each category of items 8–14 and the total (excluding item 11) as item 15. To be counted as a hospital or residential day, the client must have been admitted to the hospital or other residential facility for an overnight stay. Visits to the emergency room, for example, do not count as hospital days if they did not result in an admission. The number of “days” is the number of overnight stays. The total (item 15) is the simple sum of items 8, 9, 10, 12, 13, and 14. (We do not recommend hand calculation of totals. They are electronically calculated by Form 90 software programs.)

**Item 16
Incarceration**

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

Focus client’s attention on the anchor points on the calendar. Record the total number of days as item 16.

- Record on the calendar as In.

**Item 17
Total Institutional**

Add items 15 and 16 to yield the total number of days in institutions and enter the total as item 17. (This can also be electronically calculated by software.)

**Item 18
Residence**

Begin item 18 with this question:

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

Record the total number of days during this period when the client was living in his/her own house, apartment, or room. Days count in this category if the client (or client’s spouse/partner) owned or paid rent or mortgage payments. Days away from home (e.g., camping, military reserve duty, staying in a hotel while on vacation or a trip, visiting friends or relatives) still count on item 18 if the place of residence was maintained. Any days paying rent in a hotel/motel also count here. **DO NOT COUNT** on item 18 any days already included in item 17 (i.e., days in institutions).

Item 19

Record the total number of days living with others (except a spouse/partner) and not paying rent. This includes living with parents, children, or friends who offer the client free lodging.

Item 20 Record all days living in a halfway house. Count days as *overnights* living in a halfway facility. Do not count days spent in homeless shelters, missions, etc. The facility must be identified as a halfway house.

Item 21 Record all days when the client was homeless, "on the road," or living in shelters or missions. Note that the sum of items 17 through 21 must equal the total number of days in the assessment window (item 2).

Item 22 "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?"

Record the total number of days as item 22. DO NOT COUNT medical care given on hospital, detox, or incarcerated days. Do not count dental visits, eye care (e.g., ophthalmologist or optometrist), chiropractic treatment, physical or occupational therapy visits, etc.. The intent here is to assess primary medical care.

Items 23-25 "During this period, on how many days did you have a session with a counselor or therapist?"

Record separately visits for alcohol, drug, and emotional/psychological problems as items 23, 24, and 25, respectively. Partial hospitalization services (e.g., day treatment) are counted here as outpatient days. Family counseling visits also count here. Briefly describe the type of setting, provider, and treatment.

If the client received any alcohol or other drug treatment, *also* administer the Treatment Experiences Questionnaire (TEQ) for any treatment received, even if only a single session. Use only one TEQ for all treatment services received during the assessment window, not a separate TEQ for each. [NOTE: The particular TEQ form provided in the appendix was developed for Project MATCH to study attributes of additional treatment received. For other applications, it may be desirable to amend the content of the TEQ or to omit it altogether.]

Item 26 "During this period, on how many days did you attend a meeting of Alcoholics Anonymous or another 12-step meeting?"

Focus client's attention on the calendar to aid in memory.

Multiple meetings on one day still count as only one day. NA, CA, ACoA, Alanon, and any other 12-step groups all count.

Other Activities

Ask these three questions.

**Item 27
Work**

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

Use calendar to assist in counting.

INCLUDE any part-time or temporary employment. Full-time work normally equals 5 days per week unless otherwise specified. In normal work weeks, however, count only paid work days (e.g., not weekends if they are not worked). Self-employed people should be asked the number of days they worked. Days paid for working (e.g., paid holidays, sick leave, vacation time) count, even if the person did not actually work. Any period of paid work (e.g., 2 hours of hourly pay to clean house, or do yard work, or baby-sit) on a given day counts as a work day.

DO NOT COUNT unpaid volunteer work, or financial gain from illegal activities. Paid retirement, disability, or unemployment compensation days do not count as work days.

**Item 28
Education**

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

INCLUDE degree as well as nondegree education as long as it is an organized class activity. Any class attendance (or on-the-job training) counts as an education day. Do not count correspondence courses where no class attendance is required. Note that any given day can be both a work day and an education day.

**Item 29
Religious
Attendance**

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

Count days on which the client attended at least one worship service or other religious observance. Attending more than one event in a day counts as only one day. Weddings and funerals are counted only if they were conducted in a context of religious worship (e.g., not if a wedding is conducted as a civil ceremony). Other examples of events that would be counted are prayer meeting, bris, any event including communion/eucharist, Passover observance, vigil, evensong, and revival meeting. Do not count events that are primarily civil/secular/social but may include minor religious elements (e.g., an opening and closing prayer), such as university commencement, potluck dinner, church administrative meeting, or social cause rally. Do not count any AA or other 12-step meetings as religious attendance days.

Items 30–35 Medications

Here record only medications that the client took by prescription during the assessment window. Ask:

“During this period, on how many days did you take any medication prescribed by a physician?”

Inquire separately for each group of medications. For each, record the estimated number of days on which the client took medication by prescription and specify the medications used. **DO NOT COUNT** vitamins or birth control pills. **DO NOT COUNT** nonprescription drugs (e.g., aspirin, over-the-counter medications) recommended by a physician but not requiring a prescription. Be sure you make clear the difference between medications to maintain/stabilize drug use (e.g., methadone) and antagonists intended to block drug effects (e.g., naltrexone), using explanatory language that the client will understand. When in doubt about the type of medication, record medication information and consult with medical staff.

Periods of Abstinence

If the client has not already provided this information, ask:

“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?”

If the client was continuously and completely abstinent throughout the assessment window, complete items 1–35. Leave items 36 and 37 blank and go to Other Drug Use (items 48–58). It is not necessary in this case to add further details to the calendar or to complete items 38–47, but it is still important to go through the regular routine for memorable events, both to confirm abstinence and in preparation for other information that is reconstructed from the calendar. If a prior followup interval is missing, complete a new Form 90-AF (or 90-AT) for the missed period.

If there were periods of abstinent days but not complete abstinence for the entire assessment window, proceed to record drinking and abstinent days on the calendar according to the sequence outlined earlier. Make full use of the information already recorded on the calendar to help the client recall dates and periods of abstinence and drinking. The first step is simply to distinguish days of complete abstinence from those in which any alcohol was consumed.

Print an “A” in the center of every day box for days of nondrinking. (For prolonged periods of abstinence, an “A” in the first day of each week and an arrow through the rest of the week will suffice.) Be sure to inquire about drinking during periods of hospitalization (H), resi-

dential treatment (R), and incarceration (In) as well. Do not assume abstinence on H, R, and In days.

Items 36–37

For all clients who drank, ascertain the date of the first drink during the assessment window (item 36) and the date of the most recent drink during the window (item 37). For clients drinking throughout the period, these will be the first and last days of the assessment window, respectively.

Items 38–41 Steady Pattern Grids

Clients frequently have periods of reasonably consistent drinking. Although drinking weeks are rarely identical, there is commonly a repeating pattern from week to week, for at least part of the assessment window. Identifying and quantifying such consistency via the steady pattern grid can be helpful in completing the calendar efficiently.

To determine whether to use the steady pattern grid, first examine the calendar. If the pattern is mostly abstinence, with only sporadic days of drinking, the steady pattern grid is not appropriate. If, on the other hand, there are at least several weeks of drinking, inquire:

"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?"

Allow enough time for the client to study the memorable events on the calendar to assist in recall. It is also helpful if the interviewer allows the client to see a steady pattern grid in relation to the calendar so that he or she may assist with the task. If no consistency can be found, skip to item 42 and ask about episodic patterns, using the calendar to assist in the client's recall of the episodes.

If the client has had a reasonably consistent pattern of consumption from week to week when drinking, at least for part of the assessment window, complete the first steady pattern grid. Note that this grid divides a regular drinking week into 21 parts: morning, afternoon, and evening for each of the seven days. Fill in each of the 21 boxes by recording the type and amount of alcohol typically consumed (including the proof or percentage strength of alcohol content whenever possible), and the approximate time span (e.g., beginning and ending hours) over which it is consumed. Begin with weekdays, working through mornings, then afternoons, then evenings. Use these instructions to start:

"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 lunch time?"*

Focus client's attention on the grid.

The latter phrasing is intended to provide permission for reporting morning drinking. Alternative phrasings such as "Did you ever drink in the morning?" may encourage falsification or minimization of morning drinking information. Use past tense to inquire about drinking (e.g., "What did you drink," not "What would you drink?" or "What do you drink?").

You can help the client to be more specific by first asking which beverages were consumed and then how much of each. It helps to know ordinary drink sizes (e.g., standard bar draft of beer = 10 oz; ordinary wine glass = 4 oz). To clarify actual drink sizes, use a set of glasses of different sizes, a pitcher of water, and a measuring cup. Often clients have no idea what volume they are consuming. In this case, the client can be asked to select a glass that is about the size of the glass usually used. The client may pour water into the glass, to the level normally poured with the preferred beverage. You can then measure this volume. We have found that clients' estimates of the amount poured can be off by a factor of 3 or more, usually in the direction of underestimation.

Be careful not to assume drink sizes. "One drink" of whiskey may mean an 8-oz tumbler for one client but a 1-oz shot for another. Ask for details. Also inquire about the size of a bottle, a can, and so forth. After each reported type of drink for a given time block, ask

"... and what else?"

Another precaution is to clarify whether the client, when drinking with others, drank the full quantity being described or shared this quantity with drinking companions. Seek clear estimates of the amount consumed by the client alone.

In certain situations, it is more difficult to obtain a good estimate of the amount of alcohol consumed. This is so, for example, when the client had drinks mixed by others or of unknown quantity (e.g., a party punch), or when the client suffered a memory blackout. Nevertheless an estimate is better than no data, and there are often clues to help in arriving at a reasonable guess (e.g., amount of money spent, empty bottles and cans, friends' reports, apparent strength of drinks from their effects).

* Adapted from Miller and Marlatt 1984.

Remember to ask about the time period over which the alcohol is usually consumed. This is needed for BAC estimations:

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

Because drinking is often consistent from day to day, do not begin by asking about days one at a time. The "weekdays" approach described above often works well. If drinking varies from day to day (e.g., "Two mornings a week I may have a glass of beer before lunch), this can be specified. If there are particular days when this occurs (e.g., Tuesdays and Thursdays), record it on those days.

After constructing morning drinking, proceed to afternoons:

"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?"*

Again, if the pattern varies from one afternoon to the next, record this variation. Use probing questions.

"Would that be on the same days when you had a beer in the morning?"

Again it is important to use the calendar to assist with identifying the actual days drinking occurred rather than arbitrarily picking days to fill up the grid. (This is important for future time-to-event statistical analyses.) The grid is then continued by inquiring about evenings:

"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?"*

The grid is completed by repeating this entire process for weekend days. Separate inquiries are recommended for weekdays and weekends because drinking patterns on these days often differ widely. Repeat the query regarding morning drinking even if the client, when asked about morning drinking on weekdays, reported never drinking in the morning.

For any time block where no drinking is reported, enter a zero (0). *Do not leave any blank boxes.* Entries should be made in all 21 boxes of the grid. This prevents errors through omission of time periods. Be careful not to make restrictive assumptions (for example, that a client does not drink while driving or during working hours).

* Adapted from Miller and Marlatt 1984.

These procedures must be modified to accommodate clients with certain lifestyles or schedules (e.g., working night shifts, different meal patterns). Remember that the purpose of this grid is to obtain a well-specified estimate of consumption during a repetitive drinking week.

If the client indicates two distinct drinking periods during the assessment window and there seems to be a second discrete steady pattern, you may complete a second steady pattern grid (items 40–41) in the same manner.

For each steady pattern ask,

"Now which are the weeks on this calendar when your drinking was like this?"

Remember to fill in the calendar as you go with the steady pattern. The steady pattern grid and the calendar should be completed hand in hand, not independently of each other. It is recommended that the interviewer keep the steady pattern grid(s) in plain view of the client so that he/she can remember what pattern is being matched to the calendar (especially when two steady pattern grids are being used). For weeks or portions of weeks described by pattern 1, write "P1" on the first day of the week and draw an arrow through the remainder of that week. Do the same for P2, if there is a second steady pattern. If abstinent days are part of a steady pattern, also mark these as "A" on the calendar so that they are not missed as abstinent days.

A Form 90 data base software program will calculate the BAC according to the way that data are entered. It may be necessary for some days to calculate BAC in several different ways (e.g., from first to last drink of day; for an episode within the day) using different periods of hours to determine the peak BAC. In this case, always use the highest BAC estimate obtained. Drinking that continues through the night without sleep into the next morning is counted in SEC and BAC totals for the day on which it started, unless drinking extends past noon of the next day.

If no steady pattern is apparent in the client's self-report, go on to item 42. If the client's drinking did not deviate significantly from the steady pattern, items 42–47 can be omitted, and the calendar can be completed with only P1 (and P2).

Use of the steady pattern grids and episodic pattern charts is at the interviewer's discretion. If it appears that the client's drinking pattern does not lend itself to quantification via pattern charts, these may be bypassed, and the entire assessment window reconstructed day by day (see Idiosyncratic Days.)

**Items 42-47
Episodic Pattern
Charts**

If a steady pattern grid has been completed, determine whether some periods were not well described by the steady pattern(s). Here is a transition instruction:

"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?"

Because the steady pattern will already be recorded on the calendars, it is easy to see which days are not covered by the patterns.

If no steady pattern grid was completed, introduce the episodic pattern section in this way:

"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."

If there are repetitive drinking episodes in addition to (or instead of) the steady pattern drinking, the description of these is your next task. Determine whether any types of episodes recurred, that is, where the amount and pattern of drinking was reasonably similar from one episode to the next. These commonly occur at particular places or times (e.g., on Friday nights; when I go out with coworkers). If you identify a type of episode that occurred more than once, use the episodic pattern chart to describe it.

The episodic pattern chart should not be used to reconstruct individual, nonrecurring drinking episodes. Rather, the intent is to describe specific types of heavier drinking episodes that have recurred. One particular type of episode (e.g., staying out on a Saturday night) may have occurred several times during the assessment window. Up to three types of episodes may be provided. (If a particular case requires more than three episodes, additional sheets can be used.) Again, the clients must be focused on the calendar so that they can accurately recall the information.

An episode may extend for more than one day. Thus, an episodic pattern might be a 3-day binge.

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

For each type of episode, ascertain:

- the specific beverage(s) typically consumed
- the average amount(s) of beverage(s) consumed and
- the typical beginning and ending times (for BAC estimation)

If a recurrent episode type is identified, record it as episode type 1 (E1), documenting the types and amounts of beverages consumed and the time of first and last drinks. Then ask:

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

The calendar should be used throughout the process to define and locate these episodes. For days when episode type 1 is descriptive, print "E1" in the middle of the box. Follow a similar procedure for any additional recurring episode types (E2, E3).

The total SECs (items 42, 44, and 46) and estimated BAC peaks for each episode (items 43, 45, and 47) are to be computed following the interview, typically by using a data base software package. If no repeated episode types can be identified, proceed to fill in the calendar day by day.

Idiosyncratic Days

The combination of A, P, and E days should in many cases account for the majority of days during the assessment window. What remains is to reconstruct, day by day, the client's drinking on days not covered by the procedures above. It is conceivable, however, that a given client would report no consistent steady (P) or episodic patterns (E), in which case the entire assessment window would be constructed one day at a time.

Interviewers may also elect to use a day-by-day approach rather than P and E grids. Sometimes a modified timeline approach is more efficient and less frustrating for both interviewer and client than the sequence of questions presented on the Form 90 questionnaire. These situations occur when a client is unable to generalize about "steady patterns" or "typical weeks" of drinking. Before this frustration occurs, the interviewer should abandon this line of questioning and direct the client's attention to the calendar. Again, the client should be clear about the task at hand. The interviewer might say,

"We are going to work on filling in the calendar with your drinking information. Each calendar day will be filled in with your best estimate of the amount you drank that day. Although it sounds like a difficult task, it really can be done. We will do this task by focusing on what you were doing in your life during this 90-day period."

Begin by focusing on the longest spans of invariant behavior, such as abstinence and/or heavy daily drinking. For example the interviewer might say,

"Looking at the calendar and thinking about these events in your life that are written on the calendar, what is the longest number of

days you went without drinking anything at all, not even one (favorite drink)?"

"When did that occur?"

Fill in the calendar days as indicated, and then focus on the days immediately following this salient period by asking:

"What happened then? How did your drinking pattern change?"

Continue by focusing on the days immediately preceding the invariant period, using any anchor points that are in close proximity to these days. Then ask about other times during the window when the client remembers an extended number of days in a regular pattern. Throughout the interview, make use of the anchor points provided by the client, especially those of regularities in the client's life (work schedule, payday) to prompt the client in detailing his/her drinking pattern.

For every idiosyncratic day, be sure to record (in the middle of the day box) the specific beverage(s) consumed, the amount of each beverage consumed, and the number of hours (or beginning and ending times) of drinking.

Coding Alcohol Information

When you have finished, there should be a drinking entry in each and every one of the calendar boxes for the assessment window. The entry can be an A (for abstinent days), a P code for steady drinking pattern days (items 38–41), an E code for recorded episodic patterns (items 42–47), or a specific amount of consumption for all other days. In the latter case (idiosyncratic days), record the specific beverage(s) and the specific amount(s) of each beverage consumed. Always record sufficient information and specificity to permit calculation of the number of standard drinks (SECs) consumed and estimation of the BAC peak on each day. The information should be recorded clearly and neatly in such a way that another staff member can easily understand and enter or verify the record.

Again, remember that institutional H, R, and In codes (lower left of box) do NOT constitute drinking status codes. You must inquire about drinking on these days, too, and record drinking status in the middle of each box.

At times, clients will report quantities of consumption that seem logically impossible. Whenever the volume of consumption that a client reports seems unrealistically high, probe to be sure you have the correct information. Is there possible confusion about bottle size (e.g., quarts versus pints) or case size (12 versus 24 bottles)? Did the client share the reported amount with others? Do not passively accept drinking information that seems implausible.

Items 48–58 Other Drug Use

Lifetime Use

Intake

The Form 90 interview ends with an assessment of other drug use during the assessment window. To facilitate this, a set of cards has been prepared, describing 11 major drug classes (see appendix). For in-person interviews, the client is given this set of cards, always arranged in numerical order, and asked to sort them into two piles. At intake (90-AI), both lifetime and recent use are reconstructed. Use these instructions:

"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."*

Use the header cards that are 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 lifetime.

Give the cards to the client in numerical order with nicotine on top, cannabis next, and so on. When the sorting has been completed, take the NO pile and check "No" for each of these categories in the LIFETIME USE column on the Other Drug Use Chart (items 48–58). Then for all categories indicated as "YES," inquire about the type of drug(s) used and the route(s) of administration. Record both the type of drug and the route of administration in the space on the form following "specify:".

For all drug use meeting the criteria in table 2, check "YES" in the LIFETIME USE column. If a card placed by the client in the "Yes" pile does not meet the use criteria, check "No."

Proceed to inquire about frequency of use for all drugs checked "YES" in the lifetime use column:

"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 want to know is: during how many weeks during your lifetime have you used each type of drug at least once."

* Adapted from Miller and Marlatt 1984.

TABLE 2.—Criteria for qualifying lifetime drug use (YES)**DO NOT COUNT:**

- Over-the-counter medications taken to treat circumscribed illnesses (e.g., colds, allergies)
- Illegal remedies taken for nonpsychoactive, hoped-for curative properties (e.g., for cancer)
- Medications prescribed and taken for 30 days or less if taken as directed for prescribed purposes (e.g., Seconal prescribed and taken for 5 days for postsurgical pain; benzodiazepines prescribed during alcohol withdrawal)
- Nonpsychoactive controlled medications that are not included in the card sort drug categories (e.g., antibiotics), even if not taken as prescribed
- Psychoactive drugs unlikely to be abused and not falling into one of the card sort drug categories (e.g., anticonvulsants, lithium, antidepressants)

DO COUNT:

- All nicotine use
- Any use of controlled psychoactive drugs without prescription
- Any use of illegal drugs of abuse
- Any use of prescribed psychoactive drugs above prescribed doses
- Any use of psychoactive drugs specifically to “get high”
- Any regular (e.g., daily or almost daily) use of prescribed psychoactive drugs for more than 30 consecutive days, even if within prescribed limits and for prescribed purposes. This includes psychoactive medication prescribed for pain relief, muscle relaxation, weight loss, insomnia, attention deficit disorder, etc..
- Any use of multiple prescriptions from different physicians for the same psychoactive medication in order to exceed prescribed limits.
- Any psychoactive drug prescribed or otherwise used as a maintenance or substitution medication to treat alcohol or other drug abuse (e.g., methadone — but not disulfiram).

Interviewers should gather information that will allow them to code the number of weeks in the client's lifetime that the drug has been used .

"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?"

Use followup questions such as

"How long did (have) you use(d) _____ at least once a week?"

"How often did you use _____ at least once a week?" Remember that the goal is to approximate the number of lifetime weeks during which each drug was used. The client should not have the burden of calculating weeks of use.

Clients who have had long periods of use are likely to respond in spans of months or years. In such cases, be sure that the client means that for this span of time (e.g., 5 years) he/she used a drug from the category at least once per week. Be cautious; for example, do not count LSD use twice a year for 5 years as 5 years (260 weeks) of use! Rather this would count as 10 weeks of use.

Record response in lifetime weeks on items 48-58. Repeat for each YES drug card. Then give YES pile back to client.

Recent Use

"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, now ask:

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

Record as items 48 through 58, respectively, and repeat for all YES cards.

Followup

At followup (Form 90-AF), the instructions differ slightly. Lifetime use is not queried, only drug use during the assessment window:

"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."

Always give cards to the client in numerical order, with nicotine on top, cannabis next, and so on. When the sorting has been completed, place a zero (0) next to all drug categories placed in NO pile.

Then inquire about each of the remaining (YES) categories to determine qualifying use (see table 2). If use does not qualify, mark zero (0) for that category. Do not record days of use that fail to qualify (e.g., Seconal given by prescription for 3 days for postsurgical pain; Librium during detoxification).

If use does qualify, ask the number of days during the assessment window when this drug class was used.

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

Record on items 48–58, Other Drug Use Chart, and repeat for all YES cards.

Completing the Interview

Review the calendar and other drinking information before the client leaves the interview setting in order to ensure that the information is accurate and codable. This may be done while the client is completing other questionnaires. To complete the calendar data, enter zero (0) for all abstinent days.

Be sure that P1 (and P2) days are clearly marked on the calendar and that the data entered on the steady pattern grids are clear and easily readable for computer entry. This includes the number of ounces and percent alcohol or brand name of alcohol, as well as time to consume.

For episodic days, enter E1, E2, or E3 on the calendar, and check the information recorded on the episodic pattern charts for accuracy and completeness.

For idiosyncratic days, check the calendar for readability, amount, and percentage alcohol. No days may be omitted.

It is not necessary to record SECs on the calendar if, as recommended, you are using computer software to perform these calculations. If a Form 90 record is to be double-checked by another coder, however, it is very helpful to have the SEC units and the computer-estimated BAC levels for idiosyncratic days recorded in the lower left hand corner of each day box so that discrepancies can be easily located.