

Form 90-DC
Collateral Interview on Drug Use

FOR OFFICE USE ONLY	
_____	Study
_____	ID
_____	Point
_____	Date
_____	Raid
F9DCOL-- Revised 4/18/95 7 Pages	

SO Name: _____ SO# _____

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

1a. Number of days in this assessment period: _____

2. This is: ____ (0) Pretreatment or ____-month Follow-up

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

4. Relationship to client:

- | | |
|-----------------------|--------------------------------|
| ____ (1) spouse | ____ (6) friend |
| ____ (2) parent | ____ (7) girlfriend/boyfriend |
| ____ (3) sibling | ____ (8) employer or co-worker |
| ____ (4) child | ____ (9) probation officer |
| ____ (5) other family | ____ (0) other |
| specify: | specify: |

"Hello. 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 helping people change their drug use. 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)."

5. "How long have you known _____?" Number of years: 5. _____

6. "During the past (3) months [refer to item 1], how often have you been in contact with _____?"

Number of days per month in contact with client: 6. _____
Daily = 30 Weekly = 4 etc.

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

- | | |
|------------------------|---------------------------|
| ____ (1) live together | ____ (4) scheduled visits |
| ____ (2) work together | (e.g., probation) |
| ____ (3) social visits | ____ (5) 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 line 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?"

[For "Don't know" responses, leave the item blank. Enter zero (0) responses only when the collateral has knowledge of the item, and indicates that the true number is zero.]

TREATMENT/INCARCERATION/LIVING EXPERIENCES

"First of all, during this period, to the best of your knowledge, did _____ spend any days in a hospital or treatment program where he/she stayed overnight?"

- total number of hospital days for medical problems 8. _____
- total number of hospital days for detoxification 9. _____
- total number of non-hospital residential detox days: 10. _____
- total number of ambulatory detox treatment days: 11. _____
- total number of residential days for alcohol treatment 12. _____
- total number of residential days for other drug problems 13. _____
- total residential days for emotional/psych problems 14. _____
- Total days in residential treatment during this period:
[Sum of 8 + 9 + 10 + 12 + 13 + 14. Do not include 11] 15. _____

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

- total days incarcerated during period 16. _____
- Total days in institutions [add 15 + 16] 17. _____

"During this period, where did _____ live? How many days did _____ live in:"

- 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. _____
- Total of lines 17 + 18 + 19 + 20 + 21 must equal Line 1a

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

Total days seen for medical care 22. _____

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

total number of days for alcohol problems 23. _____

total number of days for other drug problems 24. _____

total number of days for emotional/psychological problems 25. _____

"During this period, on how many days did _____ attend a meeting of Alcoholics Anonymous, Narcotics or Cocaine Anonymous, or another Twelve-Step meeting?"

total number of days attending 12-step meetings: 26. _____
[enter 0 if none]

OTHER ACTIVITIES

WORK: *"How many days was _____ paid for working during this period?"*

Number of WORK days 27. _____

EDUCATION: *"How many days was _____ in school or training during this period?"*

Number of EDUCATION days 28. _____

PERIODS OF ABSTINENCE

"Now I'd like to ask you about _____'s alcohol and other drug use during this same period, from _____ through _____. I'm not asking here about drugs that were prescribed for medical problems, like antibiotics, stomach or blood pressure medicine. I'm asking about drugs not prescribed, although I do want to know about any medication prescribed for pain, relaxation, or sleeping. I will also ask about alcohol."

"First of all, during this period, about how many days were there when _____ didn't use alcohol or drugs at all?"

Days of total abstinence during 90-day period: 29. _____

USE PATTERN CHART

Now I'm going to go through a list of different kinds of drugs, and I'd like you to tell me whether, to the best of your knowledge, _____ used them at least once during this period we've been discussing. Do you understand? [Record 0=NO or 1=YES in the "Used in this period?" column of the USE PATTERN CHART. Then for all drug types reported to have been used ask:]

Now [let me ask a little more about [drug class]]. We're talking about a period of _____ days here. On how many of those days would you say that [client] used [drug class] at least once?" [Probe further to determine use categories and routes of administration, as feasible. Record all information on the USE PATTERN CHART on page 5.]

30. USE PATTERN CHART

Drug Classes		Used in this period?	Total Days	1	2	3	Oral Ingest	Smoke	Nasal Inhaled	Needle	Other
Alcohol	al							----	----	----	
Tobacco	to									----	
Marijuana/ Cannabis	ma									----	
Tranquilizers	tr							----	----		
Sedatives/ Downers	do							----	----		
Steroids	sd							----	----		
Stimulants/ Uppers	up										
Cocaine	co										
Hallucinogens	ha										
Opiates	op										
Inhalants	in						----	----		----	
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 (use rules from manual). These must total at least to 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:

31. *How concerned or worried have you been about _____'s drug use during this period of time?* [Don't read options to interviewee. Fit verbal response to closest option.]

- (0) not at all concerned
- (1) a little concerned
- (2) concerned
- (3) very concerned

At follow-up points only, ask these questions, and fit the collateral's responses to this scale: [At intake, skip to item 37]

- | | |
|--------------------|--|
| 1. Much better | 9. Doesn't know |
| 2. Somewhat better | 0. Denies that there were any problems |
| 3. About the same | |
| 4. Somewhat worse | |
| 5. Much worse | |

"Now I'd like to ask you to compare how _____ is doing now in several different areas with how he/she was doing _____ months ago" [use date of intake to state time period].

<i>"Compared with _____ ago, would you say that _____'s problems with drugs are worse, better, or about the same?"</i>	Drugs: 31. _____
<i>How about his/her physical and medical condition?</i>	Medical: 32. _____
<i>What about how he/she is doing with work or school?</i>	Work: 33. _____
<i>If he/she had any legal problems, what about those?</i>	Legal: 34. _____
<i>How about his/her psychological or emotional condition in general? What's your opinion?</i>	Psych: 35. _____
<i>And what would you say about his/her family or social situation in general?</i>	Social: 36. _____

Ask all interviewees:

37. Finally, how sure are you that the information you have given me is accurate?

- __ (1) Very sure**
- __ (2) Fairly sure**
- __ (3) Somewhat unsure**
- __ (4) Not at all sure**

Interviewer's impressions only: Do you suspect that the information in this interview was distorted by the interviewee's:

	No	Possibly	Definitely
38. Dishonesty/misrepresentation?	__ (0)	__ (1)	__ (2)
39. Inability to understand?	__ (0)	__ (1)	__ (2)