广阔青少年滥用药物诊断（ADAD）

一般指导信息

- 请参阅《青少年药物滥用诊断》（ADAD）指令手册，了解详细的施测程序描述。
- 以下段落可供作为介绍DAD访谈的模型。
  “现在，我将问你一些关于你生活不同方面的、你可能有的问题，以及你家庭中的问题。你提供的答案将帮助我们了解你可能需要的帮助。关于你自己的信息将严格保密，不会与任何与这个治疗方案无关的人共享。”
- 如果明显客户不能理解或没有回应某个问题，那么在该问题的响应线上标记一个“X”。确保对所有“否”或“没有”的回应都输入一个“0”；不要留下空白。
- 访谈严重性评估是访谈者的评估指标，评估客户在每个问题领域的治疗需求。它们不是评估客户从治疗中受益的估计值。访谈者必须熟悉指令手册中详细说明的严重性评估方法。

等级

0-1  无明显问题。
2-3  轻微问题，治疗可能不必要。
4-5  中度问题，治疗建议。
6-7  严重问题，治疗必要。
8-9  极端问题，治疗绝对必要。

财产：Belmont中心综合治疗中心.

研究中心。Ford路4081号。

Philadelphia, PA, 19131。
# INTERVIEWER SEVERITY RATINGS PROFILE

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<thead>
<tr>
<th>Problem</th>
<th>1</th>
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</table>

- ID# ____________________________________________
- AGENCY _______________________________________
- ADMISSION DATE _______________________________
- INTERVIEW DATE _______________________________

TIME STARTED ________________ TIME ENDED ___________________________

OPTIONAL (Not required for research purposes)

Name _______________________________________________________________________
Phone _______________________________________________________________________
Address _____________________________________________________________________
City ______________________________ State _________________________________
Zip Code ________________________________
School ________________________________ Grade ________________________________

Nearest Relative / Person to notify in case of emergency:
Parent / Guardian ___________________________________________________________
Relationship ________________________________________________________________
Phone _____________________________________________________________________
Address _____________________________________________________________________
City ______________________________ State _________________________________
Zip Code ________________________________
A. Date of birth: ______ Age: _____

B. Sex: 1 = Male 2 = Female ______

C. Race ______
1= White (Not of Hispanic Origin)
2= Black (Not of Hispanic Origin)
3= American Indian
4= Alaskan Native
5= Asian or Pacific Islander
6= Hispanic/Mexican
7= Hispanic-Puerto Rican
8= Hispanic Cuban
9= Other Hispanic

D. Religious Preference: ______
1-Protestant 2-Catholic 3-Jewish 4-Islamic 5-Other
6= None

E. Marital Status: ______
1-Single 2-Married (or Remarried)
3-Separated 4-Divorced 5-Widowed

F. Marital & Life status of client's natural (biological) parents (Check all that apply on left and enter the age of the client).

(DK = Don’t Know) Age of Client

______ Never married (living apart)
______ Never married (living together)
______ Married
______ Separated
______ Divorced
______ Father deceased
______ Mother deceased
______ Mother remarried
______ Father remarried

G. Which of the following best describes your primary living arrangements (Use code below)

1) Current (past month, etc.) ______
2) For past year ______
3) Since adulthood (age 18) ______
4) In your lifetime ______

H. How satisfied are you with your current living arrangements?
0= Not at all 2= A fair amount 3= A little 4= A lot

I. How many times have you moved in your lifetime (either with or without your family) #__________

J. How many times have you runaway from home? #__________

K. Who is the head of your current household? __________

L. What type of work or occupation does this person have?

Code Number ____________

M. Is this person currently employed? ______
0 = No 1 = Yes

N. What is the highest grade completed by your father? Grade ____________

O. What is the highest grade completed by your mother? Grade ____________

P. How many brothers /sisters do you have? ______

Q. What is your position according to age (birth order) in your family, among your brothers / sisters? ______

R. How many people altogether live in your household? ______

S. How many children do you have, if any? #__________

T. Who referred you here? ______
I. MEDICAL STATUS

1. How many times in the past year have you had medical (physical) problems needing a doctor's attention or a visit to a clinic or hospital? # of times _____

2. Are you sick often?  
   0 = No  1 = Yes _____

3. Do you worry about your health?  
   0 = No  1 = Yes _____

4. Have you been seriously ill?  
   0 = No  1 = Yes _____

5. How would you rate your overall physical health?  
   1 = Poor  2 = Fair  3 = Good 4 = Excellent

6. How many times in your life have you been hospitalized (stayed in the hospital) overnight for medical problems? # of times _____

7. When was the last time you stayed in a hospital for physical or medical problems? # of times _____

8. Do you have any chronic medical problems that you've had for a long time which continue to bother you or interfere with your life?  
   0 = No  1 = Yes _____

9. If you do have a chronic or continuing medical / health problem, what type of problem is it? (Write in problem - Put code "N" if Non-Applicable)

10. Do you expect to be sick in the near future?  
    0 = No  1 = Yes _____

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT HEALTH CONCERNS THAT YOUNG PEOPLE MAY HAVE. PLEASE TELL ME IF ANY APPLY TO YOU BY ANSWERING YES OR NO.

0 = No  1 = Yes

(1) Dental problems
(2) Poor eyesight
(3) Hearing problem
(4) Allergies/Asthma
(5) Frequent colds
(6) Runny bowels
(7) Overweight
(8) Underweight
(9) Nausea/vomiting
(10) Eating problem
(11) Trouble breathing
(12) Pounding heart
(13) Problems sleeping
(14) Frequent headaches
(15) Fainting spells
(16) Seizures/Epilepsy
(17) Venereal diseases
(18) Pregnancy
(19) Abortion/Miscarriage
(20) HIV/AIDS

11. How many days in the past 30 have you experienced medical problems? # of days _____

12. How troubled or bothered have you been by these medical problems in the past 30 days? _____

13. How important to you is the treatment for these medical problems? _____

INTERVIEWER SEVERITY RATING

15. How would you rate the client's need for medical treatment? _____

CONFIDENCE RATING

Is the above information distorted by:

16. Client's misrepresentation  
   0 = No  1 = Yes

17. Client's inability to understand  
   0 = No  1 = Yes
II. SCHOOL HISTORY & STATUS

18. What was the highest grade you completed and passed (GED = 12 years; 1 year of college completed = 13 years)?

Grade _____

19. Have you ever repeated a grade?
   0 = No 1 = Yes _____

20. How many times were you suspended from school?
   # of Suspensions _____

21. How many times were you expelled?
   # of Expulsions _____

22. Which of these school situations best describes your current and most recent school status?

   (Adolescent clients are considered “still in school” while they are on summer vacation in they are enrolled at school)

1 = Dropped out of school
2 = Expelled from school (neither on roll nor permitted to attend)
3 = Suspended from school
4 = Still in school (or a full-time trade or vo-tech program which grants a diploma.
5 = Graduated from high school or have a GED.

During the summer vacation, use the last month of the most recent school year.
(N = Not applicable if not enrolled in school during the past thirty days).

23. How many days in the past 30 have you been absent?
   # of days _____

24. How many of those absences were due to illness?
   # of days _____

25. How many of those absences were due to being truant?
   # of days _____

26. Did you participate in extra-curricular school activities (activities outside of classes) during the past school year?
   0 = NO 1 = Yes _____

27. How were your grades during the past school year?
   1 = Bellow average 2 = Average 3 = Above average _____

28. How worried or concerned were you about how well you were doing in your classes during the past school year?
   0 = None/not at all 1 = A little 2 = A fair amount 3 = A lot _____

---

FOR CLIENTS NOT ENROLLED IN SCHOOL - GRADES 1 TO 12

29. When did you last attend school ("regular school, up to Grade 12")? _________

30. Have you taken (or are you taking) any of the following types of education programs since you left school?
   (0 = NO 1 = Yes)
   (1) GED program ______
   (2) Trade/Vocational or technical school ______
   (3) College ______
   (4) Other (recognized legitimate educational program) ______

IF CLIENT REPORTS MORE THAN ONE PROGRAM ABOVE, USE THE CURRENT OR MOST RECENT FOR THE NEXT TWO ITEMS

31. How many months have you spent (or did you spend in this program)?
   (N = Not applicable) # of months _________

32. How many hours per week do you or did you spend in this program?
   (N = Not applicable) _______
   (1) 1 through 4 hours
   (2) 5 through 10 hours
   (3) 11 through 19 hours
   (4) 20 hours or more

33. HERE ARE SCHOOL PROBLEMS THAT YOUNG PEOPLE OFTEN HAVE. LET ME KNOW IF ANY APPLY TO YOU EITHER NOW OR WHEN YOU WERE LAST IN SCHOOL.

   (N = Not applicable to clients 19 and older AND for those who have been out of school for more than one year).
   (0 = No 1 = Yes)
   (1) _______ Failing in school
   (2) _______ Cut too many classes
   (3) _______ Bored to school
   (4) _______ Classes too difficult
   (5) _______ Not motivated to do well in school
   (6) _______ School not enjoyable
   (7) _______ Problems with teachers
   (8) _______ Sent to or disciplined by principal
   (9) _______ Trouble reading
   (10) _______ Use(d) sickness to get out of school
   (11) _______ Felt too restricted in school
   (12) _______ Disruptive in class
   (13) _______ Don’t do homework
   (14) _______ Learning disability (attends special classes)

30
A. Do you want help with school work or other school problems that you have now?
N = Not applicable 0 = No 1 = Yes _____

B. (For clients not in school or any type of educational program)
Do you want help to get into school or into some type of educational program?
N = Not applicable 0 = No 1 = Yes _____

35. How many years of education / training do you expect to complete? (High School = 12 years)
# of years _____

36. How troubled or bothered have you been in the past thirty days by school problems (or by lack of education)? _____

Client's rating scale
0 = None / Not at all 1= A little 2= A fair amount 3 = A lot

37. How important to you now is counseling for these school problems? _____

INTERVIEWER SEVERITY RATING
38. How would you rate the client's need for school counseling? _____

CONFIDENCE RATING
Is the above information distorted by:
39. Client's misrepresentation
0 = No 1 = Yes _____
40. Client's inability to understand
0 = No 1 = Yes _____

FOR CLIENTS WHO DO NOT HAVE A WORK

47. Do you want a job?
0 = No 1 = Yes _____

48. Did you look for a job in the past 30 days?
0 = No 1 = Yes _____

49. How much of a problem is your not having a job:
To you _____

Client's rating scale
0 = None / Not at all 1 = A little 2= A fair amount 3 = A lot

50. To your parents / family _____

51. How troubled or bothered have you been by vocational or employment problems in the past 30 days?

52. How important to you now is vocational counseling, or help to prepare a job? _____

INTERVIEWER SEVERITY RATING
53. How would you rate the client's need for school counseling? _____

CONFIDENCE RATING
Is the above information distorted by:
54. Client's misrepresentation
0 = No 1 = Yes _____
55. Client's inability to understand
0 = No 1 = Yes _____
IV. SOCIAL ACTIVITIES AND PEER RELATIONS

56 HOW MUCH OF YOUR FREE OR LEISURE TIME DO YOU SPEND WITH THE FOLLOWING PERSONS?

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>0 = None / Not at all</td>
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<tr>
<td>1 = A little</td>
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<tr>
<td>2 = A fair amount</td>
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<td>3 = A lot</td>
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</tbody>
</table>

(1) Your family ________
(2) Friends who use drugs ________
(3) Friends who do not use drugs ________
(4) Alone ________

57 A. How many really close friends do you have? # ________

57 B. When you have a problem, do you have a friend you can talk about it? 0 = No 1 = Yes ________

58 Of five friends you know the best, how many: (if a client has less than five friends, indicate here the actual number of friends the client considers _____:)

(1) Have been in trouble with the police because of drugs / alcohol? # ________
(2) Have quit or plan to quit school? # ________
(3) Do things that might get them in trouble in school? # ________
(4) Do your parents know? # ________

59 ON THE AVERAGE SCHOOL DAY OR WORK DAY, HOW MANY HOURS DO YOU SPEND?

<table>
<thead>
<tr>
<th># of hours</th>
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<tbody>
<tr>
<td>Listening to music</td>
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<tr>
<td>Reading (other than school work)</td>
</tr>
<tr>
<td>Watching television</td>
</tr>
<tr>
<td>Doing homework, studying</td>
</tr>
<tr>
<td>Sleeping during the day</td>
</tr>
<tr>
<td>Working/Doing chores around house</td>
</tr>
<tr>
<td>In extra-curricular activities / hobbies</td>
</tr>
<tr>
<td>Hanging out (on the street, at a mall, at a school yard, etc.)</td>
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60 HOW OFTEN DID YOU ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES DURING THE PAST MONTH?

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<th>CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>0 = Never</td>
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<tr>
<td>1= Seldom</td>
<td></td>
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<tr>
<td>2= Sometimes</td>
<td></td>
</tr>
<tr>
<td>3 = Often</td>
<td></td>
</tr>
</tbody>
</table>

(1) Partying ________
(2) Going to club, bars, etc. ________
(3) Participating in sports ________
(4) In gang activity ________

61 Are you satisfied with your social life? 0 = No 1 = Yes ________

62 Are you satisfied with how you spend your free time? 0 = No 1 = Yes ________

THE FOLLOWING TEN QUESTIONS APPLY TO WHETHER YOU ARE GAY, BISEXUAL, OR UNSURE OF YOUR SEXUAL ORIENTATION

63 Did you have a girlfriend or boyfriend during the past three months? 0 = No 1 = Yes ________

Use for items 64-66

0 = No 1 = Yes
N = Not applicable (not involved with anyone)

64 Are you satisfied with this relationship? ________

65 Do your parents see any problem in or worry about this relationship? ________

66 Does your girl/boyfriend (husband/wife): Drink? ________
Use drugs? ________

67 If you don’t have a girl/boyfriend now, how much does it bother you? N = Not applicable (have a girlfriend/boyfriend now) 0= Not at all 1 = A little 2= A fair amount 3= A lot ________

68 Are you sexually active? 0 = No 1 = Yes ________
V. FAMILY BACKGROUND AND RELATIONSHIPS

THE TERMS "MOTHER" AND "FATHER" APPLY TO STEP PARENTS AND PARENT SUBSTITUTES IN THIS SECTION

78. Does anyone in your immediate family have:

N = Not applicable 0 = No 1 = Yes

(1) Drug Problem
(2) Alcohol Problem
(3) Mental Health Problems
(4) Illness/Injury/Handicap

CODE
(Use for items 79-83)
N = Not Applicable 0 = None/Not at all 1 = A little 2= A fair amount 3= A lot

79. How much conflict is there in your family? ____

80. How much would you say that your parents argue and fight? ____

81. How much conflict is there in your family over money and finances? ____

82. How much would you say your family suffered financial hardships in the past year? ____

83. How much fun or how pleasant is your family to live with? ____

84. HAVE YOU DONE ANY OF THE FOLLOWING TASKS AND BEHAVIORS AT LEAST ONCE WITH YOUR FAMILY IN THE PAST MONTH?

CODE
0 = None 1 = Yes
N = Not applicable/not living with family

(1) Wash dishes/clean table after meals ____
(2) Housekeeping (clean, make bed, laundry, etc.) ____
(3) Do the family shopping (groceries, clothes) ____
(4) Build or repair things around the house ____
(5) Work in the garden or yard ____
(6) Get into arguments/fights with other family members ____
(7) Mislead or lie to other family members ____
(8) Resist doing what others in the family want, go against their wishes  
(9) "Mess up" the house or break things  
(10) Steal or take things that belong to other family members  

85 How well you get along with the family members of your family?  

<table>
<thead>
<tr>
<th>CODE (Use for items 85-92)</th>
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<tbody>
<tr>
<td>N = Not Applicable</td>
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<tr>
<td>0 = None/Not at all</td>
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<tr>
<td>1 = A little</td>
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<tr>
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<tr>
<td>3= A lot</td>
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</table>

(1) Mother (figure)  
(2) Father (figure)  
(3) Sister(s)  
(4) Brother(s)  
(5) Other family members or relatives  

86 How satisfied are you with how well you get along with your family?  

87 How difficult do you find it to talk to your mother about things that bother you?  

88 How difficult do you find it to talk to your father about things that bother you?  

89 How close do you feel to your mother?  

90 How close do you feel to your father?  

91 How much do you feel you can rely on what your mother tells you?  

92 How much do you feel you can rely on what your father tells you?  

93 HERE ARE SOME REACTIONS THAT YOUNG PEOPLE OFTEN EXPERIENCE FROM THEIR PARENT(S). AS I READ EACH ONE, TELL ME WHICH APPLY TO YOUR RELATIONSHIPS WITH YOUR MOTHER (MOTHER FIGURE) AND WHICH APPLY TO YOUR RELATIONSHIPS WITH YOUR FATHER (FATHER FIGURE)  

94 How often, if ever, have you been physically abused (beaten, injured, etc.) by either a parent or parent substitute?  
0 = Never  
1 = Seldom  
2= Fairly often  
3= Very often  

<table>
<thead>
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<th>Client's rating scale</th>
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<tr>
<td>0 = None / Not at all</td>
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95 How troubled or bothered have you been in the past 30 days by family problems?  

96 How important to you to get counseling or treatment for family problems?
INTERVIEWER SEVERITY RATING

97. How would you rate the client’s need for counseling for family problems? _____

CONFIDENCE RATING

Is the above information distorted by:

98. Client’s misrepresentation
   0 = No 1 = Yes _____

99. Client’s inability to understand
   0 = No 1 = Yes _____

VI. PSYCHOLOGICAL STATUS AND PROBLEMS

100 HOW MANY TIMES HAVE YOU RECEIVED TREATMENT OR COUNSELING FOR EMOTIONAL OR PSYCHOLOGICAL PROBLEMS? (Number of treatment episodes, not the number of visits/sessions).

   (a) As an outpatient or private client/patient? # ___________

   (b) As an inpatient in a hospital # ___________

101 HERE ARE SOME FEELINGS AND REACTIONS THAT YOUNG PEOPLE SOMETIMES EXPERIENCE. TELL ME IF ANY OF THEM APPLY TO YOU.
   0 = No 1 = Yes

   (1) _____ Lack of confidence in yourself

   (2) _____ Feel you lack problem solving or decision making skills

   (3) _____ Feel you are too shy

   (4) _____ Feel you don't belong or fit in

   (5) _____ Feel lonely

   (6) _____ Feel easily discouraged

   (7) _____ Feel you are not as smart as others

   (8) _____ Daydream a lot

   (9) _____ Feel blue or are depressed

   (10) _____ Feel anxious or worried a lot

   (11) _____ Feel you have no interest in things

   (12) _____ Feel bored

   (13) _____ Get into arguments/fight easily

   (14) _____ Can't go to sleep without drugs

   (15) _____ Have nightmares

   (16) _____ Feel people can not be trusted

   (17) _____ Feel you are watched or talked about others

   (18) _____ Have difficulty expressing your feelings

   (19) _____ Do angry things you can't control

   (20) _____ Feel like injuring/hurting yourself physically

   (21) _____ Feel afraid you will hurt someone

   (22) _____ Are always telling lies

   (23) _____ Feel like you'd be better off dead

   (24) _____ Feel like your head is going to burst

   (25) _____ Get crazy ideas in your head

   (26) _____ Feels that something inside you makes you do things you don't want to do

   (27) _____ Feel lonely even when you are with others

   (28) _____ Feel others are against you or out to get you.

   (29) _____ Feel that you should be punished for your sins.

   (30) _____ Feel that someone is wrong with your mind.

   (31) _____ Feel afraid of losing control of your behavior or actions.

   (32) _____ Feel that things are not real.

   (33) _____ React by slamming doors, ..

   (34) _____ Have thoughts of ending your life.

   (35) _____ Feel hopeless about the future.

   (36) _____ Your feelings are easily hurt.

   (37) _____ Feel people are unfriendly/dislike you.

   (38) _____ Feel inferior to others.

   (39) _____ Have feelings of worthlessness.

   (40) _____ Feel very self conscious (uneasy about yourself when with others)

   (41) _____ Feel like killing someone

102 A. Have you ever had a significant period of a week or more /that was not a direct result of drug/alcohol use), in which you have:

   (B) Last 30 days?

   0 = No 1 = Yes

   (A) In your Lifetime

   (1) Experienced serious depression _____ _____

   (2) Experienced serious anxiety or tension _____ _____

   (3) Experienced trouble understanding, concentrating or remembering _____ _____

   (19) _____ Do angry things you can't control
(A) In your Lifetime (B) Last 30 days

(4) Experienced trouble controlling violent behavior ______ ______
(5) Experienced serious thoughts of suicide ______ ______
(6) Attempted suicide ______ ______
   (a) Number of attempts # ___ _____
(7) Experienced hallucinations (saw or heard things that may be not here) ______ ______
(8) Have you taken prescribed meds for psychological or emotional problems ______ ______

103 How many days in the past 30 have you experienced any psychological or emotional problems? # of days____

<table>
<thead>
<tr>
<th>Client's rating scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None / Not at all</td>
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</tr>
<tr>
<td>3 = A lot</td>
</tr>
</tbody>
</table>

104 How much have you been troubled or bothered by psychological or emotional problems in the past 30 days? ______

105 How important to you is treatment or counseling for personal, emotional or psychological problems? ______

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

0 = No 1 = Yes

106 At the time of this interview, is the client:
   (1) Obviously withdraws/depressed ______
   (2) Obviously hostile ______
   (3) Obviously nervous/anxious ______
   (4) Having trouble comprehending concentrating, remembering ______
   (5) Having evidence of mental confusion, incoherence, or disorientation ______
   (6) Having trouble with reality testing, thought disorders, paranoid thinking ______
   (7) Having suicidal attempts ______
   (8) Having trouble controlling violent or destructive behavior ______

INTERVIEWER SEVERITY RATING

107. How would you rate the client's need for psychiatric/psychological treatment? _____

CONFIDENCE RATING

Is the above information distorted by:

108. Client's misrepresentation 0 = No 1 = Yes ______
109. Client's inability to understand 0 = No 1 = Yes ______

NOTES

VII. DELINQUENT/CRIMINAL BEHAVIOR

110 How many times in your life have you been picked up by the police? # ___________

111 Are you on probation or parole? 0 = No 1 = Yes ______

112 What for? (Write in offense or code N = Not applicable)

113 How many times, if any, have you violated probation? Violated probation # ___________

114 How many times in the past three months have you been locked up or detained? # ___________

115 What was the longest time you were in jail? ______
   0 = Never in jail
   1 = Less than 24 hours - overnight
   2 = 2 days to 14 days (up two weeks)
   3 = 15 days to 30 days (up to 1 month)
   4 = More than 30 days

116 What for? (Write in offense or code N = Not applicable)

117 Are you presenting waiting for charges, trial, or sentence? 0 = No 1 = Yes ______

118 What for? (Write in offense or code N = Not applicable)
NOW I AM GOING TO ASK YOU ABOUT YOUR INVOLVEMENT IN VARIOUS ACTIVITIES. PLEASE TELL ME THE NUMBER OF TIMES YOU HAVE DONE EACH OF THESE IN THE PAST THREE MONTHS.

B HOW MANY TIMES HAVE YOU BEEN ARRESTED FOR EACH OF THE FOLLOWING OFFENSES IN YOUR LIFE?

<table>
<thead>
<tr>
<th># Offenses</th>
<th># Arrests</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Truancy</td>
<td></td>
</tr>
<tr>
<td>(2) Graffiti writing</td>
<td></td>
</tr>
<tr>
<td>(3) Curfew violation</td>
<td></td>
</tr>
<tr>
<td>(4) Shoplifting</td>
<td></td>
</tr>
<tr>
<td>(5) Drug sales/trafficking</td>
<td></td>
</tr>
<tr>
<td>(6) Disorderly conduct</td>
<td></td>
</tr>
<tr>
<td>(7) Driving while intoxicated</td>
<td></td>
</tr>
<tr>
<td>(8) Other major driving violations</td>
<td></td>
</tr>
<tr>
<td>(9) Auto theft</td>
<td></td>
</tr>
<tr>
<td>(10) Vandalism</td>
<td></td>
</tr>
<tr>
<td>(11) Burglary, larceny, receiving stolen goods breaking and entering</td>
<td></td>
</tr>
<tr>
<td>(12) Robbery</td>
<td></td>
</tr>
<tr>
<td>(13) Assault</td>
<td></td>
</tr>
<tr>
<td>(14) Possession of a weapon</td>
<td></td>
</tr>
<tr>
<td>(15) Car jacking</td>
<td></td>
</tr>
<tr>
<td>(16) Rape</td>
<td></td>
</tr>
<tr>
<td>(17) Arson</td>
<td></td>
</tr>
<tr>
<td>(18) Attempted Homicide</td>
<td></td>
</tr>
<tr>
<td>(19) Homicide / Manslaughter</td>
<td></td>
</tr>
</tbody>
</table>

How much money did you make from illegal activities, such as drug sales, stealing, etc. during the past year?

0 = None       3 = $501 - $1000
1 = Under $100  4 = Over $1000
2 = $101 - $500

How many days in the past 30 have you engaged in illegal activities?

# of days

How much have you been troubled or bothered by your illegal behavior?

How important to you is treatment or counseling for your illegal and delinquent behavior problems?

B How serious do you feel your present legal problems are (your problems with the law)?

INTERVIEWER SEVERITY RATING

124. How would you rate the client's need for counseling of illegal, delinquent, and antisocial behavior?

CONFIDENCE RATING

Is the above information distorted by:

125. Client's misrepresentation

0 = No       1 = Yes

126. Client's inability to understand

0 = No       1 = Yes

NOTES
VIII. DRUG AND ALCOHOL ABUSE

127 A NOW I AM GOING TO ASK YOU ABOUT ALL OF THE DRUGS AND ALCOHOL YOU EVER USED. DID YOU EVER USE ANY ALCOHOL (MARIJUANA, ETC.)?. (IF YES, ASK) ON THE AVERAGE, HOW OFTEN DO YOU DRINK (USE MARIJUANA, ETC.)?. (IF NO, PROCEED TO THE NEXT SUBSTANCE).

B HOW OFTEN WERE YOU USING (SUBSTANCE), DURING THE ONE MONTH YOU USED IT THE MOST? (USE CODE FOR PEAK/MAXIMUM USE FREQUENCY).

C HOW LONG HAVE YOU USED (SUBSTANCE)? (ENTER DURATION IN NUMBER OF MONTHS USED).

<table>
<thead>
<tr>
<th>Substance</th>
<th>Average Frequency</th>
<th>Peak Frequency</th>
<th>Duration Of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamines (Uppers/Speed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tranquilizers/Sedatives/Hypnotics (Valium/Librium/Dalmane)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbiturates (Tuinal/Seconal/Downs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine (coke)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine (Solid Form (Crack/Rock)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens (LSD, Acid / Mushrooms)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phencyclidine (PCP/ Angel dust)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants (Glue/Gasoline)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Opiates/Analgesics (Dilaudid/Demerol/Percodan Codeine)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Prescription/Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

128 Did you inject (mainline/shoot up) any of the following drugs?
0 = No 1 = Yes

1 = Yes

(1) Amphetamines
(2) Barbiturates
(3) Cocaine
(4) Heroin
(5) Opiates
(6) PCP
(7) Other/Unknown substance

129 How much did you usually drink per day in the past month on the days you drank alcohol?

Code A

<table>
<thead>
<tr>
<th>CODE A</th>
</tr>
</thead>
<tbody>
<tr>
<td>One drink = 1 beer, or 1 glass of wine, or 1 mixed drink</td>
</tr>
<tr>
<td>0 = No alcohol</td>
</tr>
<tr>
<td>3 = 4 - 6 drinks</td>
</tr>
<tr>
<td>1 = 1 drink</td>
</tr>
<tr>
<td>4 = 7 or more drinks</td>
</tr>
<tr>
<td>2 = 2 - 3 drinks</td>
</tr>
</tbody>
</table>

130 How many times have you gotten drunk in the past month?

Code B

<table>
<thead>
<tr>
<th>CODE B</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = 0</td>
</tr>
<tr>
<td>2 = 6 - 10 times</td>
</tr>
<tr>
<td>1 = 1 - 5 times</td>
</tr>
<tr>
<td>3 = Over 10 times</td>
</tr>
</tbody>
</table>

131 How many times have you “blacked out” while using alcohol?

# ____________

132 How many days have you used more than one substance (including or combined with alcohol) in the past month?

# days ____________
FOR INTERVIEWER TO ANSWER (ITEM # 133)

133 Which major substance is the clients major problem? (Write in the substance of use/abuse). When not clear, ask the client.

________________________________________________

Major substance

134 Did you ever stop using that drug (the major substance) for a period of one month or more?

0 = No 1 = Yes _____

135 For how many months did you stop using (the major substance), the last time you stopped using it? (N = Not applicable).

# of Months _____

136 Did you ever find that you need larger and larger amounts of a particular drug to get high?

0 = No 1 = Yes _____

137 Have you ever tried to cut down on any drugs but found you couldn't do it?

0 = No 1 = Yes _____

138 How many times have you received treatment/counseling for drug or alcohol abuse problems (treatment episodes, not number of sessions/visits):

(1) In a clinic or outpatient setting? _____

(2) In a hospital residential setting or rehabilitation center? _____

139 How much money would you say you spent during the past 30 days?

On drugs $ ______ On alcohol $ ______

140 Have you used drugs in or during school within the past month?

0 = No 1 = Yes N= Not applicable

141 Have you gotten in trouble in school due to alcohol/drugs within the past month?

0 = No 1 = Yes N= Not applicable

142 Have you sold drugs at school within the past month?

0 = No 1 = Yes N= Not applicable

143 Of five friends you know the best, how many use:

Alcohol_______ Marijuana_______ Other drugs_____ 

144 Have you gotten in trouble with your parents over alcohol/drugs within the past month?

0 = No 1 = Yes N= Not applicable

145 How much do you think it will harm you (your physical health, etc.) if you continue to use drugs/alcohol as you have in the past several months? ____________

146 How troubled or bothered have you been in the past 30 days by:

Drug problems_______ Alcohol problems

147 How important to you is treatment for these:

Drug problems_______ Alcohol problems

INTERVIEWER SEVERITY RATING

148. How would you rate the client's need for counseling/treatment for:

Drug Abuse_______ Alcohol Abuse_______

CONFIDENCE RATING

Is the above information distorted by:

149. Client's misrepresentation

0 = No 1 = Yes _____

126. Client's inability to understand

0 = No 1 = Yes _____

COMMENTS