ADOLESCENT DRUG ABUSE DIAGNOSIS

(GADAD)

GENERAL INSTRUCTIONS TO INTERVIEWER

- Please refer to the Adolescent Drug Abuse Diagnosis (ADAD) Instruction Manual for a detailed description of the administration procedures.

- The following paragraph can serve as a model for introducing the ADAD interview:

  "Now I'm going to ask you questions about different parts of your life, about problems that you may have, and about problems in your family. The answers you give will help us understand what kinds of help you may need. The information about yourself will be strictly confidential and not shared with anyone who is not connected with this treatment program."

- If it is clear that a client cannot understand or does not respond to a particular question, then enter an "X" in the appropriate line of that item. Be sure to enter a "O" for all "No" or "None" responses; leave no blanks.

- The Interview Severity Ratings are the interviewer's estimate of the client's need for treatment in each problem area. They are not intended as estimates of the client's potential to benefit from treatment. Interviewers must familiarize themselves with the severity rating derivation procedures detailed in the Instruction Manual.

  1-1 No real problem
  2-3 Slight problem, treatment probably not necessary
  4-5 Moderate problem, some treatment indicated
  5-7 Considerable problem, treatment necessary
  8-9 Extreme problem, treatment absolutely necessary

PROPERTY OF: Belmont Center for Comprehensive Treatment
Research Center
4021 Ford Road
Philadelphia, PA 19131
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= Asian 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)
(Don't Know) Age of Child

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Never married (living apart)</td>
</tr>
<tr>
<td>2</td>
<td>Never married (living together)</td>
</tr>
<tr>
<td>3</td>
<td>Married</td>
</tr>
<tr>
<td>4</td>
<td>Separated</td>
</tr>
<tr>
<td>5</td>
<td>Divorced</td>
</tr>
<tr>
<td>6</td>
<td>Mother deceased</td>
</tr>
<tr>
<td>7</td>
<td>Father deceased</td>
</tr>
<tr>
<td>8</td>
<td>Mother remarried</td>
</tr>
<tr>
<td>9</td>
<td>Father remarried</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>With both natural/adoptive parents</td>
</tr>
<tr>
<td>2</td>
<td>With mother &amp; stepfather/parent figure</td>
</tr>
<tr>
<td>3</td>
<td>With mother only</td>
</tr>
<tr>
<td>4</td>
<td>With father &amp; stepmother/parent figure</td>
</tr>
<tr>
<td>5</td>
<td>With father only</td>
</tr>
<tr>
<td>6</td>
<td>With adoptive parents</td>
</tr>
<tr>
<td>7</td>
<td>With other relatives</td>
</tr>
<tr>
<td>8</td>
<td>With foster family</td>
</tr>
<tr>
<td>9</td>
<td>Group living (group home, boarding school, etc)</td>
</tr>
<tr>
<td>10</td>
<td>Residential facility/psychiatric unit, jail</td>
</tr>
<tr>
<td>11</td>
<td>Friends</td>
</tr>
<tr>
<td>12</td>
<td>With boyfriend/girlfriend, husband/wife, partner</td>
</tr>
<tr>
<td>13</td>
<td>Alone</td>
</tr>
</tbody>
</table>

H. How satisfied are you with your current living arrangements?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
<tr>
<td>1</td>
<td>A little</td>
</tr>
<tr>
<td>2</td>
<td>Fair amount</td>
</tr>
<tr>
<td>3</td>
<td>A lot</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Natural (or adoptive) mother</td>
</tr>
<tr>
<td>2</td>
<td>Natural (or adoptive) father</td>
</tr>
<tr>
<td>3</td>
<td>Stepmother</td>
</tr>
<tr>
<td>4</td>
<td>Stepfather</td>
</tr>
<tr>
<td>5</td>
<td>Grandmother</td>
</tr>
<tr>
<td>6</td>
<td>Grandfather</td>
</tr>
<tr>
<td>7</td>
<td>Brother</td>
</tr>
<tr>
<td>8</td>
<td>Sister</td>
</tr>
<tr>
<td>9</td>
<td>Self</td>
</tr>
<tr>
<td>10</td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High Executive, Large Proprietor, Major Prof.</td>
</tr>
<tr>
<td>3</td>
<td>Adm. Pts., Small Proprietor, Minor Prof.</td>
</tr>
<tr>
<td>4</td>
<td>Clerical/Service Workers/Technicians</td>
</tr>
<tr>
<td>5</td>
<td>Skilled manual employee</td>
</tr>
<tr>
<td>6</td>
<td>Machine Operator, Semi-skilled employee</td>
</tr>
<tr>
<td>7</td>
<td>Unskilled Laborer</td>
</tr>
<tr>
<td>8</td>
<td>Disabled</td>
</tr>
<tr>
<td>9</td>
<td>Welfare</td>
</tr>
<tr>
<td>10</td>
<td>None, No work history</td>
</tr>
</tbody>
</table>

M. Is this person currently employed?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>

2
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. Where are your parents currently living? in your family, among your close relatives?  
_____ 

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

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

T. Who referred you here?  
_____ 

CODE  
1 = Self  
2 = Family  
3 = Friend  
4 = Helping Professional (doctor, social worker, etc.)  
5 = School official  
6 = Court judge, Probation Officer  
7 = Other (specify)  

If you received (diagnosed/treated) care in the past due to a problem or conflict with the juvenile (or adult) justice system?  
0 = No 1 = Yes  

I. MEDICAL STATUS  

1. How many times in the past year have you had medical problems, including seeing a doctor, after you were in a hospital or a clinic?  

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

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

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

5. How would you rate your overall physical health?  

6. How many times in your life have you been hospitalized (stayed in a hospital) because of medical problems?  

7. When was the last time you stayed in a hospital for physical or medical problems? (N = Non-Aplicable)  

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 recurring medical problem, what type of problem is it? (Write in problems - Put Code 9 if Non-Aplicable)  

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

11. 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) Insect bites  
   (4) Allergies/Asthma  
   (5) Frequent colds  
   (6) Runny nose  
   (7) Overweight  
   (8) Earache  
   (9) Noise/Earplugs  
   (10) Sore throat  
   (11) Tonsillitis  
   (12) Rashes/Infections  
   (13) Problems swallowing  
   (14) Frequent headaches  
   (15) Fatigue/feeling  
   (16) Stomach pain  
   (17) Vomiting/Diarrhea  
   (18) Birth control  
   (19) Anorexia/Bulimia  
   (20) HIV/AIDS  

12. How many days in the past 30 have you had medical problems?  

13.Client's Rating Scale  
0 = None at all 2 = A little 4 = A lot  
1 = A little 3 = A lot  

14. Have you troubled or bothered you been by three medical problems in the past 30 days?
INTERVIEWER SEVERITY RATING

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

CONFIDENCE RATING

16. Is the above information distorted by:
   _______________________________
   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 describe your current and most recent school status?

   (Adolescent clients are considered "still in school" while they
   are on summer vacation if they are enrolled in school)

   1 = Dropped out of school
   2 = Expelled from school (either on roll or not permitted to attend)
   3 = Suspended from school
   4 = Still in school or a full-time trade or voc-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 = Below 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. Technical or Vocational School
   3. College
   4. Other (illegitimate 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 15 hours
   4 = 20 hours or more
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 16 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 by school
4. Classes too difficult
5. Not motivated to do well in school
6. School not enjoyable
7. Problems with teacher(s)
8. Sent to or expelled by principal
9. Trouble reading
10. Used(s) 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)

3A. 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

3B. How many years of education or training do you expect to complete? (High School = 12 years)

# of years

Client's Rating Scale

0 = None/Not at all 1 = A little 2 = A fair amount 3 = A lot

3C. How troubled or bothered have you been in the past thirty days by school problems (or by a lack of education)?

3D. How important 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

III. EMPLOYMENT SECTION

41. How many months did you work part-time in the past six months?

# of months

42. How many months did you work full-time in the past six months?

# of months

43. How many days were you paid for working during the past month?

# of days

44. What is the total amount of money you earned legitimately from work during the past month?

$________

45. What was the longest period of time you held one job?

# days  # of weeks  # of months

46. Do you still have a trade, skill, or profession?

0 = No 1 = Yes

FOR CLIENTS WHO DO NOT HAVE A JOB

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

How much of a problem is your not having a job?

49. To you

50. To your parent(s)/family

0 = Not at all 2 = A fair amount 3 = A lot

1 = A little

5
Client's Rating Scale
3 = None/Not at all
2 = A fair amount
1 = A little
0 = A lot

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 for a job?

INTERVIEWER SEVERITY RATING
53. How would you rate the client's need for vocational or employment counseling?

CONFIDENCE RATINGS
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?

CODE
0 = None/Not at all
1 = A little
2 = A fair amount
3 = A lot

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

57A. How many really close friends do you have?
57B. When you have a problem, do you have a friend you can talk to about it?
0 = No
1 = Yes

58. Of the friends you know the best, how many: (If a client has less than 3 friends, indicate here the actual number of friends the client considers . . .
(1) Have been in trouble with the police because of drug/walcohol?
(2) Have quit or plan to quit school?
(3) Do things that might get them in trouble in school?
(4) Do your parents know?

ON THE AVERAGE SCHOOLS DAY OR WORK DAY, HOW MANY HOURS DO YOU SPEND:

(1) Listening to music
(2) Reading (other than school work)
(3) Watching television
(4) Doing homework studying
(5) Sleeping during the day
(6) Working/Doing chores around house
(7) In extra-curricular activities/lobbies
(8) Hanging out (on the street, at a mall, at a school yard, etc.)

59. HOW OFTEN DID YOU ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES DURING THE PAST MONTH?

CODE
0 = Never
1 = Seldom
2 = Sometimes
3 = Often

(1) Party
(2) Going to clubs, bars, etc.
(3) Participating in sports
(4) In gang activity
### Use for items 64-66

<table>
<thead>
<tr>
<th>0</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>N</td>
<td>Not applicable (not involved with anyone)</td>
</tr>
</tbody>
</table>

### Are you satisfied with the relationship?

| 0 | No |
| 1 | Yes |

### Do your parents see any problems in or worry about this relationship?

| 0 | No |
| 1 | Yes |

### Does your girlfriend/husband/wife drink?

| 0 | No |
| 1 | Yes |

### Use drugs?

| 0 | No |
| 1 | Yes |

### If you don’t have a girlfriend/boyfriend, how much does it bother you?

- N = Not applicable (have a girlfriend/boyfriend now)
- 1 = A little
- 2 = A fair amount
- 3 = A lot

### Are you sexually active?

| 0 | No |
| 1 | Yes |

### Do you use birth control or protection/condoms to prevent pregnancy or sexually transmitted diseases (STDs)?

| 0 | No |
| 1 | Yes |
| N | Not applicable |

### Are you experiencing any problems with your sexual relationship?

| 0 | No |
| 1 | Yes |

### Have you ever been pregnant or have you ever gotten anyone pregnant?

| 0 | No |
| 1 | Yes |

---

### Client’s Rating Scale

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

### Are you [[/]] having a sexual relationship(s) are you unhappy or worried about this situation?

| 0 | No |
| 1 | Yes |
| N | Not applicable |

### Do you want or need information about sex, birth control, or STDs?

| 0 | No |
| 1 | Yes |

### HOW MANY DAYS OF THE PAST MONTH HAVE YOU HAD A SERIOUS PROBLEM WITH: (N=Not applicable)

<table>
<thead>
<tr>
<th>1</th>
<th>Your girlfriend/boyfriend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Other close friends</td>
</tr>
<tr>
<td>3</td>
<td>Other young people (either at school or in the neighborhood)</td>
</tr>
</tbody>
</table>

### How troubled or bothered have you been in the past 30 days by social problems (That is, either problems with friends or problems due to a lack of friends)?

| 0 | None/not at all |
| 1 | A little |
| 2 | A fair amount |
| 3 | A lot |

### How important is the above information significantly distorted by:

| 0 | No |
| 1 | Yes |

### Client’s incapacity to understand

| 0 | No |
| 1 | Yes |

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### Interviewer's Severity Rating

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

### Confidence Ratings

| 0 | None/not at all |
| 1 | A little |
| 2 | A fair amount |
| 3 | A lot |
V. FAMILY BACKGROUND AND RELATIONSHIPS

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

76. 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

78. 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 or finances? ______

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

84. How much fun or how pleasant is your family to live with? ______

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

CODE

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

(1) Wash dishes/plan 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/conflicts with other family members

(7) Missed 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 do you get along with the members of your family?

CODE

(Use for items 79-83)

N = Not Applicable    2 = A fair amount    1 = A little

0 = None/not at all

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? ______

8
HERE ARE SOME FEELINGS AND REACTIONS THAT
YOUNG PEOPLE SOMETIMES EXPERIENCE. TELL ME
IF ANY OF THEM APPLY TO YOU?

0 = No  1 = Yes

Lack of confidence in yourself
Feel you lack problem solving or decision
making skills
Feel you are too shy
Feel don't belong or fit in
Feel lonely
Feel easily discouraged
Feel you are not as smart as others
Daydream a lot
Feel blue or are depressed
Feel anxious or worried a lot
Feel you have no interest in things
Feel bored
Get into arguments/fights easily
Can't go to sleep without drugs
Feel people cannot be trusted
Feel you are watched or talked about by others
Have difficulty expressing your feelings
Do angry things you can't control
Feel like injuring/hurting yourself
Feel afraid you will hurt someone physically
Are always telling lies
Feel like you'd be better off dead
Feel like your head is going to burst
Get crazy ideas in your head
Feel that something inside you makes you do things you don't want to do
Feel lonely even when you are with people
Feel others are against you or out to get you
Feel that you should be punished for your sins

Feel that something is wrong with your mind
Feel afraid of losing control of your behavior or actions
Feel that things are not real
React by slamming doors, etc.
Have thoughts of ending your life
Feel hopeless about the future
Your feelings are easily hurt
Feel people are unfriendly/dislike you
Feel inferior to others
Feelings of worthlessness
Feel very self conscious (uneasy about
yourself when with others)
Feel like killing someone

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
had:

Did any of these periods occur in the past 30 days?

0 = No  1 = Yes

Experienced serious depression
Experienced serious anxiety or tension
Experienced trouble understanding, concentrating or remembering
Experienced trouble controlling violent behavior
Experienced serious thoughts of suicide
Attempted suicide
Number of attempts

Experienced hallucinations (see or
heard things that may
not be there)

Have you taken prescribed meds for psychological or
emotional problem(s)
Client’s Rating Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None at all</td>
</tr>
<tr>
<td>1</td>
<td>A little</td>
</tr>
<tr>
<td>2</td>
<td>A fair amount</td>
</tr>
<tr>
<td>3</td>
<td>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 is treatment or counseling for personal, emotional, or psychological problems?

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

106. At the time of this interview, is the client:

   (1) Obviously withdrawn, depressed?  
   (2) Obviously hostile?  
   (3) Obviously nervous, anxious?  
   (4) Having trouble comprehending, concentrating, remembering?  
   (5) Having evidence of mental confusion, incoherence, or decentering?  
   (6) Having trouble with reality testing, thought disorders, paranoid thinking?  
   (7) Having suicidal thoughts?  
   (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 RATINGS

In the above information significantly distorted by:

108. Client’s misrepresentation

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?

   0 = No  
   1 = Yes

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?

   0 = No  
   1 = Yes

114. How many times in the past 3 months have you been locked up or detained?

   0 = Never in jail  
   1 = Less than 24 hours - overnight  
   2 = 2 days to 14 days (up to 2 weeks)  
   3 = 15 days to 30 days (up to 1 month)  
   4 = More than 30 days

115. What was the longest single time you were in jail?

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

   0 = No  
   1 = Yes

117. Are you presenting with charges, trial, or sentence?

   0 = No  
   1 = Yes

118. What for? (Write in offense or code N = Not applicable)
B. HOW MANY TIMES HAVE YOU BEEN ARRESTED FOR EACH OF THE FOLLOWING OFFENSES IN YOUR LIFE?

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

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

# of days________

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

INTERVIEWER SEVERITY RATING

125. How important is treatment or counseling for you illegal and delinquent behavior problems?

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

NOTES:

CONFIDENCE RATINGS

Is the above information significantly distorted by:

0 = No 1 = Yes

Client's misrepresentation

Client's inability to understand

0 = No 1 = Yes

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
**VII. DRUG AND ALCOHOL USE**

**127A.** HOW 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).**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Average Frequency Per Month</th>
<th>Peak Frequency For 1 Month</th>
<th>Duration Of Use Months</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 (Speed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tranquilizers/ Hypnotics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbiturates/ Barbituric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine/ Crack/Coke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens (LSD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phencyclidine (PCP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants/ Gasoline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Opiates/ Other Opiates/ Amphetamines/Gabapentin/ 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>

**SUBSTANCE USE FREQUENCY CODE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never used</td>
</tr>
<tr>
<td>1</td>
<td>No current (past month) use</td>
</tr>
<tr>
<td>2</td>
<td>Once per month</td>
</tr>
<tr>
<td>3</td>
<td>Once every 2-3 weeks</td>
</tr>
<tr>
<td>4</td>
<td>Once per week</td>
</tr>
<tr>
<td>5</td>
<td>2-3 times per week</td>
</tr>
<tr>
<td>6</td>
<td>4-6 times per wk</td>
</tr>
<tr>
<td>7</td>
<td>Once a day</td>
</tr>
<tr>
<td>8</td>
<td>Twice a day</td>
</tr>
<tr>
<td>9</td>
<td>3 or more times</td>
</tr>
<tr>
<td>10</td>
<td>q day</td>
</tr>
</tbody>
</table>

**128. Did you ever inject (mainline/shot up) any of the following drugs?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Amphetamines</td>
</tr>
<tr>
<td>(2)</td>
<td>Barbiturates</td>
</tr>
<tr>
<td>(3)</td>
<td>Cocaine</td>
</tr>
<tr>
<td>(4)</td>
<td>Heroin</td>
</tr>
<tr>
<td>(5)</td>
<td>Opiates</td>
</tr>
<tr>
<td>(6)</td>
<td>PCP</td>
</tr>
<tr>
<td>(7)</td>
<td>Other/Unknown substance</td>
</tr>
</tbody>
</table>

**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>One drink</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 drinks</td>
<td></td>
</tr>
<tr>
<td>3-4 drinks</td>
<td></td>
</tr>
<tr>
<td>5-6 drinks</td>
<td></td>
</tr>
<tr>
<td>7+ drinks</td>
<td></td>
</tr>
</tbody>
</table>

**CODE B**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2-6 - 10 times</td>
</tr>
<tr>
<td>1</td>
<td>1 - 5 times</td>
</tr>
<tr>
<td>2</td>
<td>Over 10 times</td>
</tr>
</tbody>
</table>

**131. How many times have you "blacked out" while using alcohol?**
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 substance is the client's major problem? (Write in the major substance of use/abuse). When not clear, ask the client.

Majors 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 needed 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 or alcohol 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 said 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?

Client's Rating Scale

0 = None/Not at all
1 = A little
2 = A fair amount
3 = A lot

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 significantly distorted by:

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

150. Client's inability to understand
0 = No
1 = Yes

COMMENTS