

ICPSR 29061

**Criminal Justice Drug Abuse
Treatment Studies (CJ-DATS):
HIV/HEPATITIS Prevention for
Re-Entering Drug Offenders**

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Data Collection Instrument for HIV/HEPC Intake

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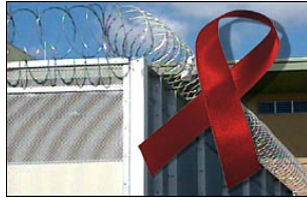
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CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

**BASELINE HIV/HEP
STUDY**



**CJ-DATS
9/1/06**

STUDY NUMBER:	_ _ _ _ _ _ _
SITE:	_ _ _ _ _ _ _
ID NUMBER:	_ _ _ _ _ _ _
INTERVIEWER ID:	_ _ _ _ _ _ _
DATE OF BASELINE:	_ _ _ _ _ _ _
	MO DAY YR

CODE A-D WITHOUT QUESTIONING RESPONDENT:

A. START TIME.....	_ _ _ : _ _ _ am/pm
B. INTERVIEW LOCATION	_ _
1. Prison	5. Parole/probation office
2. Work furlough program	6. Community treatment program
3. Community corrections facility	7. Other: specify _____
4. Half-way house	
C. PROGRAM INTAKE DATE:	_ _ _ _ _ _ _
	MO DAY YR
D. CLIENT GENDER:	0=Female 1=Male
E. SERVICE TYPE:	
What service type <i>has</i> the client received in the program? (Select one)	
___ 1. Case Management	___ 7. Methadone
___ 2. Day Treatment	___ 8. Residential
___ 3. Inpatient	___ 9. Therapeutic Community
___ 4. Outpatient	___ 10. Cognitive Behavioral
___ 5. Outreach	___ 11. Other _____
___ 6. Intensive Outpatient	
F. SPECIAL CODES:	_ _
What race does the client appear to be?	01. Black
	02. White
	03. Other [SPECIFY]
a. Respondent appears to be _____	

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

READ ALOUD TO RESPONDENT:

Thank you for agreeing to be part of this study. This interview usually takes a little over an hour to complete. I'm going to read you a set of questions exactly as they are worded so that each person is asked the same thing. I will need to keep things moving along, so I hope that I don't sound rude if I tell you we need to move on to the next question. You can add additional material in the comment section at the end if you want to tell us more about some topic.

As I told you before, all of your answers will be kept confidential and will in no way affect your legal status, or any services or compensation you may receive. Many of my questions will refer to the "last 6 months" or the "last 30 days" – *that is the time prior to the arrest that resulted in this incarceration.* I'll try to be clear, but please ask me if you are not sure about the time period involved.

It is very important that you be as open and honest as you can. Some questions may be sensitive or difficult to talk about, but they are necessary to help us evaluate the services provided as part of this study. Do you have any questions before we start?

INCARCERATION TIME LINE

|_|_|_| - |_|_|_| - |_|_|_|_|_|_|
MONTH DAY YEAR

Enter the date of the arrest that resulted in this incarceration.

|_|_|_|
Days

Enter the number of days that the client was free during the 30 days prior to the arrest date on the timeline.

|_|_|_| - |_|_|_| - |_|_|_|_|_|_|
MONTH DAY YEAR

Enter the date that precedes the arrest date on the timeline by 30 days.

|_|_|_|_|_|
Days

Enter the number of days that the client was free during the six months prior to the arrest date on the timeline.

|_|_|_| - |_|_|_| - |_|_|_|_|_|_|
MONTH DAY YEAR

Enter the date that precedes the arrest date on the timeline by six months (180 days).



CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

GENERAL INSTRUCTIONS TO INTERVIEWER: Some items in this form require that answers be recorded “verbatim” and then coded into specific units of measurement – such as “months” or “amounts of alcohol.” Also, write out clarifying comments or other explanations of answers as needed in the margins next to questions, and identify any items that the respondent cannot or refuses to answer.

PART A: SOCIODEMOGRAPHIC BACKGROUND

Let's begin with some general information.

1. What is your birthdate?|__|__| - |__|__| - |__|__|__|__|
MONTH DAY YEAR

2. With what race or ethnic background do you most identify?

- | | |
|--|--|
| <input type="checkbox"/> 1. African American/Black | <input type="checkbox"/> 5. White |
| <input type="checkbox"/> 2. Asian | <input type="checkbox"/> 6. Other, specify _____ |
| <input type="checkbox"/> 3. Native American | |
| <input type="checkbox"/> 4. Pacific Islander | |

3. Are you Hispanic or Latino/a? 0=No 1=Yes*

*IF “YES”, ASK:

a. What ethnic group do you consider yourself? __	
1. Central American	5. Mexican National
2. Cuban	6. Puerto Rican
3. Dominican	7. South American
4. Mexican American	8. Other _____

4. In the last 30 days prior to the arrest date on the timeline, where were you living most of the time?.....|__|

1. Shelter (safe havens, transitional living center, low demand facilities, reception centers, other temporary day or evening facility)
2. Street/outdoors (sidewalk, doorway, park, public or abandoned building)
3. Institution (hospital, nursing home, jail/prison)
4. Own/rent apartment, room, or house
5. Someone else’s apartment, room or house
6. Halfway house
7. Residential treatment
8. Other housing (specify)_____

5. How long had you been living there (at that place)?|__|__|__|
#MONTHS

6. During the last 6 months prior to the arrest date on the timeline, how many nights did you spend in a homeless shelter?.....|__|__|__|
#NIGHTS

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

7. During the last 6 months prior to the arrest date on the timeline, how many nights did you spend in a supervised living situation, such as a halfway house or group home? |__|__|__|
NIGHTS

8. During the last 6 months prior to the arrest date on the timeline, were you living with a spouse, significant other, or domestic partner?0=No *1=Yes

*IF "YES", ASK:

a. Which of the following most accurately described the employment status of your domestic partner/spouse?.....|__|
CODE #

1. Employed Full Time (35 hours or more per week, includes armed forces)
2. Employed Part Time (Less than 35 hours per week)
3. Unemployed, looking for work in last 30 days, or on lay-off from job.
4. Not in the labor force

9. How many children (including biological, step and adopted) do you have?|__|__|*
CHILDREN

*IF "1" OR MORE, ASK:

a. How many of them are under the age of 18?.....|__|__|

b. How many had their primary residence with you for the majority of the last 6 months prior to the arrest date on the timeline? |__|__|

c. How many received financial support from you for the majority of the last 6 months prior to the arrest date on the timeline? |__|__|

d. During the last 6 months prior to the arrest date on the timeline, how many of your children were in foster care?.....|__|__|
CHILDREN

10. During the last 6 months prior to the arrest date on the timeline, how many people (including children, spouse, others) were dependent on you for the majority of their food, shelter, etc? (Do not include self-supporting spouse or self.)..... |__|__|
PEOPLE

11. What is your current marital status?..... |__|*

- | | |
|--|----------------------|
| 1. <i>Never married</i> | *4. <i>Separated</i> |
| *2. <i>Legally married</i> | *5. <i>Divorced</i> |
| *3. <i>Living as married</i>
<i>(including common law marriage)</i> | *6. <i>Widowed</i> |

*IF "RESPONSE IS CODE 2-6", ASK:

a. How long have you been (current marital status)? |__|__|__|
MONTHS

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12. What is the highest level of education you have finished, whether or not you received a degree? (01=1st grade, 12=12th grade, 13=college freshman, 16=college completion, 17=graduate degree, 20=professional degree).....|_|_|_|_|
 [DO NOT INCLUDE GED] LEVEL IN YEARS

13. Have you:

	<u>NO</u>	<u>YES</u>
a. graduated from <u>high school</u> ?	0	1
b. completed a <u>vocational or technical</u> training program?	0	1

IF "GRADUATED HIGH SCHOOL", SKIP TO Q.14

c. Have you completed your GED? 0 1

d. Are you currently working on your GED or any type of vocational/technical training degree? 0 1

14. In the last 6 months prior to the arrest date on the timeline, how many days were you enrolled in a vocational or job training program?.....|_|_|_|_|
DAYS

15. In the last 6 months prior to the arrest date on the timeline, how many days were you enrolled in a literacy or educational program?.....|_|_|_|_|
DAYS

16. Prior to the arrest date on the timeline, did you have a valid driver's license?0=No 1=Yes

17. During most of the last 6 months prior to the arrest date on the timeline, which of the following best described your employment status?|_|_|

<p>1. <i>Employed full time (35+ hours per week)</i></p> <p>2. <i>Employed part time</i></p> <p>3. <i>Unemployed, looking for work</i></p> <p>4. <i>Unemployed, disabled</i></p> <p>5. <i>Unemployed, volunteer work</i></p> <p>6. <i>Unemployed, retired</i></p>	<p>7. <i>Unemployed, not looking for work</i></p> <p>8. <i>Unemployed, in school</i></p> <p>9. <i>Armed Forces</i></p> <p>10. <i>Homemaker</i></p> <p>11. <i>Other (specify) _____</i></p>
---	--

18. We are interested in **all** the different sources of financial support you had during the last 6 months prior to the arrest date you gave us (ON THE TIMELINE).

In how many of those months did you get any money, food, shelter, etc. from –
 [ENTER 0 FOR NONE]

1. your job or employment ?|_|_|*
 [INCLUDE UNDER THE TABLE INCOME]

*IF "1" OR MORE, ASK:

a. In the last 30 days prior to this incarceration, how much money did you receive from employment?.....|_|_|_|_|_|_|_|_|_|
DOLLARS

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In how many of those last 6 months prior to your arrest did you get money, food, shelter, etc. from –

- 2. your spouse or ex-spouse (including child support)?|__|
- 3. a sexual partner (other than a spouse) or a friend?|__|
- 4. your family?|__|
- 5. unemployment compensation (for being laid off)?|__|*

*IF “1” OR MORE, ASK:

a. In the last 30 days prior to the arrest date on the timeline, how much money did you receive from unemployment __ __ __ __ <div style="text-align: right;">DOLLARS</div>
--

- 6. retirement?|__|*

*IF “1” OR MORE, ASK:

a. In the last 30 days prior to the arrest date on the timeline, how much money did you receive from retirement..... __ __ __ __ <div style="text-align: right;">DOLLARS</div>

- 7. disability?|__|*

*IF “1” OR MORE, ASK:

a. In the last 30 days prior to the arrest date on the timeline, how much money did you receive from disability __ __ __ __ <div style="text-align: right;">DOLLARS</div>
--

- 8. welfare or public assistance (food stamps, housing assistance, AFDC, TANF, general relief, Medicaid, SSI)?|__|*

*IF “1” OR MORE, ASK:

a. In the last 30 days prior to the arrest date on the timeline, how much money did you receive from public assistance __ __ __ __ <div style="text-align: right;">DOLLARS</div>

- 9. selling drugs?|__|*

*IF “1” OR MORE, ASK 11b:

- 10. selling, pimping or trading sex (prostitution)?|__|*

*IF “1” OR MORE, ASK 11b:

- 11. any other kind of illegal activities (other than selling drugs or sex)?|__|*

*IF “1” OR MORE, ASK 11b:

11a. What activities were these? _____

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b. In the last 30 days prior to the arrest date on the timeline, how much money did you receive from **all illegal activities**?.....|_|_|_|_|_|_|_|
DOLLARS

Finally, in how many of those last 6 months prior to your arrest did you get money, food, shelter, etc. from –

12. jail/prison, residential treatment program, or hospital?|_|_|

13. anything else? (specify) _____.....|_|_|
MONTHS

14. Which one of these was your major (or largest) source of support during those 6 months? [SHOW FINANCIAL SUPPORT CARD]|_|_|_|_|
CODE 1-13

PART B: FAMILY BACKGROUND

Next, I would like to get some information about your family during the last 6 months prior to the arrest date on the timeline. [HAND “ANSWER CARD A” TO RESPONDENT]

1. What was your relationship with your spouse, significant other, or domestic partner like during those months? Tell me how often:

	Never	Rarely	Sometimes	Often	Always	N/A
a. You <u>got along</u> together.	1	2	3	4	5	-9
b. You really <u>enjoyed</u> being together.	1	2	3	4	5	-9
c. You <u>drank</u> together.	1	2	3	4	5	-9
d. You got <u>drunk</u> together.	1	2	3	4	5	-9
e. You used <u>other (illegal) drugs</u> together.	1	2	3	4	5	-9
f. You had serious talks about each other's <u>interests and needs</u>	1	2	3	4	5	-9
g. You <u>helped</u> each other with problems.....	1	2	3	4	5	-9
h. You got <u>blamed or fussed</u> at about things YOU did or did not do.	1	2	3	4	5	-9
i. You had <u>disagreements</u>	1	2	3	4	5	-9
j. You had <u>big arguments or fights</u>	1	2	3	4	5	-9

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2. What was your relationship with your parents or parental figures (e.g., grandparents) like during those last 6 months? Tell me how often:

	Never	Rarely	Sometimes	Often	Always	N/A
a. You <u>got along</u> together.....	1	2	3	4	5	-9
b. You really <u>enjoyed</u> being together	1	2	3	4	5	-9
c. You <u>drank</u> together.....	1	2	3	4	5	-9
d. You got <u>drunk</u> together	1	2	3	4	5	-9
e. You used <u>other (illegal) drugs</u> together.....	1	2	3	4	5	-9
f. You had serious talks about each other's <u>interests and needs</u>	1	2	3	4	5	-9
g. You <u>helped</u> each other with problems	1	2	3	4	5	-9
h. You got <u>blamed or fussed at</u> about things YOU did or did not do	1	2	3	4	5	-9
i. You had <u>disagreements</u>	1	2	3	4	5	-9
j. You had <u>big arguments or fights</u>	1	2	3	4	5	-9

3. What was your relationship with your siblings like during those months? Tell me how often:

	Never	Rarely	Sometimes	Often	Always	N/A
a. You <u>got along</u> together.....	1	2	3	4	5	-9
b. You really <u>enjoyed</u> being together	1	2	3	4	5	-9
c. You <u>drank</u> together.....	1	2	3	4	5	-9
d. You got <u>drunk</u> together	1	2	3	4	5	-9
e. You used <u>other (illegal) drugs</u> together.....	1	2	3	4	5	-9
f. You had serious talks about each other's <u>interests and needs</u>	1	2	3	4	5	-9
g. You <u>helped</u> each other with problems	1	2	3	4	5	-9
h. You got <u>blamed or fussed at</u> about things YOU did or did not do	1	2	3	4	5	-9
i. You had <u>disagreements</u>	1	2	3	4	5	-9
j. You had <u>big arguments or fights</u>	1	2	3	4	5	-9

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

PART C: PEER RELATIONS

Now I want to ask a few questions about the **FRIENDS** you had during the **6 months** prior to arrest date on the timeline.

[HAND "ANSWER CARD A" TO RESPONDENT]

1. Describe your friends, roommates or the people you spent the majority of your time with during those 6 months. Tell me how often:

	Never	Rarely	Sometimes	Often	Always	N/A
a. They <u>worked regularly</u> on a job.....	1	2	3	4	5	-9
b. They felt <u>hopeful</u> about their <u>future</u>	1	2	3	4	5	-9
c. They <u>spent time</u> with their <u>families</u>	1	2	3	4	5	-9
d. They <u>liked</u> being with their <u>families</u>	1	2	3	4	5	-9
e. They got into <u>loud arguments</u> <u>or fights</u>	1	2	3	4	5	-9
f. They got <u>drunk</u>	1	2	3	4	5	-9
g. They used <u>other (illegal) drugs</u>	1	2	3	4	5	-9
h. They traded, sold, or <u>dealt drugs</u>	1	2	3	4	5	-9
i. They did other things <u>against the law</u>	1	2	3	4	5	-9
j. They spent time with " <u>gangs</u> ".....	1	2	3	4	5	-9
k. They got <u>arrested</u> or had problems with the law.....	1	2	3	4	5	-9

2. Prior to the arrest date on the timeline, had you ever been a gang member?..... 0=No 1=Yes

3. Are you currently a gang member?0=No 1=Yes

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

PART D. CRIMINAL HISTORY

Now I'm going to ask you about your past **ARRESTS**.

[“ARRESTED” MEANS TAKEN INTO CUSTODY]

1. Altogether, about how many **TIMES** during your life have you ever been arrested?|_|_|_|_|_|
ARRESTS

<p>a. About how many of these arrests were for things you did while <u>using drugs</u> or <u>trying to get drugs</u>? _ _ _ _ _ # ARRESTS</p> <p>b. How <u>old</u> were you the <u>first time</u> you were arrested? _ _ _* AGE</p> <p>c. *[IF “17” OR LESS, ASK:] How many times were you arrested <u>before you turned 18</u>? _ _ _ _ _ [TOTAL ARRESTS MUST BE LESS THAN OR EQUAL TO Q1] # ARRESTS</p>
--

Now I have some questions about the last 6 months prior to the arrest date on the timeline.

2. Altogether, how many **TIMES** were you arrested during the last 6 months prior to the arrest date on the timeline?|_|_|_|_|_|
ARRESTS

3. How many **TIMES** in the last 30 days prior to the arrest date on the timeline, were you arrested? [INCLUDING ARREST THAT LED TO THIS INCARCERATION].....|_|_|_|_|_|
ARRESTS

4. How many nights did you spend in jail during those 30 days?.....|_|_|_|_|_|
[DON'T INCLUDE JAIL TIME FROM THE CURRENT INCARCERATION] # NIGHTS

5a. How many times during your life have you ever been involved in activities that were against the law?
For example, the number of times you committed any of the following activities regardless of arrests.
The activities we are talking about are listed on the card.
[RECORD RESPONSE IN “CRIME CHART”; IF “00” SKIP TO NEXT ACTIVITY]
***IF “1” OR MORE, ASK:**

[HAND “CRIME CARD” TO RESPONDENT; RECORD RESPONSES IN “CRIME CHART”]

b. Look at this card and tell me how many times in the last 6 months prior to this incarceration you were involved in [CRIME]?

c. How many times in the last 30 days prior to this incarceration were you involved in [CRIME]?

FOR QUESTIONS 2, 14, 15, 16, 17, 18, 19, 20 & 23, ASK:

d. How many people were injured as a result of your involvement in [CRIME] during the 6 months prior to this incarceration? [INJURED MEANS HURT BADLY ENOUGH TO REQUIRE MEDICAL ATTENTION WHETHER RECEIVED OR NOT. DO NOT INCLUDE INJURY TO SELF]

e. How many people died as a result of your involvement in [CRIME] during the 6 months prior to this incarceration? [DIED MEANS DEATH OCCURRED AS A RESULT OF THE CRIME IMMEDIATE OR LATER]

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CRIME CHART: Type of Crimes (and examples of each)	5a. Times Ever Committed <u>Lifetime</u>	5b. Times Committed Last <u>6</u> months	5c. Times Committed Last <u>30</u> Days	5d. # people Injured	5e. # people Died
1. Public intoxication from alcohol or drugs.....	_ _ _	_ _ _	_ _	N/A	N/A
2. Driving Under Influence of alcohol or drugs....	_ _ _	_ _ _	_ _	_ _	_ _
3. Use or possession of illegal drugs.....	_ _ _	_ _ _	_ _	N/A	N/A
4. Possession with intent to distribute.....	_ _ _	_ _ _	_ _	N/A	N/A
5. Possession of drug paraphernalia.....	_ _ _	_ _ _	_ _	N/A	N/A
6. Manufacture or growing of drugs.....	_ _ _	_ _ _	_ _	N/A	N/A
7. Sale or distribution of drugs.....	_ _ _	_ _ _	_ _	N/A	N/A
8. Forgery/Fraud (bad checks, credit card fraud).....	_ _ _	_ _ _	_ _	N/A	N/A
9. Fencing (buying or selling stolen property).....	_ _ _	_ _ _	_ _	N/A	N/A
10. Illegal gambling (running numbers).....	_ _ _	_ _ _	_ _	N/A	N/A
11. Prostitution or pimping.....	_ _ _	_ _ _	_ _	N/A	N/A
12. Burglary/attempted burglary/breaking and entering (home, auto, business).....	_ _ _	_ _ _	_ _	N/A	N/A
13. Shoplifting/larceny/embezzlement.....	_ _ _	_ _ _	_ _	N/A	N/A
14. Auto theft/car jacking.....	_ _ _	_ _ _	_ _	_ _	_ _
15. Robbery/attempted robbery/mugging.....	_ _ _	_ _ _	_ _	_ _	_ _
16. Assault/aggravated assault/battery..... (DO NOT include rape or sexual assault)	_ _ _	_ _ _	_ _	_ _	_ _
17. Kidnapping/hostage taking.....	_ _ _	_ _ _	_ _	_ _	_ _
18. Terrorists threats/acts.....	_ _ _	_ _ _	_ _	_ _	_ _
19. Homicide/manslaughter/attempted homicide...	_ _ _	_ _ _	_ _	_ _	_ _
20. Arson offenses.....	_ _ _	_ _ _	_ _	_ _	_ _
21. Weapons offenses.....	_ _ _	_ _ _	_ _	N/A	N/A
22. Vandalism/property damage/tagging.....	_ _ _	_ _ _	_ _	N/A	N/A
23. Sex offenses (rape/aggravated sexual assault/sex with a minor).....	_ _ _	_ _ _	_ _	_ _	_ _
24. Probation/parole violations.....	_ _ _	_ _ _	_ _	N/A	N/A
25. Other, specify _____.....	_ _ _	_ _ _	_ _	_ _	_ _

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We are finished with that card, so I'll put it away. [TAKE BACK "CRIME CARD"]
 Now I'm going to ask you about your current incarceration.

6. Interviewer: Is respondent currently incarcerated (e.g., jail, prison, work release, or community correctional facility)? 0=No 1=Yes*
 If NO, skip to 7.*IF "YES", ASK:

a. How long have you been in this facility? |__|__||__|__||__|__|
YRS MOS DAYS

b. How long have you been incarcerated on this conviction
 (include time at all jail and prison facilities)? |__|__||__|__||__|__|
YRS MOS DAYS

c. Have you received drug or alcohol treatment since you have been
 incarcerated this time?.....0=No 1 =Yes*

d. Are you currently in a drug or alcohol treatment program.....0=No 1=Yes*

*1 If 'Yes' to 6c or 6d: How long have you been in treatment during
 this incarceration |__|__||__|__|
MOS DAYS

e. During the time that you have been incarcerated in the past 6 months, how many
 nights did you spend in the hospital unit because of:

1. medical problems.....|__|__|__|

2. mental or emotional problems.....|__|__|__|

3. substance abuse (including detox) |__|__|__|
NIGHTS

f. During the time you have been incarcerated in the past 6 months,
 how many nights were you in a separate residential program,
 such as a drug program?.....|__|__|__|
NIGHTS

g. During the time you have been incarcerated in the past 6 months,
 how many times did you visit a psychiatrist, psychologist, psychiatric
 social worker, or other mental health professional for an individual
 session because of mental or emotional problems?..... |__|__|__|
TIMES

h. During the time you have been incarcerated in the past 6 months,
 how many times did you attend a group session with a psychiatrist,
 psychologist, psychiatric social worker or other mental health
 professional because of mental or emotional problems?..... |__|__|__|
TIMES

i. During the time you have been incarcerated in the past 6
 months, how many times did you visit a substance abuse
 counselor for individual sessions?..... |__|__|__|
TIMES

j. During the time you have been incarcerated in the past 6 months,
 how many times did you attend a group session primarily for
 substance abuse? (Do not include 12-step support groups that you
 attended in a residential program.)..... |__|__|__|
TIMES

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

7. How many different **TIMES** during your whole life have you ever been in **JAIL, PRISON, OR JUVENILE LOCKUP**?|_|_|_|*
 [“IN JAIL OR PRISON” MEANS LOCKED BEHIND BARS FOR 24 HRS OR MORE] # TIMES

***IF “0”, SKIP TO 9**

*IF “1” OR MORE, ASK:

<p>a. How <u>old</u> were you the <u>first time</u> you were in jail, prison, or juvenile lock-up? _ _ AGE</p> <p>b. Altogether, <u>how much time</u> have you ever spent in <u>jail, prison, or juvenile lock-up</u>? [RECORD IN “MONTHS”] _ _ _ _ # MONTHS</p>
--

8. In the last 6 months prior to the arrest date on the timeline, how many **TIMES** were you in jail or prison?|_|_|_|*
 [“IN JAIL OR PRISON” MEANS LOCKED BEHIND BARS FOR 24 HRS OR MORE] # TIMES

*IF “1” OR MORE, ASK:

<p>a. Altogether, how many DAYS did you spend in jail or prison during <u>those 6 months</u>?..... _ _ _ _ # DAYS</p> <p>b. And what about the <u>last 30 days</u> (of that period)? That is, on how many of those 30 DAYS did you spend any time in jail or prison?..... _ _ _ # DAYS</p>

9. In the last 6 months prior to the arrest date on the timeline, what is the total length of time that you were on probation?.....|_|_|_|_|
 # DAYS

10. In the last 6 months prior to the arrest date on the timeline, what is the total length of time that you were on parole?.....|_|_|_|_|
 # DAYS

11. What is your **CURRENT LEGAL STATUS**? (Read options).....|_|_|

0. None
1. Probation with no jail/prison sentence
2. Probation with jail/prison sentence
3. Parole
4. Mandatory release from prison with mandated supervision time
5. Pretrial release (awaiting charge, trial, or sentence)
6. Diversion program (e.g., prop 36, etc.)
7. Incarceration
8. Other (specify) _____

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

PART E: HEALTH AND PSYCHOLOGICAL STATUS

1. How would you rate your overall health right now?|___|

1. *Poor* 2. *Fair* 3. *Good* 4. *Very Good* 5. *Excellent*

2. Not counting the effects from alcohol or other drug use,
In your lifetime have you ever experienced –

	No	Yes
a. a lot of physical <u>pain</u> or <u>discomfort</u> ?	0	1
b. serious <u>depression</u> (for two weeks or more at a time)?	0	1
c. serious <u>anxiety</u> or <u>tension</u> ?	0	1
d. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)?	0	1
e. trouble <u>understanding, concentrating, or remembering</u> ?	0	1
f. trouble controlling <u>violent behavior</u> ?	0	1
g. serious <u>thoughts of suicide</u> ?	0	1
h. attempts at <u>suicide</u> ?	0	1

3. Not counting the effects from alcohol or other drug use,
In the past 30 days have you experienced –
[MOST RECENT PAST 30 DAYS]

	No	Yes
a. a lot of physical <u>pain</u> or <u>discomfort</u> ?	0	1
b. serious <u>depression</u> (for two weeks or more at a time)?	0	1
c. serious <u>anxiety</u> or <u>tension</u> ?	0	1
d. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)?	0	1
e. trouble <u>understanding, concentrating, or remembering</u> ?	0	1
f. trouble controlling <u>violent behavior</u> ?	0	1
g. serious <u>thoughts of suicide</u> ?	0	1
h. attempts at <u>suicide</u> ?	0	1

[If “YES” to f, g, or h, refer to risk protocol]

4. IF “YES” TO ONE OR MORE ITEMS IN QUESTION 3, ASK:

a. How much have you been bothered by these psychological or
emotional problems in the past 30 days?|___|

1. *Not at all* 2. *Slightly* 3. *Moderately* 4. *Considerably* 5. *Extremely*

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

5. During the 6 months prior to the arrest date on the timeline:

	No	Yes
a. Were you attacked with a weapon, beaten or sexually abused?	0	1
b. Did you have an argument in which you physically or verbally threatened someone?	0	1

6. How many times in your life have you been hospitalized for psychiatric/emotional problems?|_|_|_|

7. [IF FEMALE], how many times have you given birth?|_|_|_|*
[IF R IS MALE, WRITE -3]

*IF "1 OR MORE", ASK:

a. How many of these times was the baby born early or with health problems?|_|_|_|

8. [IF FEMALE], Other than for childbirth, ...
[IF MALE], How many times in your life have you been hospitalized for physical health problems?|_|_|_|

9a. During the 30 days prior to the arrest date on the timeline, did you receive:

	30 days		If yes, altogether for how many nights/days?
	No	Yes	
a. <u>Inpatient Treatment</u> for:			
1. Physical complaint.....	0	1	2. _ _ _ _
3. Mental or emotional difficulties.....	0	1	4. _ _ _ _
5. Alcohol or substance abuse.....	0	1*	6. _ _ _ _

*IF YES, Ask:

7. How many nights were you in detox?.....|_|_|_|_|

8. How many nights were you in a residential program? |_|_|_|_|_|

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

9b. During the 30 days prior to the arrest date on the timeline, did you receive:

	30 days		If yes, altogether for how many nights/days?
	No	Yes	

b. Outpatient Treatment for:

- | | | | |
|--|---|----|--------------|
| 1. Physical complaint..... | 0 | 1 | 2. __ __ __ |
| 3. Mental or emotional difficulties..... | 0 | 1* | 4. __ __ __ |

*IF YES, Ask:

5. How many times did you attend a group session with a psychiatrist, psychologist, psychiatric social worker, or other counselor because of mental or emotional problems?..... __ __ __

- | | | | |
|------------------------------------|---|----|--------------|
| 6. Alcohol or substance abuse..... | 0 | 1* | 7. __ __ __ |
|------------------------------------|---|----|--------------|

*IF YES, Ask:

8. How many times did you attend a group session primarily for substance abuse?..... __ __ __
--

9c. During the 30 days prior to the arrest date on the timeline, did you receive Emergency Room Treatment for:

- | | | | |
|--|---|---|-------------------|
| | | | <u>Admissions</u> |
| 1. Physical complaint..... | 0 | 1 | 2. __ __ __ |
| 3. Mental or emotional difficulties..... | 0 | 1 | 4. __ __ __ |
| 5. Alcohol or substance abuse..... | 0 | 1 | 6. __ __ __ |
| | | | # ADMISSIONS |

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

PART F: DRUG AND TREATMENT HISTORY

1. Now I'd like to ask you about your drug and alcohol use. Remember that this information is confidential. Please look over this list of drugs and tell me which ones caused you the most serious problems before you entered this treatment. (Read categories.)

[HAND "DRUG CARD" TO RESPONDENT, USE CODE NUMBERS FROM "DRUG HISTORY CHART"]

a. First most serious?|_|_|

b. Second most serious?|_|_|

c. Third most serious?|_|_|

DRUG #

2a. For each drug that you have EVER USED (for non-medical use), tell me how old you were the first time you ever tried it (i.e., of your own choice).

[RECORD AGE AT FIRST USE IN "DRUG HISTORY CHART"; WRITE "0" FOR THOSE DRUGS NEVER USED]

FOR EACH SEPARATE DRUG USED, ASK:

[TAKE BACK "DRUG CARD" – HAND "ANSWER CARD B" TO RESPONDENT]

b. Using answers from this card, tell me how often during the LAST 6 MONTHS prior to the arrest date on the timeline you used (drug name).
[RECORD RESPONSE IN "DRUG HISTORY CHART"]

c. In the LAST 30 DAYS before to the arrest date on the timeline, how often did you use (drug name)?

[RECORD RESPONSE IN "DRUG HISTORY CHART"; DO NOT USE RESPONSE CODE "1" FOR THIS MONTHLY ITEM BECAUSE IT OVERLAPS WITH CODES 2 & 3]

FOR DRUGS USED THAT CAN BE INJECTED (SEE CHART), ASK –

d. How old were you the first time you injected (drug name)?
[RECORD AGE IN "DRUG HISTORY CHART," AND WRITE "0" FOR THOSE NEVER INJECTED]

e. And how often in those last 30 days did you INJECT (drug name)?
[USE "ANSWER CARD B, CATEGORIES 0-1,4-8"]

FREQUENCY OF USE CODES:

0. Never/Not used	3. About 2-3 times per MONTH	6. About 1 time per DAY
1. Only 1-3 times	4. About 1 time per WEEK	7. About 2-3 times per DAY
2. About 1 time per MONTH	5. About 2-6 times per WEEK	8. About 4 or more times per DAY

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

DRUG HISTORY CHART

TYPE OF DRUGS (AND EXAMPLES OF EACH)	Q2. AGE 1ST USED	Q2a. LAST 6 MONTHS	Q2b. LAST 30 DAYS	Q2c. AGE 1ST INJ.	Q2d. INJ. LAST 30 DAYS
(1) <u>Alcohol</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(1a) <u>Drunk</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(2) <u>Tobacco</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(3) <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(4) <u>Marijuana/Hashish</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(5) <u>Hallucinogens/LSD/ Psychedelics/PCP/ Mushrooms/Peyote</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(6) <u>Crack/Freebase</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
(7) <u>Cocaine</u> (by itself)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(8) <u>Heroin & Cocaine</u> (mixed together)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(9) <u>Heroin & Methamphetamine</u> (mixed together)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(10) <u>Heroin</u> (by itself)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(11) <u>Methadone</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(12) <u>Other Opiates/Opium</u> Morphine/Demerol/ Dilaudid/Percodan/ Vicodin/Oxycontin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(13) <u>Methamphetamine/ Speed/Ice/Ecstasy/Crystal</u> .	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(14) <u>Other Amphetamines/ Uppers/Diet Pills</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(15) <u>Librium/Valium/ Minor Tranquilizers</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(16) <u>Barbiturates</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(17) <u>Other Sedatives/ Hypnotics</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(18) <u>Non-prescription GHB</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(19) <u>Ketamine</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(19) <u>Other (specify)</u> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

Now I'm going to ask you about your **ALCOHOL USE in the last 30 days prior to the arrest date on the timeline.** [INTERVIEWER NOTE: IF Q2B (1) FOR ALCOHOL = 0, THEN Q3 = 00.]

3. Altogether, on how many of those 30 days did you drink any beer, malt beverage, wine, wine coolers, fortified wine or hard liquor?|_|_|*
 ["HARD LIQUOR" INCLUDES WHISKEY, RUM, VODKA, GIN, ETC.] *IF ANY, ASK: # DAYS

a. On how many of those 30 days did you drink any BEER?|_|_|*
 # DAYS

(1) *IF ANY, ASK: How many cans or bottles of beer did you generally drink on each of those days?|_|_|

(2) What size were the cans or bottles? [RECORD OZ]....|_|_|

b. On how many days did you drink any MALT LIQUOR, MALT BEVERAGE, OR REGULAR WINE COOLERS?|_|_|*
 # DAYS

[PROVIDE EXAMPLES: OLD ENGLISH, SMIRNOFF ICE, MICKEY'S, ST. IDES, BACARDI SILVER, SPARKS, 211, BARTLES & JAMES, SEAGRAM'S COOLER]

(1) *IF ANY, ASK: How many cans or bottles did you generally drink on a typical day?.....|_|_|

(2) What size were the cans or bottles? [RECORD OZ]...|_|_|

c. On how many days did you drink any WINE?|_|_|*
 # DAYS

(1) *IF ANY, ASK: How many glasses or bottles of wine did you generally drink on a typical day?.....|_|_|

[FOR GLASSES, RECORD IN STANDARD WINE GLASS SIZE, USUALLY ABOUT 5 OZ.] # GLASSES

|_|_|
 # BOTTLES

(2) What size were the bottles? [RECORD OZ]....|_|_|

d. On how many of those days did you drink any FORTIFIED WINE OR FORTIFIED WINE COOLERS?|_|_|
 # DAYS

[PROVIDE EXAMPLES: THUNDERBIRD, NIGHT TRAIN, CISCO, MAD DOG, ETC.]

(1) *IF ANY, ASK: How many glasses or bottles of fortified wine did you generally drink on a typical day?.....|_|_|

[FOR GLASSES, RECORD IN STANDARD WINE GLASS, 5 OZ] # GLASSES

|_|_|

#BOTTLES

(2) What size were the bottles? [RECORD OZ]....|_|_|

e. On how many days did you drink any HARD LIQUOR?|_|_|
 [ALSO COUNT OTHER DRINK TYPES HERE, INCLUDING JELLO SHOTS] # DAYS

(1) *IF ANY, ASK: How many drinks or bottles of hard liquor did you generally drink on a typical day?.....|_|_|

[USUALLY A "DRINK" IS 1.5 OZ. (SHOT GLASS) OF LIQUOR, RECORD DRINKS IN THIS STANDARD SIZE.] # DRINKS

|_|_|

BOTTLES

(2) What size were the bottles? [RECORD OZ]....|_|_|

(3) Was it regular liquor or high proof?.....|_|

[CODE "1" FOR REGULAR (80-100 PROOF, 40-50% PURE ALCOHOL)

CODE "2" FOR HIGH PROOF (101-200 PROOF, 51-100% PURE ALCOHOL)

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

Now, think about the **last 6 months** prior to the arrest date on the timeline and tell me how often your **use of alcohol or other drugs** caused **PROBLEMS** for you. First, let's talk about alcohol, and then other drugs. 4. Tell me how often you think drinking alcohol or using other drugs

have led to problems in each of the following areas of your life.

[HAND "ANSWER CARD A" TO RESPONDENT]

ASK ABOUT "ALCOHOL", THEN "OTHER DRUGS"

HOW OFTEN DID YOUR (ALCOHOL/DRUG) USE AFFECT-	<u>(1) Alcohol Use</u>					<u>(2) Other Drug Use</u>				
	NEVER	RARELY	SOME- TIMES	OFTEN	ALWAYS	NEVER	RARELY	SOME- TIMES	OFTEN	ALWAYS
a. <u>your physical</u> health.	1	2	3	4	5	1	2	3	4	5
b. <u>your relations with</u> <u>family or friends.</u>	1	2	3	4	5	1	2	3	4	5
c. <u>your general attitude</u> <u>or emotional health.</u>	1	2	3	4	5	1	2	3	4	5
d. <u>your attention</u> <u>and concentration.</u>	1	2	3	4	5	1	2	3	4	5
e. <u>going to work</u> or <u>finding a job.</u>	1	2	3	4	5	1	2	3	4	5
f. <u>money</u> and finances.	1	2	3	4	5	1	2	3	4	5
g. <u>fight</u> s or arguments.	1	2	3	4	5	1	2	3	4	5
h. <u>police</u> or legal trouble.	1	2	3	4	5	1	2	3	4	5

5. How many times have you ever overdosed on drugs?|__|__|__|*
(Requiring medical intervention) # TIMES

*IF "1" OR MORE, ASK:

a. How long has it been since the <u>last time</u> ? __ __ __ # MONTHS
b. How many times have you <u>intentionally</u> overdosed on drugs? __ __ __ # TIMES
[IF "1" OR MORE, ASK: WAS THIS A SUICIDE ATTEMPT? IF "YES" CROSSCHECK WITH Q2H AND 3H IN PART E.]

6. During the 30 days prior to the arrest date on the timeline, how stressful were things for you because of your use of alcohol or other drugs?|__|

1. Not at all 2. Somewhat 3. Considerably 4. Extremely 5. Not applicable

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

7. During the 30 days prior to the arrest date on the timeline, did your use of alcohol or other drugs cause you to reduce or give up important activities?..... |__|

1. Not at all 2. Somewhat 3. Considerably 4. Extremely 5. Not applicable

8. During the 30 days prior to the arrest date on the timeline, did your use of alcohol or other drugs cause you to have emotional problems?..... |__|

1. Not at all 2. Somewhat 3. Considerably 4. Extremely 5. Not applicable

9. How many TIMES have you ever quit using alcohol or other drugs for at least 3 months or longer?|__|__|*
TIMES

***IF “1” OR MORE, ASK:**

a. How many times did you quit –	
(1) on your own (without help)?.....	__ __
(2) in a community based <u>treatment program</u> ?	__ __
(3) in <u>jail/prison</u> (no treatment)?.....	__ __
(4) in a <u>jail/prison</u> treatment program?.....	__ __
(5) some other way? (specify).....	__ __
	# TIMES
b. What is the <u>longest time</u> you were ever able to stay “clean and sober”? __ __ __	
	# MONTHS

10. How important is it for you to continue to get substance abuse treatment after you are released?..... |__|

1. Not at all 2. Somewhat 3. Considerably 4. Extremely

11. How many TIMES before now have you ever been in a substance abuse treatment program? |__|__|*
[DO NOT INCLUDE NA, CA, OR AA] # TIMES

***IF “0”, SKIP TO 12**

***IF “1” OR MORE, ASK:**

a. Tell me how many TIMES you have ever been in each type of treatment program? [RECORD ANSWERS IN “DRUG TREATMENT CHART”]	
ASK b & c ONLY FOR TREATMENTS WITH “1” OR MORE ADMISSIONS:	
[RECORD ANSWERS IN “DRUG TREATMENT CHART”]	
b. How <u>old</u> were you the <u>first time</u> you entered [TYPE OF TREATMENT]?	
c. Altogether, how many <u>months</u> have you been treated in [TYPE OF TREATMENT]?	

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

Drug Treatment Chart			
<u>READ EACH ITEM, RECORD ANSWER</u>	<u>11a. TIMES ENTERED</u>	<u>11b. AGE AT 1ST ADMISSION</u>	<u>11c. MONTHS TREATED</u>
(a) <u>Inpatient treatment</u> (in a hospital setting)?.....	_ _	_ _	_ _ _
(b) <u>Residential/therapeutic</u> community?.....	_ _	_ _	_ _ _
(c) <u>Other institutional treatment</u> (such as VA or state hospital or in-prison program)?.....	_ _	_ _	_ _ _
(d) <u>Outpatient?</u>	_ _	_ _	_ _ _
(e) <u>Outpatient methadone?</u>	_ _	_ _	_ _ _
(f) <u>Other? (specify)</u> _____	_ _	_ _	_ _ _
(g) <u>Other? (specify)</u> _____	_ _	_ _	_ _ _

12. Who was mainly responsible for you entering this current treatment? |_|_|

- | | |
|---|--|
| <p>1. <i>Judge</i></p> <p>2. <i>Court officer</i></p> <p>3. <i>Substance Abuse Referral unit</i></p> <p>4. <i>Correctional classification</i></p> | <p>5. <i>Myself</i></p> <p>6. <i>Other criminal justice officer</i></p> <p>7. <i>Other (specify)</i> _____</p> |
|---|--|

13. Have you ever gone to self-help meetings like AA, NA, CA, etc.? 0=No 1=Yes*
[INCLUDE NON-12-STEP GROUPS SUCH AS RATIONAL RECOVERY, SOS AND SMART]

*IF "YES", ASK:

a. How old were you when you first went to a meeting? |_|_|_|
AGE

b. About how many meetings have you ever attended? Was it: |_|_|
1. 1-5 2. 6-10 3. 11-25 4. 26-100 5. Over 100

c. Over how many months did you attend these meetings? |_|_|_|
MONTHS

d. Did you attend any self-help group meetings in the last 30 days
prior to the arrest date on the timeline?..... 0=No 1=Yes

14. Did you have medical insurance during the 6 months prior to the arrest date on the
timeline?..... 0=No 1=Yes

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

PART G: RISK ASSESSMENT

In this set of questions, I need to get some more information about your drug use and some information about your sexual experiences and activities. A few questions are highly personal, but it is very important that you be open and honest in your answers. Remember that what you tell me is completely confidential.

1. In the **last 6 months** prior to the arrest date on the timeline how often did you inject illegal drugs with a needle?|_|_|*
[USE "ANSWER CARD B"] CARD B

***IF "0", SKIP TO Q.11**

2. How often did you use needles or syringes that were "dirty" – that is, that someone else had used and were not sterilized or cleaned with bleach before you used them?|_|_|
CARD B

3. And how often did you use the same cooker, cotton, or rinse water that someone else had already used?|_|_|
CARD B

[TAKE BACK "ANSWER CARD B"]

4. Altogether, how many PEOPLE did you share the same works with during those 6 months? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did?|_|_|_|_|
PEOPLE

5. In the **last 30 days** prior to the arrest date on the timeline, how many TIMES did you inject illegal drugs with a needle?|_|_|_|_|*
TIMES

***IF "0", SKIP TO Q.11**

6. How many times did you inject with "dirty" needles or syringes – those that had already been used by someone else but were not sterilized or cleaned with bleach before you used them?|_|_|_|_|
TIMES

7. How many of the times you injected in those 30 days did you use the same cooker, cotton, or rinse water that someone else had already used?|_|_|_|_|
times

8. And how many of the times that you injected drugs, in those 30 days, were you with other people who were also injecting?|_|_|_|_|
times

9. Altogether, how many PEOPLE did you share the same works with in those 30 days? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did.|_|_|_|_|
people

10. How many TIMES, in those 30 days, did you give or loan your used needles or syringes to someone else, who then used them without cleaning them with bleach?|_|_|_|_|
TIMES

CJ-DATS HIV/HCV Intervention for Reentering Offenders: Baseline Questionnaire

11. Now I'm going to ask you about **SEX** (including vaginal, oral, or anal) in the **last 6 months** prior to the arrest date on the timeline.

How many different PEOPLE did you have sex with during that time? |__|__|__|
PEOPLE

***IF "0", SKIP TO Q.17**

12. During those months, how often did you have sex **WITHOUT USING A CONDOM** while:

	NEVER	ONLY A FEW TIMES	1-3 TIMES A MONTH	1-5 TIMES A WEEK	ABOUT EVERY DAY
a. with someone who was <u>not your spouse or primary partner</u> ?	0	1	2	3	4
b. with someone who <u>shot drugs with needles</u> ?	0	1	2	3	4
c. you or your partner were trading, giving, or getting <u>sex for drugs, money, or gifts</u> ?	0	1	2	3	4

13. Now I have questions about **SEX** in the **last 30 days** prior to the arrest date on the timeline.

How many different PEOPLE did you have any kind of sex with during that month (including vaginal, oral, or anal)? |__|__|__|*
PEOPLE

***IF "0", SKIP TO Q.17**

14. How many of your partners were female and how many were male?

Female: |__|__|__|
Male: |__|__|__|
PEOPLE

15. Altogether, how many times did you have sex (including vaginal, oral, and anal) in these 30 days? |__|__|__|
[DO NOT INCLUDE MASTURBATION]

TIMES

16. Altogether, how many times did you have sex (including vaginal, oral, anal) in the 30 days prior to the arrest date on the timeline without using protection (i.e. condoms, dental dams, etc.)? |__|__|__|*
[TOTAL TIMES SHOULD EQUAL THE SUM OF a6, a7, and a8]

TIMES

***IF "0", SKIP TO Q.17**

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*IF “ONE OR MORE”, ASK:

a. When you had sex <u>without using a condom</u> that month, how many <u>times</u> was it :	
1. with someone who is <u>not your spouse or primary partner</u> ?	_ _ _ _
2. with someone who <u>shot drugs with needles</u> ?	_ _ _ _
3. with someone who <u>sometimes smokes crack and/or meth</u> ?	_ _ _ _
4. while you or your partner were “ <u>high</u> ” on drugs or alcohol?	_ _ _ _
5. while trading (giving/getting) <u>sex for drugs, money, or gifts</u> ?	_ _ _ _
6. involving <u>vaginal</u> sex (penis to vagina)?	_ _ _ _
7. involving <u>oral</u> sex (mouth to penis/vagina)?	_ _ _ _
8. involving <u>anal</u> sex (penis to anus)?	_ _ _ _
	# TIMES

17. Have you ever:

IF YES: When was that (MOST RECENT TIME, MONTH/YEAR)

	NO	YES	MO	YR
a. had a tattoo?	0	1	_ _ _	_ _ _
b. had a blood transfusion?	0	1	_ _ _	_ _ _
c. donated or sold blood?	0	1	_ _ _	_ _ _
d. been tested for HIV?	0	1	_ _ _	_ _ _

18. Have you ever been told by a doctor, nurse, or health care worker that you had:

IF YES: When was that (MOST RECENT TIME, MONTH/YEAR)

	NO	YES	MO	YR
a. Tuberculosis?	0	1	_ _ _	_ _ _
b. Hepatitis B?	0	1	_ _ _	_ _ _
c. Hepatitis C?	0	1	_ _ _	_ _ _
d. Genital Herpes?	0	1	_ _ _	_ _ _
e. Gonorrhea?	0	1	_ _ _	_ _ _
f. Syphilis?	0	1	_ _ _	_ _ _
g. Chlamydia?	0	1	_ _ _	_ _ _
h. HIV or AIDS?	0	1	_ _ _	_ _ _

19. How many PEOPLE have you known personally who have been infected with HIV (including those who now have AIDS or have died of AIDS)?

|_|_|_|_|*
PEOPLE

*IF “1” OR MORE, ASK:

a. How many of them ever <u>shared a needle or works</u> with you?	_ _ _
b. How many of them ever had <u>sex</u> with you?	_ _ _
	# PEOPLE

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20. In the next 30 days, how likely is it that you will start using a condom every time you have vaginal sex with your **main** partner? Do you think you ...

1	2	3	4	5
Definitely Will	Probably Will	Not Sure	Probably Won't	Definitely Won't

21. In the next 30 days, how likely is it that you will start using a condom every time you have vaginal sex with a **casual** partner? Do you think you ...

1	2	3	4	5
Definitely Will	Probably Will	Not Sure	Probably Won't	Definitely Won't

22. Using a scale from 1 (definitely false) to 5 (definitely true), tell me how you feel about the following statements about contracting HIV or Hepatitis. [HAND "ANSWER CARD C" TO RESPONDENT]

1	2	3	4	5
Definitely False	Probably False	Not Sure	Probably True	Definitely True
a. Most people who transmit HIV do not look healthy.				
b. Going down on someone (oral sex) can transmit HIV.				
c. If you have Hepatitis C, drinking several glasses of beer or wine each day won't hurt your liver.				
d. Keeping in good shape is the best way to prevent getting HIV.				
e. Condoms make sex completely safe.				
f. More injection drug users are infected with HIV than with hepatitis.				
g. A negative result on the HIV test can happen even for people who carry the virus.				
h. Hepatitis C can be transmitted by getting a home-made tattoo or body piercing.				
i. When a couple decides that they are going to have sex ONLY with each other, they no longer need to use condoms.				
j. Once you get Hepatitis C, you will soon know because you will be tired and your skin will turn yellowish.				
k. Showering after sex greatly reduces the risk of getting HIV.				
l. You cannot get HIV by dipping—briefly putting your penis into someone, or letting someone put their penis in you—before they put on a condom or before they cum.				
m. Most people who have been exposed to HIV quickly show symptoms of being sick.				
n. By having fewer partners, you are effectively protected from HIV or hepatitis.				
o. A woman cannot transmit HIV to a man				
p. You can get hepatitis from sharing a razor or toothbrush.				
q. There is an effective vaccine for Hepatitis C.				
r. Pulling out before cuming makes sex safe.				
s. In anal sex (a man's penis in someone's ass), only the <i>receiving</i> partner can get HIV.				
t. You can get Hepatitis C by sharing a fork or eating from the same plate as someone who is infected.				
u. People can get HIV and hepatitis from sharing needles and injecting equipment.				
v. Having sex when you are high or drunk puts you at a greater risk for HIV or hepatitis.				
w. It is possible to get vaccinated against Hepatitis B.				
x. HIV and hepatitis are found in vaginal fluid and breast milk of infected women.				
y. People do not get HIV from social (dry) kissing.				

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23. These next questions ask about your feelings about using condoms, including both male and female condom use. Please respond even if you are not sexually active or have not had a partner who used condoms. In such cases, indicate how you think you would feel in such a situation. [HAND "ANSWER CARD D" TO RESPONDENT]

1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

- a. I feel confident I could purchase condoms without feeling embarrassed.
- b. I feel confident in my ability to discuss using condoms with any partner I might have.
- c. I would feel embarrassed to put a condom on myself or my partner.
- d. If I were to suggest using a condom to a partner, I would feel afraid that he or she would be angry.
- e. If I were unsure of my partner's feelings about using condoms, I would not suggest one.
- f. I feel confident in my ability to use a condom correctly.
- g. I would feel comfortable discussing condom use with a sexual partner before we ever had any sexual contact (e.g., hugging, kissing, caressing, etc.).
- h. I feel confident in my ability to persuade a partner to accept using a condom when we have intercourse.
- i. I feel confident that I could remove and dispose of a condom after sexual intercourse.
- j. If my partner and I were to try to use a condom and did not succeed, I would feel embarrassed to try to use one again (example: not being able to unroll male condom, putting it on backwards, not being able to insert female condom).
- k. I would not feel confident suggesting using condoms with a new partner because I would be afraid my partner would think I had a sexually transmitted disease.
- l. I would not feel confident suggesting using condoms with a new partner because I would be afraid my partner would think I thought he/she had a sexually transmitted disease.
- m. I feel confident that I could use a condom with a partner without "breaking the mood."
- n. I feel confident in my ability to put a condom on my partner quickly.
- o. I feel confident that I would remember to use a condom even if I were high.
- p. I feel confident I could stop foreplay to put a condom on myself or my partner even in the heat of passion.

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READ: Now I'd like to ask you a few questions about unpleasant or violent situations with your intimate or sexual partners. These questions refer to the last 30 days prior to the arrest date on the timeline.

24. How many times in the 30 days before the arrest date [ON THE TIMELINE] did you and your sexual or intimate partner have some type of physical fight (punches, pushing and shoving, throwing objects, or any other physical act of violence) or violent argument (shouting, cursing, threats)?

____|____|
of times

25. These questions refer to any of your sexual or intimate partners.

How many times in the last 30 days before the arrest had you:

a. been beaten up by a partner? _____|_____

b. been raped by a partner? _____|_____

c. run away from a partner? _____|_____

d. been threatened by a partner with a weapon? _____|_____

e. been hurt by a partner with a weapon? _____|_____

f. been given bad drugs by a partner? _____|_____

g. Any other bad situation? _____|_____

PLEASE SPECIFY _____

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PART H: LEARNING STYLES

These last questions ask about how you think and feel when you are learning something new. Since we will be giving you information about health risks in different ways, we are interested in what makes the most impression on you. Your answers to these questions will help us figure this out. Using the responses on this card, please rank the endings for each sentence according to how well you think each one fits with how you would go about learning something. Rank a “4” for the sentence ending that describes how you learn *best*, down to a “1” for the sentence ending that seems least like the way you learn. Be sure to rank all the endings for each sentence unit. **Please do not make ties.**

[HAND CARD E TO RESPONDENT]

4
3
2
1
“Most like you” **“Second most like you”** **“Third most like you”** **“Least like you”**

1. When I learn:	CODE
a. I like to think about ideas.	
b. I like to deal with my feelings.	
c. I like to be doing things.	
d. I like to watch and listen.	

2. When I am learning:	
a. I tend to reason things out.	
b. I am quiet and reserved.	
c. I have strong feelings and reactions.	
d. I am responsible about things.	

3. I learn by:	
a. Feeling.	
b. Thinking.	
c. Doing.	
d. Watching.	

4. When I learn:	
a. I like to try things out.	
b. I look at all sides of issues.	
c. I like to analyze things, break them down into parts.	
d. I am open to new experiences.	

5. When I am learning:	
a. I am an intuitive person.	
b. I am an active person.	
c. I am an observing person.	
d. I am a logical person.	

6. I learn best from:	
a. Rational thinking.	
b. Personal relationships.	
c. Observation.	
d. A chance to try out and practice.	

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4
3
2
1
 “Most like you” “Second most like you” “Third most like you” “Least like you”

CODE

7. When I learn:.

a. I like ideas and theories.	
b. I feel personally involved in things.	
c. I like to see results from my work.	
d. I take my time before acting.	

8. I learn best when:

a. I can try things out for myself.	
b. I rely on my feelings.	
c. I rely on my observations.	
d. I rely on my ideas.	

9. When I am learning:

a. I am a rational person.	
b. I am an accepting person.	
c. I am a reserved person.	
d. I am a responsible person.	

10. I learn best when:

a. I analyze ideas.	
b. I am practical.	
c. I am careful.	
d. I am receptive and open-minded.	

11. I learn best when:

a. I trust my hunches and feelings.	
b. I rely on logical thinking.	
c. I listen and watch carefully.	
d. I work hard to get things done.	

12. When I learn:

a. I like to observe.	
b. I like to be active.	
c. I get involved.	
d. I evaluate things.	

This is the end of the interview. Thank you again very much for your time now and for helping us with this important study. I want to remind you again that all your answers will be kept confidential, and we will not show them to anyone outside the research team.

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PART I: INTERVIEWER COMMENTS
[TO BE COMPLETED AFTER THE INTERVIEW]

1. Stop Time|__|__| : |__|__| am / pm

2. Were there any interruptions during the Interview? (CIRCLE ONE)..... 0=No 1=Yes

IF “YES”: Briefly describe what interruptions occurred.

3. Did this interview take place in a private location with only you and the respondent present? (CIRCLE ONE)..... 0=No 1=Yes

IF “NO”: Who else was present?

Interviewer: Please note how reliable you felt the respondent's answers were for each section.

4. How reliable did you feel the respondent's answers were in:

	NOT RELIABLE	SOMEWHAT RELIABLE	MOSTLY RELIABLE	RELIABLE
a. Part A (SOCIODEMOGRAPHICS)?	1	2	3	4
b. Part B (FAMILY BACKGROUND)?	1	2	3	4
c. Part C (PEER RELATIONS)?	1	2	3	4
d. Part D (CRIMINAL HISTORY)?	1	2	3	4
e. Part E (HEALTH & PSYCHOLOGICAL STATUS)?	1	2	3	4
f. Part F (DRUG & TREATMENT)?	1	2	3	4
g. Part G (RISK ASSESSMENT)?	1	2	3	4
h. Part H (LSI)?..	1	2	3	4