

ICPSR 30221

**Criminal Justice Drug Abuse
Treatment Studies (CJDATS): Step
'N Out, 2002-2006 [United States]**

Peter Friedmann

*Rhode Island Research Center, Brown
University and Lifespan Hospitals*

Data Collection Instrument for Abstraction Data

Inter-university Consortium for
Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

Terms of Use

The terms of use for this study can be found at:
<http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/30221/terms>

Information about Copyrighted Content

Some instruments administered as part of this study may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

NOTICE

WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

Step'n Out Parole File Abstraction Form

Section A – Header Information

A1. Client ID: [PREFILLED] A2. Study Condition: [PREFILLED]

A3. Date of Review: ____/____/____ A4. Staff ID: _____

A5. Site ID: _____ A6. Study Parole Initiation Date: [PREFILLED] * **VERIFY THIS IN FILE**

A6a. Randomization Date: [PREFILLED]

A7. Stop Date - 90 Days after Parole Initiation Date (or Randomization Date if no Parole Initiation): [PREFILLED]

A8. Release (or Sentencing) Date: ____/____/____ A9. Facility Released From: _____

A10. Initial Parole Officer Assignment: _____ A11. Officer at Stop Date: _____

A11a. Case Open Date at Parole Office: ____/____/____

A12. Is the case still open on Stop Date? Yes No

IF NO, when was the case closed?

No Yes: case closed date: ____/____/____



Case Closing Status:

- Warrant Pending
- Unsat. Completion (New Arrest, Offense or Revocation)
- Satisfactory Completion
- Other (Expiration, Death, etc.)

A13. Has the case been transferred to another parole office? No Yes- transfer date: ____/____/____

Reason for Transfer:



A14. Date of parole completion (even if after stop date): ____/____/____

Step'n Out Parole File Abstraction Form

Section D: Treatment Information

Note that this section refers to information on treatment that can be found in the offender's parole file.

D1. Indicate Whether Had Court-Ordered Condition of Testing: Yes No Information not in file

D2. Indicate Whether Had Court-Ordered Condition of Treatment: Yes No Information not in file

D3. Indicate the drugs of choice (select all that apply):

- Marijuana Heroin Cocaine Methamphetamine Alcohol
 Other, _____ Information not in file

Conditions	Did action occur?
D4. Offender had urinalysis testing from treatment program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mandated but No Action by offender <input type="checkbox"/> Information not in file <input type="checkbox"/> N/A
D5. Agent referred offender to drug treatment	<input type="checkbox"/> Yes – Referral date: ____/____/____ <input type="checkbox"/> Yes – Assessment date: ____/____/____ <input type="checkbox"/> No <input type="checkbox"/> Mandated but No Action by offender <input type="checkbox"/> Information not in file <input type="checkbox"/> N/A
	<input type="checkbox"/> Referred to: __Outpatient __Outpatient with methadone or buprenorphine __Residential __AA/NA only __Other
D6. Offender attended drug treatment	<input type="checkbox"/> Yes – Start date: ____/____/____ End date: ____/____/____ <input type="checkbox"/> No <input type="checkbox"/> Mandated but No Action by offender <input type="checkbox"/> Information not in file (Start Date) <input type="checkbox"/> Information not in file (End Date) <input type="checkbox"/> N/A

Step'n Out Parole File Abstraction Form

Conditions	Did action occur?
D7. Offender TX Completion	<input type="checkbox"/> Completed – end date: ____/____/____ <input type="checkbox"/> Did not complete—left against advice, date: end date, ____/____/____ <input type="checkbox"/> Did not complete—discharged unsuccessfully by program, end date ____/____/____ <input type="checkbox"/> Did not complete—discharged other ____/____/____ <input type="checkbox"/> N/A <input type="checkbox"/> Information not in file
D8. Documented that the offender made progress in treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
D9. Documented communication between PO and Treatment Provider	<input type="checkbox"/> Three or more times <input type="checkbox"/> Two times <input type="checkbox"/> One time only <input type="checkbox"/> No