

ICPSR 3978

**Evaluation of the Health Link  
Program [New York City]: The  
Community Reintegration Model  
to Reduce Substance Abuse  
Among Jail Inmates, 1997-2002**

12 Month Questionnaire

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First ICPSR Version  
August 2004

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## Data Collection Description

Principal Investigator(s): John Burghardt, Karen Needels

Title: Evaluation of the Health Link Program [New York City]: The Community Reintegration Model to Reduce Substance Abuse Among Jail Inmates, 1997-2002

ICPSR Study Number: 3978

Funding Agency: The Robert Wood Johnson Foundation

Grant Number: 31735

Summary: This evaluation study, funded by The Robert Wood Johnson Foundation, was designed to provide a rigorous assessment of the effects of making Health Link's community-based services available to former inmates of New York City's jail system at Rikers Island. The goal of the Health Link Project was to promote healthy reintegration of persons leaving Rikers into their communities by (1) providing direct services to incarcerated and formerly incarcerated clients, (2) assisting community organizations that served this population, (3) establishing linkages between organizations, and (4) strengthening linkages between them and public agencies. The signature component of Health Link was case management in the community. Meeting with clients after their release from jail, caseworkers provided a support structure, made referrals to services, offered crisis intervention and counseling, and served as advocates for clients. Only adult females and adolescent males were included in the study. Eligible inmates who volunteered for the evaluation study were assigned to one of two groups: the Jail-and-Community Services group (JC group) or the Jail Services Only group (J group). JC group members were eligible for Health Link's intensive discharge planning and community case management services, while J group members were eligible for less intensive discharge planning services and ineligible for Health Link's community case management services. Evaluation subjects initially completed an intake questionnaire, which collected information on age, race, Hispanic origin, ethnicity, place and type of residence, family relations, criminal background, employment and education, substance abuse, health and medical history, sexual at-risk behavior and reproductive health, and history of trauma. Follow-up interviews were conducted, on average, about 15 months after release from jail, a sufficient time to observe the 12-month period for which clients were eligible for community-based services. Topics covered in the follow-up 12 Month Questionnaire included involvement in the criminal justice system, criminal activity, substance abuse, participation in substance abuse treatment programs, education and employment outcomes, health status, access to and utilization of health care services, sexual activity and HIV risk, housing, and involvement with family and community. Subjects who were not incarcerated at the time of their follow-up interview were asked to voluntarily provide hair samples, which were tested for metabolites of cocaine, opiates, PCP,

methamphetamine, and marijuana.

Universe: Adult female and adolescent males incarcerated in the New York City jail system at Rikers Island between July 1997 and May 2000.

Sample: Health Link staff recruited for the evaluation inmates who showed interest and likely commitment to receiving case management services, who expected to return to the community within a year because their sentence in Rikers was less than one year and they did not expect to be transferred to the New York State prison system, and who were willing and able to receive services in the South Bronx or Harlem in New York City. Subjects were randomly assigned to either the JC group or to the J group. Slightly more than 350 women and 350 adolescent males were selected for each group, for a total sample of 1,416.

Dates of Collection: 1997-2002

Time Period: 1997-2002

Response Rates: Intake survey: 99 percent. Twelve month survey: 74 percent. Eighty percent of the unincarcerated follow-up respondents provided a hair sample. Incarcerated follow-up respondents were not asked to provide a hair sample.

Data Collection Notes: (1) The data files are comma-delimited with one record per case, and variable names are provided in the first record of each data file. Hence, the number of records in each file is one more than the number of cases. (2) The codebooks, frequencies and descriptive statistics, and data collection instruments are provided by ICPSR as Portable Document Format (PDF) files. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided on the ICPSR Web site.

Data Source: personal interviews and drug test results

Restrictions: This data collection may not be used for any purpose other than statistical reporting and analysis. Use of these data to learn the identity of any person or establishment is prohibited. To protect respondent privacy, the data files are restricted from general dissemination. To obtain the data files, researchers must agree to the terms and conditions of a Restricted Data Use Agreement in accordance with existing ICPSR servicing policies.

Extent of Collection: 3 data files + machine-readable documentation (PDF) + SAS data definition statements

Extent of Processing: CONCHK.PR/ DDEF.PR/ FREQ.PR/ MDATA.PR/ REFORM.DOC/ UNDOCCHK.PR

Data Format: Logical Record Length with SAS data definition statements

## File Specifications

| <i>Part No.</i> | <i>Part Name</i>                                    | <i>File Structure</i> | <i>Case Count</i> | <i>Variable Count</i> | <i>LRECL</i> | <i>Records Per Case</i> |
|-----------------|---|-----------------------|-------------------|-----------------------|--------------|-------------------------|
| 1               | Intake Data   | rectangular           | 1,410             | 999                   | 7,698        | 1                       |
| 2               | 12 Month Follow-Up Data                             | rectangular           | 1,048             | 3,032                 | 25,464       | 1                       |
| 3               | Hair Test Data                                      | rectangular           | 566               | 69                    | 639          | 1                       |
| 4               | Introduction and Index of All Health Link Variables | -                     | -                 | -                     | -            | -                       |

## Related Publications

Needels, Karen, Susanne James-Burdumy, and John Burghardt. "The Evaluation of Health Link: The Community Reintegration Model to Reduce Substance Abuse Among Jail Inmates" (Summary Report). Submitted by Mathematica Policy Research, Inc. to The Robert Wood Johnson Foundation. Princeton, NJ: Mathematica Policy Research, Inc., 2003.

Needels, Karen, Susanne James-Burdumy, and John Burghardt. "The Evaluation of Health Link: The Community Reintegration Model to Reduce Substance Abuse Among Jail Inmates" (Technical Report). Submitted by Mathematica Policy Research, Inc. to The Robert Wood Johnson Foundation. Princeton, NJ: Mathematica Policy Research, Inc., 2004.





## ICPSR Processing Note

1. The nine volumes of documentation in this data collection were compiled by ICPSR from 30 original documentation files supplied by the principal investigators. The original documents included in each ICPSR volume are listed below.

### Codebook for Intake Data:

- PUBUSE\_INTAKE\_Contents.lst
- PUBUSE\_INTAKE\_DICTIONARY.pdf
- Health Link Evaluation Appendix A.pdf

### Frequencies and Descriptive Statistics for Intake Data:

- PUBUSE\_INTAKE\_Frequencies.lst
- PUBUSE\_INTAKE\_Means.lst

### Intake Questionnaire:

- Health Link baseline survey.wpd
- Health Link baseline agreement form.wpd
- Health Link baseline informed consent form.wpd

### Codebook for 12 Month Follow-Up Data:

- PUBUSE\_12M\_Contents.lst
- PUBUSE\_12M\_DICTIONARY.pdf
- Health Link Evaluation Appendix A.pdf
- Health Link Evaluation Appendix B.pdf

### Frequencies and Descriptive Statistics for 12 Month Follow-Up Data:

- PUBUSE\_12M\_Frequencies.lst
- PUBUSE\_12M\_Means.lst

### 12 Month Questionnaire:

- Health Link 12 month survey instrument.wpd
- Health Link 12 month Self Admin J.wpd
- Health Link 12 month Self Admin K Male.wpd
- Health Link 12 month Self Admin K Female.wpd
- Health Link 12 month Form A interview consent.wpd
- Health Link 12 month Form E DOCS consent.wpd
- Health Link 12 month Form B interview agreement.wpd
- Health Link 12 month Form F DOCS agreement.wpd

### Codebook for Hair Test Data:

- PUBUSE\_HAIR\_Contents.lst
- PUBUSE\_HAIR\_DICTIONARY.pdf
- Health Link 12 month Hair Test Result Examples.PDF
- Health Link 12 month Form C hair consent.wpd
- Health Link 12 month Form D hair agreement.wpd

### Frequencies and Descriptive Statistics for Hair Test Data:

- PUBUSE\_HAIR\_Frequencies.lst
- PUBUSE\_HAIR\_Means.lst

### Introduction and Index of All Health Link Variables:

- INTRODUCTION.doc
- ALL\_VARIABLES\_INDEX.pdf

2. In response to questions from ICPSR staff, the principal

investigators reported that the version of the questionnaire used when interviewing respondents who were in a prison or jail at their 12-month follow-up had four response categories for question S10:

- 1 = 18 years or older and in Rikers Island city jail
- 2 = Under 18 yrs old and in Rikers Island city jail
- 3 = 18 years or older and in a NY upstate prison facility
- 4 = Under 18 yrs old and in a NY upstate prison facility



## OVERVIEW OF SURVEY DOCUMENTS FOR REVIEWERS

This survey was designed for use with Health Link participants enrolled in the Health Link Study. The survey was administered in-person, approximately 12 months after the participant's release from Rikers Island Jail in New York City.<sup>1</sup> At the conclusion of the survey, participants were asked to donate a lock of hair in order to test for the presence of illicit drugs. Prior to commencing the interview and the hair sample extraction, an informed consent form (or agreement to participate form for participants under age 18) was read to each participant and signed (see forms A-F).

We offered participants \$25 to meet with an interviewer and \$25 to provide a hair sample. However, slight differences existed in our ability to offer an incentive and take a hair sample depending upon the interview location. These differences were as follows:

--Participants interviewed in the community (i.e., not a jail or prison setting) were offered \$25 for meeting with the interviewer and \$25 if they consented to give a hair sample. The informed consent (or agreement to participate) forms administered to this group for the interview were forms A-B. The informed consent (or agreement to participate) forms used for the hair sample were forms C-D.

--Participants interviewed in Rikers Island Jail were allowed to receive the \$25 incentive for meeting with the interviewer, but interviewers were not allowed to take a hair sample. This was a requirement of the New York City Department of Corrections. The informed consent (or agreement to participate) forms administered to this group were forms A-B.

--Participants interviewed in a New York state prison facility were precluded from receiving any form of incentive for participating and interviewers were not allowed to take a hair sample. This was a requirement of the New York State Department of Correctional Services. The informed consent (or agreement to participate) forms administered to this group were forms E-F.

Two sections in the survey, sections J and K, were designed to be either self administered or interviewer administered, depending upon each respondent's choice. The self-administered booklets are presented here.

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<sup>1</sup> The release that followed their enrollment into the Health Link study.

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## **ANSWERS TO COMMONLY ASKED QUESTIONS WHEN NOT SPEAKING WITH A SAMPLE MEMBER**

### **WHY DO YOU WANT TO SPEAK WITH (SAMPLE MEMBER)?**

(SAMPLE MEMBER) is part of a research study on a program which he/she is involved with. He/She has given us permission to contact him/her.

### **IF SPEAKING WITH AN AGENCY, SOCIAL WORKER, PROBATION OFFICER, ETC. WHY DO YOU WANT TO SPEAK WITH (SAMPLE MEMBER)?**

(SAMPLE MEMBER) is part of a research study on a program which he/she is involved with. We have (SAMPLE MEMBER)'s consent for the study and he/she has given us the names of people to help locate him/her, but we have been unable to do so.

### **WHAT PROGRAM IS HE/SHE IN?**

The program is funded by the Robert Wood Johnson Foundation. Its goal is to help women and young men in New York City become self-sufficient.

IF CONTACT WANTS NAME OF PROGRAM: To be respectful of (SAMPLE MEMBER) and ensure his/her confidentiality, I cannot give the name of the program or give you details about it or the study. I can, however, assure you that (SAMPLE MEMBER) agreed to participate in this study and also gave us the names of friends and relatives who would know how to reach him/her if we had trouble doing so.

### **WHAT ARE YOU STUDYING?**

We are doing a study of women and young men in New York City.

### **WHAT WILL YOU ASK (SAMPLE MEMBER) ABOUT?**

The interview will cover use of community services, employment and training, living arrangements, family and community involvement, health and behaviors that may affect one's health, such as drugs and alcohol, use of health care and drug treatment, and involvement with the criminal justice system.

### **WHO ARE YOU? WHERE ARE YOU CALLING FROM?**

I work for a company called Mathematica Policy Research which is located in Plainsboro, New Jersey. Mathematica is a private research organization. For this study, we are under contract to the Robert Wood Johnson Foundation.

### **NEVER MENTION THE FOLLOWING WHEN YOU ARE TALKING WITH SOMEONE OTHER THAN A SAMPLE MEMBER:**

- **RIKERS ISLAND/PRISONS/JAILS**
- **ANYTHING ABOUT STUDYING INCARCERATED INDIVIDUALS**
- **HEALTH LINK**

**ANSWERS TO COMMONLY ASKED QUESTIONS  
FOR USE WITH SAMPLE MEMBERS ONLY**

**WHAT IS HEALTH LINK?**

Health Link is a program you joined while you were at Rikers Island. You may have attended "Empowerment Sessions" and had a detailed interview with a caseworker.

**WHO ARE YOU? WHERE ARE YOU CALLING FROM?**

I work for a company called Mathematica Policy Research which is located in Plainsboro, New Jersey. Mathematica is a private research organization. For this study, we are under contract to the Robert Wood Johnson Foundation to conduct a study of the Health Link Program. The Robert Wood Johnson Foundation also pays for the Health Link Program. You may have received some letters and phone calls from us over the past year or so.

**WHY DO YOU WANT TO INTERVIEW ME?**

Mathematica Policy Research is studying the Health Link Program. You may remember that when you joined Health Link, you signed an Informed Consent or Agreement to Participate form which explained about the study and that we would like to interview you. So that the study can fully understand how Health Link can best help people, we want to interview everybody who entered Health Link since July, 1997.

**HOW MANY TIMES ARE YOU GOING TO WANT TO TALK WITH ME?**

This will be the last time we need to contact you for this study.

**WHAT IS THE INTERVIEW ABOUT--WHAT WILL YOU ASK ME?**

The interview will cover your use of community services, employment and training, living arrangements, family and community involvement, your health and behaviors that may affect your health, such as use of drugs and alcohol, your use of health care and drug treatment, and involvement with the criminal justice system.

**I DON'T REMEMBER ANYTHING ABOUT A STUDY. WHO CAN I TALK TO ABOUT THAT?**

You can call Rita Stapulonis at 718-626-6288. She can answer your questions about the study and go over the Informed Consent or Agreement to Participate form with you.

**CAN YOU HELP ME OR ANSWER A QUESTION ABOUT MY (COURT CASE, WELFARE/FOOD STAMP BENEFITS, HEALTH LINK, OTHER PROBLEMS)?**

I'm sorry, I'm not a professional in that/those area(s). Do you have a (caseworker/social worker/probation or parole officer) you could talk to? I'm sorry I can't help with that.

**WHY DO YOU WANT A LOCK OF HAIR? (FOR COMMUNITY INTERVIEWS ONLY)**

We are collecting a small lock of hair to quantify drug use over the past 90 day period. You will be paid \$25.00 for donating a lock of hair. This information will be kept strictly confidential.



# INTRODUCTION/SCREENER

S1. Could I speak with (SAMPLE MEMBER)? (My name is [NAME] and I'm with Mathematica Policy Research, a research company in Princeton, NJ.)

SAMPLE MEMBER NOT AVAILABLE ..... 00 →

When would be a good time to reach (him/her)?  
RECORD CALL BACK ON CONTACT SHEET.

SAMPLE MEMBER DOES NOT LIVE HERE .... 01 →

Do you know where (he/she) is living?  
RECORD ON CONTACT SHEET.

SAMPLE MEMBER IS AVAILABLE ..... 02

S1a. (Hello, my name is [NAME] and I'm from Mathematica Policy Research in Princeton, NJ.)

I'm here as part of the study on the Health Link Program. Your caseworker may have explained that Mathematica wants to interview you 12 months after your release from Rikers Island to see how things are going for you.

**[IF INTERVIEW IS IN THE COMMUNITY OR RIKERS, READ:** We will pay \$25.00 for the interview, **IF INTERVIEW IS IN THE COMMUNITY, ADD:** and \$25.00 for donating a lock of your hair, for a total of \$50.00.] (Would this be a good time to begin?)

**REFER TO QUESTION AND ANSWER SHEET ON NEXT PAGE AS NEEDED.**

First, I need to verify that I am speaking with the correct person. Could I please have your date of birth?

|\_|\_| / |\_|\_| / 19 |\_|\_|  
MONTH DAY YEAR

REFUSED ..... -3

S2. Were you released into the community from Rikers Island on or around [RELEASE DATE]?

**INTERVIEWER: IF NO, PROBE FOR REASON.**

YES ..... (GO TO S9) ..... 01

NO, DIFFERENT DATE ..... (GO TO S8) ..... 02

NO, SENT DIRECTLY TO  
ANOTHER PRISON/FACILITY ... (GO TO S4) ..... 03

NO, NEVER BEEN IN RIKERS ..... 04

REFUSED ..... -3

S3. I'm sorry. I need to check my records before I can interview you. How can I reach you later?

**RECORD INFORMATION ON CONTACT SHEET AND END INTERVIEW.**

S4. When were you transferred from Rikers to that other prison or facility? What month and year?

**PROBE:** Your best estimate is fine.

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
MONTH DAY YEAR

S5. **INTERVIEWER: ARE YOU INTERVIEWING THE SAMPLE MEMBER . . .**

IN A JAIL/PRISON/DETENTION CENTER . . . . . 01  
 IN THE COMMUNITY . . . . . (GO TO S7) . . . . . 02

S6. Have you been in a prison, jail, or detention center ever since you were transferred from Rikers?

YES . . . . . (GO TO S9) . . . . . 01  
 NO . . . . . 00

S7. When were you released from that prison, jail or detention center?

**PROBE:** The one you were transferred to from Rikers.

**PROBE:** Your best estimate is fine.

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|  
 MONTH DAY YEAR

**GO TO S9**

S8. When were you released from Rikers Island?

**PROBE:** Your best estimate is fine.

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|  
 MONTH DAY YEAR

S9. Now I will read a form to you which describes the interview. It will help you decide if you would like to keep going. Feel free to interrupt me at any time with questions you might have. When I have finished reading the form, I will ask you to sign it to let me know whether or not you want to go on with the interview.

OK, CONTINUE . . . . . 01  
 DOES NOT WANT  
 TO CONTINUE . . . . . (STOP INTERVIEW) . . . . . -3

S10. **INTERVIEWER: CHECK QUESTION S1a. IS THE SAMPLE MEMBER . . .**

18 YEARS OLD OR OLDER? . . . . . 01 READ INFORMED CONSENT,  
 OR FORM A  
 UNDER 18 YEARS OLD? . . . . . 02 READ INTERVIEW AGREEMENT  
 TO PARTICIPATE, FORM B

## A. DEMOGRAPHICS/BACKGROUND

A1. First, which describes your current relationship status? Are you . . .

CIRCLE ONE ONLY

- Married, . . . . . 01  
Living as married, . . . . . 02  
Separated, . . . . . 03  
Widowed, . . . . . 04  
Divorced, . . . . . 05  
Or have you never been married? . . . . . 06

A2. **ASK IF NOT KNOWN:** Are you male or female?

- MALE . . . . . 01  
FEMALE . . . . . 02

## B. EDUCATION, TRAINING, EMPLOYMENT

- B1. The next questions are about your educational background. Do you have a high school diploma or GED certificate?

**INTERVIEWER: IF "YES," PROBE FOR TYPE.**

YES, HIGH SCHOOL  
DIPLOMA ..... 01  
YES, GED ..... 02  
NO, NEITHER ..... (GO TO B3) ..... 00

- B2. Did you receive your (high school diploma/GED) after [RELEASE DATE]?

YES ..... 01  
NO ..... 00

- B3. Since [RELEASE DATE], did you attend school or training programs or take classes?

**PROBE:** Please include regular high school, adult basic education or GED courses, vocational or trade school, Job Corps, college, or other types of school, as well as training programs to help you learn job skills or get a job. Also include classes you may have attended to learn English or improve your reading skills.

**PROBE:** Include beauty school and secretarial or nursing courses.

YES ..... 01  
NO ..... (GO TO B10) ..... 00  
DON'T KNOW ..... (GO TO B10) ..... -1

|   | CURRENT OR MOST RECENT SCHOOL OR TRAINING   01   | SECOND MOST RECENT SCHOOL OR TRAINING   02   |
|---|--|--|
| B4. Please tell me the name(s) of the schools or programs you have attended since [RELEASE DATE].<br><br><b>INTERVIEWER: ENTER INFORMATION ACROSS TOP OF GRID BEFORE CONTINUING.</b><br><br><b>ASK B5-B9 DOWN FOR EACH PROGRAM.</b>               | _____<br><br>_____<br><br>_____  | _____<br><br>_____<br><br>_____  |
| B5. When did you <u>start</u> going to [PROGRAM]?<br><br><b>PROBE FOR BEGINNING, MIDDLE, OR END OF MONTH IF SAMPLE MEMBER CANNOT GIVE EXACT DATES.</b><br><br><b>IF "BEGINNING," ENTER 05;<br/>IF "MIDDLE," ENTER 15;<br/>IF "END," ENTER 25.</b> | START:  __   __   __   __   __ <br>MONTH DAY YEAR  | START:  __   __   __   __   __ <br>MONTH DAY YEAR  |
| B6. And when did you <u>stop</u> going to [PROGRAM]?<br><br><b>IF STILL ATTENDING, CIRCLE CODE -4.</b>  | STOP:  __   __   __   __   __ <br>MONTH DAY YEAR<br><br>STILL ATTENDING ..... -4   | STOP:  __   __   __   __   __ <br>MONTH DAY YEAR<br><br>STILL ATTENDING ..... -4   |
| B7. What type of school or training (is/was) it?<br><br><b>CODE ONE ONLY</b>  | MIDDLE/JUNIOR HIGH SCHOOL ..... 01<br>REGULAR HIGH SCHOOL ..... 02<br>ALTERNATIVE HIGH SCHOOL ..... 03<br>ABE-ADULT BASIC EDUCATION PROGRAM (PRE-GED) ..... 04<br>GED PROGRAM ..... 05<br>ESL-ENGLISH AS A SECOND LANGUAGE PROGRAM ..... 06<br>NURSING SCHOOL (LPN OR RN) ..... 07<br>BUSINESS OR SECRETARIAL SCHOOL ..... 08<br>VOCATIONAL, TECHNICAL, OR TRADE SCHOOL ..... 09<br>COMMUNITY OR JUNIOR COLLEGE (2-YEAR) ..... 10<br>COLLEGE (4-YEAR) ..... 11<br>OTHER TYPE (SPECIFY) ..... 00<br>_____ | MIDDLE/JUNIOR HIGH SCHOOL ..... 01<br>REGULAR HIGH SCHOOL ..... 02<br>ALTERNATIVE HIGH SCHOOL ..... 03<br>ABE-ADULT BASIC EDUCATION PROGRAM (PRE-GED) ..... 04<br>GED PROGRAM ..... 05<br>ESL-ENGLISH AS A SECOND LANGUAGE PROGRAM ..... 06<br>NURSING SCHOOL (LPN OR RN) ..... 07<br>BUSINESS OR SECRETARIAL SCHOOL ..... 08<br>VOCATIONAL, TECHNICAL, OR TRADE SCHOOL ..... 09<br>COMMUNITY OR JUNIOR COLLEGE (2-YEAR) ..... 10<br>COLLEGE (4-YEAR) ..... 11<br>OTHER TYPE (SPECIFY) ..... 00<br>_____ |
| B8. (Is/Was) this in a jail, prison or detention center?  | YES ..... 01<br>NO ..... 00  | YES ..... 01<br>NO ..... 00  |
| B9. <b>INTERVIEWER, CHECK B4: IS THERE ANOTHER PROGRAM TO ASK ABOUT?</b>  | YES ..... (GO TO B5) ..... 01<br>NO ..... (GO TO B10) ..... 00   | YES ..... (GO TO B5) ..... 01<br>NO ..... (GO TO B10) ..... 00   |

| THIRD MOST RECENT SCHOOL OR TRAINING   03   | FOURTH MOST RECENT SCHOOL OR TRAINING   04  | FIFTH MOST RECENT SCHOOL OR TRAINING   05   |
|---|---|---|
| <hr/> <hr/> <hr/>   | <hr/> <hr/> <hr/>   | <hr/> <hr/> <hr/>   |
| START:                                <br>MONTH DAY YEAR  | START:                                <br>MONTH DAY YEAR  | START:                                <br>MONTH DAY YEAR  |
| STOP:                                <br>MONTH DAY YEAR<br>STILL ATTENDING ..... -4   | STOP:                                <br>MONTH DAY YEAR<br>STILL ATTENDING ..... -4   | STOP:                                <br>MONTH DAY YEAR<br>STILL ATTENDING ..... -4   |
| MIDDLE/JUNIOR HIGH SCHOOL ..... 01<br>REGULAR HIGH SCHOOL ..... 02<br>ALTERNATIVE HIGH SCHOOL ..... 03<br>ABE-ADULT BASIC EDUCATION PROGRAM (PRE-GED) ..... 04<br>GED PROGRAM ..... 05<br>ESL-ENGLISH AS A SECOND LANGUAGE PROGRAM ..... 06<br>NURSING SCHOOL (LPN OR RN) ..... 07<br>BUSINESS OR SECRETARIAL SCHOOL ..... 08<br>VOCATIONAL, TECHNICAL, OR TRADE SCHOOL ..... 09<br>COMMUNITY OR JUNIOR COLLEGE (2-YEAR) ..... 10<br>COLLEGE (4-YEAR) ..... 11<br>OTHER TYPE (SPECIFY) ..... 00 | MIDDLE/JUNIOR HIGH SCHOOL ..... 01<br>REGULAR HIGH SCHOOL ..... 02<br>ALTERNATIVE HIGH SCHOOL ..... 03<br>ABE-ADULT BASIC EDUCATION PROGRAM (PRE-GED) ..... 04<br>GED PROGRAM ..... 05<br>ESL-ENGLISH AS A SECOND LANGUAGE PROGRAM ..... 06<br>NURSING SCHOOL (LPN OR RN) ..... 07<br>BUSINESS OR SECRETARIAL SCHOOL ..... 08<br>VOCATIONAL, TECHNICAL, OR TRADE SCHOOL ..... 09<br>COMMUNITY OR JUNIOR COLLEGE (2-YEAR) ..... 10<br>COLLEGE (4-YEAR) ..... 11<br>OTHER TYPE (SPECIFY) ..... 00 | MIDDLE/JUNIOR HIGH SCHOOL ..... 01<br>REGULAR HIGH SCHOOL ..... 02<br>ALTERNATIVE HIGH SCHOOL ..... 03<br>ABE-ADULT BASIC EDUCATION PROGRAM (PRE-GED) ..... 04<br>GED PROGRAM ..... 05<br>ESL-ENGLISH AS A SECOND LANGUAGE PROGRAM ..... 06<br>NURSING SCHOOL (LPN OR RN) ..... 07<br>BUSINESS OR SECRETARIAL SCHOOL ..... 08<br>VOCATIONAL, TECHNICAL, OR TRADE SCHOOL ..... 09<br>COMMUNITY OR JUNIOR COLLEGE (2-YEAR) ..... 10<br>COLLEGE (4-YEAR) ..... 11<br>OTHER TYPE (SPECIFY) ..... 00 |
| YES ..... 01<br>NO ..... 00   | YES ..... 01<br>NO ..... 00   | YES ..... 01<br>NO ..... 00   |
| YES ..... (GO TO B5) ..... 01<br>NO ..... (GO TO B10) ..... 00  | YES ..... (GO TO B5) ..... 01<br>NO ..... (GO TO B10) ..... 00  | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>GO TO B10</b> </div>   |

B10. The next questions are about formal jobs you may have had. By formal, we mean part-time or full-time jobs for which you receive a paycheck, including self-employment. Later, we'll talk about work you do off the books or on the side.

Since [RELEASE DATE], have you had any formal jobs?

YES ..... 01  
NO ..... (GO TO B19) ..... 00

B11. How many different formal jobs have you had since [RELEASE DATE]?

**PROBE:** Work at different companies through a single temporary agency should be counted as one job.

**PROBE:** Your best estimate is fine.

|\_\_|\_\_| NUMBER OF JOBS

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|   | JOB   01   | JOB   02   |
|---|--|--|
| <p>B12. Please tell me the names of all the places or people you worked for since [RELEASE DATE], starting with the most recent.</p> <p><b>MANDATORY PROBE:</b> Where else did you work since [RELEASE DATE]?</p> <p><b>INTERVIEWER: IF MORE THAN 5 JOBS SINCE [RELEASE DATE] , TAKE THE 5 MOST RECENT.</b></p> <p><b>RECORD EMPLOYER NAME FOR ALL JOBS ACROSS TOP OF GRID. THEN ASK B13-B18 DOWN FOR EACH JOB.</b></p> | <p>_____</p> <p>_____</p>  | <p>_____</p> <p>_____</p>  |
| <p>B13. When did you <u>start</u> working for EMPLOYER?</p> <p><b>PROBE FOR BEGINNING, MIDDLE, OR END OF MONTH IF EXACT DATES ARE NOT KNOWN.</b><br/> <b>IF "BEGINNING," ENTER 05;</b><br/> <b>IF "MIDDLE," ENTER 15;</b><br/> <b>IF "END," ENTER 25.</b></p>   | <p>START:                                    </p> <p>MONTH DAY YEAR</p>  | <p>START:                                    </p> <p>MONTH DAY YEAR</p>  |
| <p>B14. When did you <u>stop</u> working for EMPLOYER?</p> <p><b>IF STILL AT JOB, CIRCLE -4.</b></p>  | <p>STOP:                                    </p> <p>MONTH DAY YEAR</p> <p>STILL WORKING AT JOB ..... -4</p>  | <p>STOP:                                    </p> <p>MONTH DAY YEAR</p> <p>STILL WORKING AT JOB ..... -4</p>  |
| <p>B15. How many hours per week (do/did) you usually work?</p> <p><b>PROBE:</b> How many hours in an average week?</p> <p><b>PROBE:</b> Just before you left.</p>   | <p>       </p> <p>HOURS PER WEEK</p>   | <p>       </p> <p>HOURS PER WEEK</p>   |
| <p>B16. What (is/was) your hourly rate of pay, before taxes and deductions (just before you left that job)? Please include tips, commissions, and regular overtime pay you may have received.</p> <p><b>WATCH THE DECIMAL POINT.</b></p>  | <p>PER HOUR</p> <p>\$                                    </p> <p>.....(GO TO B18)</p> <p>REFUSED.....(GO TO B18) ..... -3</p> <p>DOES NOT KNOW OR NOT PAID BY HOUR ..... -1</p>  | <p>PER HOUR</p> <p>\$                                    </p> <p>.....(GO TO B18)</p> <p>REFUSED.....(GO TO B18) ..... -3</p> <p>DOES NOT KNOW OR NOT PAID BY HOUR ..... -1</p>  |
| <p>B17. How much (are/were) your <u>earnings</u>, before taxes and other deductions (just before you left that job)? Please include tips, commissions, and regular overtime pay you may have received.</p> <p><b>CIRCLE PAY PERIOD CODE.</b></p>  | <p>\$                                    </p> <p>PER WEEK ..... 01</p> <p>PER DAY ..... 02</p> <p>ONCE EVERY TWO WEEKS ..... 03</p> <p>TWICE A MONTH ..... 04</p> <p>PER MONTH ..... 05</p> <p>PER YEAR ..... 06</p> <p>REFUSED ..... -3</p> | <p>\$                                    </p> <p>PER WEEK ..... 01</p> <p>PER DAY ..... 02</p> <p>ONCE EVERY TWO WEEKS ..... 03</p> <p>TWICE A MONTH ..... 04</p> <p>PER MONTH ..... 05</p> <p>PER YEAR ..... 06</p> <p>REFUSED ..... -3</p> |
| <p>B18. <b>INTERVIEWER, CHECK B12: IS THERE ANOTHER JOB TO ASK ABOUT?</b></p>   | <p>YES ..... (GO TO B13) ..... 01</p> <p>NO ..... (GO TO B19) ..... 00</p>   | <p>YES ..... (GO TO B13) ..... 01</p> <p>NO ..... (GO TO B19) ..... 00</p>   |

| JOB  03   | JOB  04   | JOB  05   |
|---|---|---|
| <hr/> <hr/>   | <hr/> <hr/>   | <hr/> <hr/>   |
| START:                                    <br>MONTH DAY YEAR  | START:                                    <br>MONTH DAY YEAR  | START:                                    <br>MONTH DAY YEAR  |
| STOP:                                    <br>MONTH DAY YEAR<br>STILL WORKING AT JOB ..... -4  | STOP:                                    <br>MONTH DAY YEAR<br>STILL WORKING AT JOB ..... -4  | STOP:                                    <br>MONTH DAY YEAR<br>STILL WORKING AT JOB ..... -4  |
| <br>HOURS PER WEEK  | <br>HOURS PER WEEK  | <br>HOURS PER WEEK  |
| PER HOUR<br>\$                                     .....(GO TO B18)<br>REFUSED.....(GO TO B18) ..... -3<br>DOES NOT KNOW OR NOT<br>PAID BY HOUR ..... -1  | PER HOUR<br>\$                                     .....(GO TO B18)<br>REFUSED.....(GO TO B18) ..... -3<br>DOES NOT KNOW OR NOT<br>PAID BY HOUR ..... -1  | PER HOUR<br>\$                                     .....(GO TO B18)<br>REFUSED.....(GO TO B18) ..... -3<br>DOES NOT KNOW OR NOT<br>PAID BY HOUR ..... -1  |
| \$                                    <br>PER WEEK ..... 01<br>PER DAY ..... 02<br>ONCE EVERY TWO WEEKS ..... 03<br>TWICE A MONTH ..... 04<br>PER MONTH ..... 05<br>PER YEAR ..... 06<br>REFUSED ..... -3 | \$                                    <br>PER WEEK ..... 01<br>PER DAY ..... 02<br>ONCE EVERY TWO WEEKS ..... 03<br>TWICE A MONTH ..... 04<br>PER MONTH ..... 05<br>PER YEAR ..... 06<br>REFUSED ..... -3 | \$                                    <br>PER WEEK ..... 01<br>PER DAY ..... 02<br>ONCE EVERY TWO WEEKS ..... 03<br>TWICE A MONTH ..... 04<br>PER MONTH ..... 05<br>PER YEAR ..... 06<br>REFUSED ..... -3 |
| YES ..... (GO TO B13) ..... 01<br>NO ..... (GO TO B19) ..... 00   | YES ..... (GO TO B13) ..... 01<br>NO ..... (GO TO B19) ..... 00   | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>GO TO B19</b> </div>  |

B19. The next few questions are about jobs you may have held off the books or under the table, or work done occasionally or on the side for which you receive cash. Since [RELEASE DATE], have you had any of these types of jobs? Please do not include jobs that involved any illegal activities.

YES ..... 01  
NO ..... (GO TO C1) ..... 00  
DON'T KNOW ..... (GO TO C1) ..... -1

B20. How many different types of informal jobs have you had since [RELEASE DATE]?

**PROBE:** Your best estimate is fine.

|\_\_|\_\_| NUMBER OF JOBS

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|   | JOB  01   | JOB  02   |
|---|---|---|
| <p>B21. What types of informal jobs have you done since [RELEASE DATE]?</p> <p><b>RECORD TYPE OF JOB FOR ALL JOBS ACROSS TOP OF GRID. THEN ASK Q.B22-Q.B26 DOWN FOR EACH JOB.</b></p> <p><b>INTERVIEWER: IF MORE THAN 5 INFORMAL JOBS, TAKE THE 5 MOST RECENT ONES.</b></p> | <hr/> <hr/> <hr/>   | <hr/> <hr/> <hr/>   |
| <p>B22. When did you <u>start</u> doing [TYPE OF JOB]?</p> <p><b>PROBE FOR BEGINNING, MIDDLE, OR END OF MONTH IF EXACT DATES ARE NOT KNOWN. IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.</b></p>  | <p>START:       /       /            </p> <p>          MONTH    DAY    YEAR</p>   | <p>START:       /       /            </p> <p>          MONTH    DAY    YEAR</p>   |
| <p>B23. And approximately how long did you do [TYPE OF JOB]?</p> <p><b>IF STILL AT JOB, CIRCLE -4.</b></p>  | <p>        → {</p> <p>          HOURS ..... 01</p> <p>          DAYS ..... 02</p> <p>          WEEKS ..... 03</p> <p>          MONTHS ..... 04</p> <p>          STILL AT JOB ..... -4</p> | <p>        → {</p> <p>          HOURS ..... 01</p> <p>          DAYS ..... 02</p> <p>          WEEKS ..... 03</p> <p>          MONTHS ..... 04</p> <p>          STILL AT JOB ..... -4</p> |
| <p>B24. (Do/Did) you do [TYPE OF JOB] on a regular basis, occasionally, or just one or two times?</p>   | <p>REGULAR ..... 01</p> <p>OCCASIONAL ..... 02</p> <p>ONE/TWO TIMES ..... 03</p> <p>DON'T KNOW ..... -1</p>   | <p>REGULAR ..... 01</p> <p>OCCASIONAL ..... 02</p> <p>ONE/TWO TIMES ..... 03</p> <p>DON'T KNOW ..... -1</p>   |
| <p>B25. How much (have you made/did you make), in total, from doing [TYPE OF JOB]?</p> <p><b>PROBE:</b> Your best estimate is fine.</p>   | <p>\$         ,          </p>   | <p>\$         ,          </p>   |
| <p>B26. <b>INTERVIEWER, CHECK B21: IS THERE ANOTHER JOB TO ASK ABOUT?</b></p>   | <p>YES..... (GO TO B22) ..... 01</p> <p>NO..... (GO TO C1) ..... 00</p>   | <p>YES..... (GO TO B22) ..... 01</p> <p>NO..... (GO TO C1) ..... 00</p>   |

| JOB  03  | JOB  04  | JOB  05  |
|--|--|--|
| <hr/> <hr/> <hr/>  | <hr/> <hr/> <hr/>  | <hr/> <hr/> <hr/>  |
| START:         /         /                <br>MONTH    DAY    YEAR   | START:         /         /                <br>MONTH    DAY    YEAR   | START:         /         /                <br>MONTH    DAY    YEAR   |
| → { <ul style="list-style-type: none"> <li>HOURS ..... 01</li> <li>DAYS ..... 02</li> <li>WEEKS ..... 03</li> <li>MONTHS ..... 04</li> </ul> STILL AT JOB ..... -4 | → { <ul style="list-style-type: none"> <li>HOURS ..... 01</li> <li>DAYS ..... 02</li> <li>WEEKS ..... 03</li> <li>MONTHS ..... 04</li> </ul> STILL AT JOB ..... -4 | → { <ul style="list-style-type: none"> <li>HOURS ..... 01</li> <li>DAYS ..... 02</li> <li>WEEKS ..... 03</li> <li>MONTHS ..... 04</li> </ul> STILL AT JOB ..... -4 |
| REGULAR ..... 01<br>OCCASIONAL ..... 02<br>ONE/TWO TIMES ..... 03<br>DON'T KNOW ..... -1   | REGULAR ..... 01<br>OCCASIONAL ..... 02<br>ONE/TWO TIMES ..... 03<br>DON'T KNOW ..... -1   | REGULAR ..... 01<br>OCCASIONAL ..... 02<br>ONE/TWO TIMES ..... 03<br>DON'T KNOW ..... -1   |
| \$         ,   | \$         ,   | \$         ,   |
| YES..... (GO TO B22) ..... 01<br>NO..... (GO TO C1) ..... 00   | YES..... (GO TO B22) ..... 01<br>NO..... (GO TO C1) ..... 00   | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>GO TO C1</b> </div>   |

## C. HOUSING AND HOUSEHOLD COMPOSITION

C1. The next few questions are about housing. Since [RELEASE DATE], have you lived in any of the following types of places . . .

| READ DOWN LIST FIRST, THEN ACROSS FOR "YES" RESPONSES.                                       |     |    | C2.   |
|--|-----|----|---|
|  | YES | NO | <b>FOR EACH "YES" TO e-f, ASK:</b> Since [RELEASE DATE], how long did you live [READ e/f]?<br><b>PROBE:</b> Your best estimate is fine. |
| a. an apartment or house, or a room in an apartment or house? . . . . .                      | 01  | 00 | <b>DO NOT ASK</b>   |
| b. a hotel? . . . . .  | 01  | 00 | <b>DO NOT ASK</b>   |
| c. a residential treatment program for drugs or alcohol? . .                                 | 01  | 00 | <b>DO NOT ASK</b>   |
| d. a jail or prison? . . . . .   | 01  | 00 | <b>DO NOT ASK</b>   |
| e. in a homeless shelter, emergency housing shelter, or domestic violence shelter? . . . . . | 01  | 00 | _____<br>Days . . . . . 01<br>Weeks . . . . . 02<br>Months . . . . . 03<br>DON'T KNOW . . . . . -1                                      |
| f. on the street or homeless? . . . . .  | 01  | 00 | _____<br>Days . . . . . 01<br>Weeks . . . . . 02<br>Months . . . . . 03<br>DON'T KNOW . . . . . -1                                      |
| g. did you live in any other type of place? (SPECIFY) . . . .<br>_____                       | 01  | 00 | <b>DO NOT ASK</b>   |

C3. In which of these types of places do you currently live?

**INTERVIEWER: READ CATEGORIES IF NECESSARY.**

CIRCLE ONE ONLY

- AN APARTMENT OR HOUSE . . . . . 01
- A HOTEL . . . . . 02
- A RESIDENTIAL TREATMENT PROGRAM  
FOR DRUGS OR ALCOHOL . . . . . (GO TO C7) . . . . . 03
- A JAIL OR PRISON . . . . . (GO TO C9) . . . . . 04
- A HOMELESS SHELTER, EMERGENCY  
SHELTER, OR DOMESTIC  
VIOLENCE SHELTER . . . . . (GO TO C7) . . . . . 05
- ON THE STREET OR HOMELESS . . . . . (GO TO C7) . . . . . 06
- OTHER TYPE OF PLACE . . . . . 00  
(SPECIFY) \_\_\_\_\_

C3a. Do you live in a public housing project, or do you or any family members living with you receive a rent subsidy or pay a lower rent because the government or a program pays part of the cost?

YES ..... 01  
 NO ..... 00  
 DON'T KNOW ..... -1

C4. How many people currently live with you, not including yourself? Please include babies, small children, people who are not related to you, and people who are temporarily away, for example, at school, or in a hospital.

**PROBE:** Please include persons who are temporarily living with you.

NUMBER OF PEOPLE IN HOUSEHOLD .....    
 NONE OR SAMPLE MEMBER  
 LIVES ALONE ..... (GO TO C9) ..... 00

C5. Who do you currently live with?

**PROBE:** How is each person related to you?

**MANDATORY PROBE:** Anyone else?

CIRCLE ALL THAT APPLY

SPOUSE ..... 01  
 PARTNER ..... 02  
 OWN CHILDREN (INCLUDING STEP,  
 FOSTER) ..... 03  
 GRANDCHILDREN ..... 04  
 MOTHER (INCLUDES STEPMOTHER) ..... 05  
 FATHER (INCLUDES STEPFATHER) ..... 06  
 FOSTER PARENTS ..... 07  
 BROTHER(S) OR SISTER(S) ..... 08  
 GRANDPARENT(S) ..... 09  
 OTHER RELATIVE(S) ..... 10  
 FRIEND(S)/BOARDER(S)/ROOMMATE(S) .... 11  
 UNRELATED CHILDREN ..... 12  
 OTHER (SPECIFY) ..... 13

\_\_\_\_\_

\_\_\_\_\_



C6. **INTERVIEWER, CHECK C5: IS CODE 03 CIRCLED, SAMPLE MEMBER LIVES WITH OWN CHILDREN?**

YES ..... 01

NO ..... (GO TO C9) ..... 00

C7. How many of your own children do you currently live with? Please include step and foster children.

NUMBER OF CHILDREN. .... |\_|\_|

C8. How old are your children who currently live with you?

|           | <u>AGE</u>         | <u>CIRCLE ONE FOR EACH</u> |
|-----------|--------------------|----------------------------|
| CHILD #1  | _ _  → YEARS ..... | 01                         |
|           | MONTHS .....       | 02                         |
| CHILD #2  | _ _  → YEARS ..... | 01                         |
|           | MONTHS .....       | 02                         |
| CHILD #3  | _ _  → YEARS ..... | 01                         |
|           | MONTHS .....       | 02                         |
| CHILD #4  | _ _  → YEARS ..... | 01                         |
|           | MONTHS .....       | 02                         |
| CHILD #5  | _ _  → YEARS ..... | 01                         |
|           | MONTHS .....       | 02                         |
| CHILD #6  | _ _  → YEARS ..... | 01                         |
|           | MONTHS .....       | 02                         |
| CHILD #7  | _ _  → YEARS ..... | 01                         |
|           | MONTHS .....       | 02                         |
| CHILD #8  | _ _  → YEARS ..... | 01                         |
|           | MONTHS .....       | 02                         |
| CHILD #9  | _ _  → YEARS ..... | 01                         |
|           | MONTHS .....       | 02                         |
| CHILD #10 | _ _  → YEARS ..... | 01                         |
|           | MONTHS .....       | 02                         |

C9. [Besides your (child/children) who (lives/live) with you], Have you [given birth to/fathered] any children who do not live with you now?

YES ..... 01  
NO ..... (GO TO D1) ..... 00

C10. How many children under age 18 do you have who do not live with you now?

NUMBER OF CHILDREN UNDER  
18 NOT LIVING WITH SAMPLE MEMBER ..... |\_\_|\_\_|  
ALL CHILDREN  
DECEASED ..... (GO TO D1) ..... -4

C10a. **INTERVIEWER: IS THE ANSWER TO C10 ...**

ZERO? ..... (GO TO D1) ..... 00  
ONE? ..... (GO TO C11) ..... 01  
TWO OR MORE? ..... (GO TO C13) ..... 02

C11. In the last 3 months, how often have you spent time with this child?

**INTERVIEWER: READ RESPONSE CATEGORIES IF NECESSARY.**

CIRCLE ONE ONLY

NEVER ..... 00  
ONCE A MONTH OR LESS ..... 01  
TWO OR THREE TIMES A MONTH ..... 02  
ABOUT ONCE A WEEK ..... 03  
ABOUT TWICE A WEEK ..... 04  
EVERY OTHER DAY OR HALF THE WEEK, OR ..... 05  
EVERYDAY OR ALMOST EVERYDAY? ..... 06

C12. Is this child in foster care?

YES ..... 01

NO ..... 00

**GO TO D1**

C13. Are any of these children in foster care?

YES ..... 01

NO ..... (GO TO C14) ..... 00

C13a. How many are in foster care?

|\_| |\_| CHILDREN

C14. In the last 3 months, how often have you spent time with the youngest child who does not live with you?

**INTERVIEWER: READ RESPONSE CATEGORIES IF NECESSARY.**

CIRCLE ONE ONLY

NEVER ..... 00

ONCE A MONTH OR LESS ..... 01

TWO OR THREE TIMES A MONTH ..... 02

ABOUT ONCE A WEEK ..... 03

ABOUT TWICE A WEEK ..... 04

EVERY OTHER DAY OR HALF THE WEEK, OR ..... 05

EVERYDAY OR ALMOST EVERYDAY? ..... 06

## D. PEER/COMMUNITY RELATIONS

Now, I would like to ask about your relationships with adult family members and friends since [RELEASE DATE].

- D1. Would you say you have had a close, personal relationship with any friends or relatives during that time?

**PROBE:** Please include people over 18 years only.

YES ..... 01  
NO ..... 00

- D2. How often have you received help or encouragement, from your family or friends, when you have had problems with jobs, the law, using drugs, or other things? Would you say . . .

**PROBE:** Since [RELEASE DATE].

never or rarely, ..... 01  
some of the time, or ..... 02  
almost always? ..... 03

D3. Have you had significant periods since [RELEASE DATE] in which you have experienced serious problems getting along with your . . . **(READ DOWN LIST AND CIRCLE ONE FOR EACH.)**

|   | <u>CIRCLE ONE FOR EACH</u> |           |           |
|---|----------------------------|-----------|-----------|
|   | <u>YES</u>                 | <u>NO</u> | <u>NA</u> |
| a. parents, brothers or sisters, or other significant family members? . . . . . | 01                         | 00        | -4        |
| b. spouse or sexual partner? . . . . .  | 01                         | 00        | -4        |
| c. children? . . . . .  | 01                         | 00        | -4        |
| d. close friends, neighbors, or coworkers? . . . . .                            | 01                         | 00        | -4        |

D4. Since [RELEASE DATE], would you say that none of the people, a few of the people, or many of the people that you are close to, including either family members or friends . . . **(READ DOWN LIST AND CIRCLE ONE FOR EACH.)**

|  | <u>CIRCLE ONE FOR EACH</u> |              |             |
|--|----------------------------|--------------|-------------|
|  | <u>NONE</u>                | <u>A FEW</u> | <u>MANY</u> |
| a. used heroin, crack, cocaine, or other drugs for non medical purposes? . . . . . | 00                         | 01           | 02          |
| b. drank alcohol heavily? . . . . .  | 00                         | 01           | 02          |
| c. got arrested or did things against the law? . . . . .                           | 00                         | 01           | 02          |
| d. worked regularly on a job or attended school? . . . . .                         | 00                         | 01           | 02          |

D5. Since [RELEASE DATE], how often have you gone to any groups or organizations such as . . .

**(READ DOWN LIST AND CIRCLE ONE FOR EACH.)**

|  |  |     |   |   |
|--|--|-----|---|---|
| a. a church or religious group? . . . . .  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | PER | } | DAY . . . . . 01<br>WEEK . . . . . 02<br>MONTH . . . . . 03<br>TOTAL NUMBER<br>OF TIMES . . . . . 04                      |
|  | OR   |     |   |   |
|  | DID NOT<br>ATTEND . . -4   |     |   |   |
| b. Alcoholics Anonymous, Narcotics Anonymous<br>or Cocaine Anonymous? . . . . .                            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | PER | } | DAY . . . . . 01<br>WEEK . . . . . 02<br>MONTH . . . . . 03<br>TOTAL NUMBER<br>OF TIMES . . . . . 04                      |
|  | OR   |     |   |   |
|  | DID NOT<br>ATTEND . . -4   |     |   |   |
| c. some other support group? . . . . .   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | PER | } | DAY . . . . . 01<br>WEEK . . . . . 02<br>MONTH . . . . . 03<br>TOTAL NUMBER<br>OF TIMES . . . . . 04                      |
|  | OR   |     |   |   |
|  | DID NOT<br>ATTEND . . -4   |     |   |   |
| d. a community or family center? . . . . .   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | PER | } | DAY . . . . . 01<br>WEEK . . . . . 02<br>MONTH . . . . . 03<br>TOTAL NUMBER<br>OF TIMES . . . . . 04                      |
|  | OR   |     |   |   |
|  | DID NOT<br>ATTEND . . -4   |     |   |   |
| e. parenting meetings at school, such as the<br>PTA or individual parent teacher<br>conferences? . . . . . | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | PER | } | DAY . . . . . 01<br>WEEK . . . . . 02<br>MONTH . . . . . 03<br>TOTAL NUMBER<br>OF TIMES . . . . . 04<br>NOT APPLICABLE -4 |
|  | OR   |     |   |   |
|  | DID NOT<br>ATTEND . . -4   |     |   |   |
| f. any other group? (SPECIFY) . . . . .  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | PER | } | DAY . . . . . 01<br>WEEK . . . . . 02<br>MONTH . . . . . 03<br>TOTAL NUMBER<br>OF TIMES . . . . . 04                      |
|  | OR   |     |   |   |
|  | DID NOT<br>ATTEND . . -4   |     |   |   |

## E. SOURCES OF INCOME

| E1. Since [RELEASE DATE], did you receive income from any of the following sources . . .       |     | E2. How much did you receive, in a typical month, from [SOURCE] since [RELEASE DATE]? |  | E3. And how many months did you receive [SOURCE]? |
|--|-----|---|--|---|
| <b>READ DOWN LIST FIRST. THEN ACROSS FOR EACH "YES" RESPONSE.</b>                              |     | <b>PROBE:</b> Your best estimate is fine.   |  | <b>PROBE:</b> Since [RELEASE DATE]?               |
|  | YES | NO  |  |   |
| a. home relief? . . . . .  | 01  | 00  | \$  __ , __ __ _ . _ _ _ <br>DON'T KNOW . . . . . -1<br>REFUSED . . . . . -3 | _ _ <br>MONTHS                                    |
| b. SSI, SSD or SSA? . . . . .  | 01  | 00  | \$  __ , __ __ _ . _ _ _ <br>DON'T KNOW . . . . . -1<br>REFUSED . . . . . -3 | _ _ <br>MONTHS                                    |
| c. welfare for families with children? . . . . .   | 01  | 00  | \$  __ , __ __ _ . _ _ _ <br>DON'T KNOW . . . . . -1<br>REFUSED . . . . . -3 | _ _ <br>MONTHS                                    |
| d. welfare for single adults or general assistance? . . . . .                                  | 01  | 00  | \$  __ , __ __ _ . _ _ _ <br>DON'T KNOW . . . . . -1<br>REFUSED . . . . . -3 | _ _ <br>MONTHS                                    |
| e. food stamps? . . . . .  | 01  | 00  | \$  __ , __ __ _ . _ _ _ <br>DON'T KNOW . . . . . -1<br>REFUSED . . . . . -3 | _ _ <br>MONTHS                                    |
| f. Division of AIDS Services Income Support or DAS? . . . . .                                  | 01  | 00  | \$  __ , __ __ _ . _ _ _ <br>DON'T KNOW . . . . . -1<br>REFUSED . . . . . -3 | _ _ <br>MONTHS                                    |
| g. Did you receive income from any other government sources? . . . .<br>[IF YES] Specify _____ | 01  | 00  | \$  __ , __ __ _ . _ _ _ <br>DON'T KNOW . . . . . -1<br>REFUSED . . . . . -3 | _ _ <br>MONTHS                                    |
|  |     | <b>IF ALL "NO,"<br/>GO TO Q.E4</b>  |  |   |

|   |     |  |   |
|---|-----|--|---|
| <p>E4. Since [RELEASE DATE], did you receive money from any of the following people, to help you out with food, bills, or other household needs? Please do not include any income you already told me about.</p> <p><b>READ DOWN LIST FIRST, THEN ACROSS FOR EACH "YES" RESPONSE.</b></p> |     | <p>E5. How much did you receive, in total, from [PERSON(s)] since [RELEASE DATE]?</p> <p><b>PROBE:</b> Your best estimate is fine.</p> |   |
|   | YES | NO   |   |
| a. First, did you receive money from family members? .....  | 01  | 00   | \$ _____<br>DON'T KNOW ..... -1<br>REFUSED ..... -3 |
| b. lovers or friends? .....   | 01  | 00   | \$ _____<br>DON'T KNOW ..... -1<br>REFUSED ..... -3 |
| c. any other people? (SPECIFY RELATIONSHIP(s)) .....<br>_____   | 01  | 00   | \$ _____<br>DON'T KNOW ..... -1<br>REFUSED ..... -3 |
|   |     | <p><b>IF ALL "NO,"<br/>GO TO Q.F1</b></p>  |   |



## F. CRIMINAL ACTIVITY

- F1. The next questions are about experiences you may have had with the police and courts.

Since [RELEASE DATE], have you been arrested or charged with a delinquency or criminal complaint or a probation or parole violation? Please do not include minor motor vehicle violations.

|                                    |    |
|------------------------------------|----|
| YES .....                          | 01 |
| NO ..... (GO TO F22) .....         | 00 |
| DON'T KNOW ..... (GO TO F22) ..... | -1 |
| REFUSED ..... (GO TO F22) .....    | -3 |

- F2. How many times have you been arrested or charged with a delinquency or criminal complaint or a probation or parole violation since [RELEASE DATE]?

|\_|\_| TOTAL ARRESTS

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| INTERVIEWER: ASK ABOUT FIVE MOST RECENT ARRESTS.  | MOST RECENT ARREST                                  | SECOND MOST RECENT ARREST                           |
|---|---|---|
| F3. When were you (most recently/next most recently) arrested and charged with a criminal offense or a parole or probation violation? | /                <br>MONTH YEAR                     | /                <br>MONTH YEAR                     |
| F4. In what city and state were you arrested (that time)?   | CITY: _____<br><br>STATE: _____                     | CITY: _____<br><br>STATE: _____                     |
| F4a. Is this case still open or has it been resolved?<br><br><b>PROBE:</b> Do you still have to go back to court?                     | OPEN. .... (GO TO F6). .... 01<br>RESOLVED ..... 00 | OPEN. .... (GO TO F6). .... 01<br>RESOLVED ..... 00 |
| F5. What were you doing that led the police to arrest or charge you at that time?<br><br><b>RECORD VERBATIM.</b>                      | _____<br>_____<br>_____<br>_____                    | _____<br>_____<br>_____<br>_____                    |

| THIRD<br>MOST RECENT ARREST                          | FOURTH<br>MOST RECENT ARREST                         | FIFTH<br>MOST RECENT ARREST                          |
|--|--|--|
| /                <br>MONTH                      YEAR | /                <br>MONTH                      YEAR | /                <br>MONTH                      YEAR |
| CITY: _____<br><br>STATE: _____                      | CITY: _____<br><br>STATE: _____                      | CITY: _____<br><br>STATE: _____                      |
| OPEN. .... (GO TO F6). .... 01<br>RESOLVED ..... 00  | OPEN. .... (GO TO F6). .... 01<br>RESOLVED ..... 00  | OPEN. .... (GO TO F6). .... 01<br>RESOLVED ..... 00  |
| _____<br>_____<br>_____<br>_____                     | _____<br>_____<br>_____<br>_____                     | _____<br>_____<br>_____<br>_____                     |

|   | <b>MOST<br/>RECENT ARREST</b>   | <b>SECOND<br/>MOST RECENT ARREST</b>  |
|---|---|---|
| F6. What were all of the charges originally lodged against you by the police this time? |   |   |
| <b>MANDATORY PROBE:</b> Were there other charges brought against you?                   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| <b>RECORD VERBATIM, THEN CIRCLE ALL CODE NUMBERS THAT APPLY.</b>                        | AGGRAVATED ASSAULT ..... 01   | AGGRAVATED ASSAULT ..... 01   |
|   | ARSON ..... 02  | ARSON ..... 02  |
|   | BURGLARY ..... 03   | BURGLARY ..... 03   |
|   | DISORDERLY CONDUCT ..... 04   | DISORDERLY CONDUCT ..... 04   |
|   | USE OR POSSESSION OF DRUGS .... 05  | USE OR POSSESSION OF DRUGS .... 05  |
|   | SALE OR MANUFACTURE OF DRUGS .. 06  | SALE OR MANUFACTURE OF DRUGS .. 06  |
|   | DRUNKENNESS, LIQUOR LAWS, OR<br>DRIVING WHILE UNDER THE<br>INFLUENCE ..... 07 | DRUNKENNESS, LIQUOR LAWS, OR<br>DRIVING WHILE UNDER THE<br>INFLUENCE ..... 07 |
|   | EMBEZZLEMENT ..... 08   | EMBEZZLEMENT ..... 08   |
|   | FORCIBLE RAPE ..... 09  | FORCIBLE RAPE ..... 09  |
|   | FORGERY OR COUNTERFEITING ..... 10  | FORGERY OR COUNTERFEITING ..... 10  |
|   | FRAUD ..... 11  | FRAUD ..... 11  |
|   | GAMBLING ..... 12   | GAMBLING ..... 12   |
|   | LARCENY OR THEFT ..... 13   | LARCENY OR THEFT ..... 13   |
|   | LOITERING, VAGRANCY, OR<br>CURFEW VIOLATION ..... 14                          | LOITERING, VAGRANCY, OR<br>CURFEW VIOLATION ..... 14                          |
|   | MOTOR VEHICLE THEFT<br>OR CARJACKING ..... 15                                 | MOTOR VEHICLE THEFT<br>OR CARJACKING ..... 15                                 |
|   | MURDER OR MANSLAUGHTER ..... 16   | MURDER OR MANSLAUGHTER ..... 16   |
|   | OUTSTANDING WARRANT ..... 17  | OUTSTANDING WARRANT ..... 17  |
|   | OFFENSES AGAINST YOUR FAMILY<br>OR CHILDREN ..... 18                          | OFFENSES AGAINST YOUR FAMILY<br>OR CHILDREN ..... 18                          |
|   | PAROLE OR PROBATION VIOLATION .. 19   | PAROLE OR PROBATION VIOLATION .. 19   |
|   | PROSTITUTION ..... 20   | PROSTITUTION ..... 20   |
|   | ROBBERY ..... 21  | ROBBERY ..... 21  |
|   | SEX OFFENSES OTHER THAN<br>RAPE OR PROSTITUTION ..... 22                      | SEX OFFENSES OTHER THAN<br>RAPE OR PROSTITUTION ..... 22                      |
|   | SHOPLIFTING ..... 23  | SHOPLIFTING ..... 23  |
|   | SIMPLE ASSAULT ..... 24   | SIMPLE ASSAULT ..... 24   |
|   | STOLEN PROPERTY, EITHER BUYING,<br>RECEIVING, OR POSSESSING ..... 25          | STOLEN PROPERTY, EITHER BUYING,<br>RECEIVING, OR POSSESSING ..... 25          |
|   | VANDALISM ..... 26  | VANDALISM ..... 26  |
|   | EITHER CARRYING OR POSSESSION<br>OF WEAPONS ..... 27                          | EITHER CARRYING OR POSSESSION<br>OF WEAPONS ..... 27                          |
|   | <b>FLAG IF NOT COMPLETELY CODED ... 96</b>                                    | <b>FLAG IF NOT COMPLETELY CODED ... 96</b>                                    |





| THIRD MOST RECENT ARREST  | FOURTH MOST RECENT ARREST   | FIFTH MOST RECENT ARREST  |
|---|---|---|
| PLEADED GUILTY ..... 01   | PLEADED GUILTY ..... 01   | PLEADED GUILTY ..... 01   |
| CONVICTED ..... 02  | CONVICTED ..... 02  | CONVICTED ..... 02  |
| ADJUDGED DELINQUENT ..... 03  | ADJUDGED DELINQUENT ..... 03  | ADJUDGED DELINQUENT ..... 03  |
| ACQUITTED ..... 04  | ACQUITTED ..... 04  | ACQUITTED ..... 04  |
| DISMISSED OR DROPPED ..... 05   | DISMISSED OR DROPPED ..... 05   | DISMISSED OR DROPPED ..... 05   |
| PENDING/CASE OPEN ..... 06  | PENDING/CASE OPEN ..... 06  | PENDING/CASE OPEN ..... 06  |
| OTHER (SPECIFY) ..... 00  | OTHER (SPECIFY) ..... 00  | OTHER (SPECIFY) ..... 00  |
| _____   | _____   | _____   |
| _____   | _____   | _____   |
| _____   | _____   | _____   |
| YES ..... 01  | YES ..... 01  | YES ..... 01  |
| NO ..... (GO TO F14) ..... 00   | NO ..... (GO TO F14) ..... 00   | NO ..... (GO TO F14) ..... 00   |
| YES ..... 01  | YES ..... 01  | YES ..... 01  |
| NO ..... 00   | NO ..... 00   | NO ..... 00   |
| _____   | _____   | _____   |
| _____   | _____   | _____   |
| _____   | _____   | _____   |
| _____   | _____   | _____   |
| _____   | _____   | _____   |
| _____   | _____   | _____   |
| AGGRAVATED ASSAULT ..... 01   | AGGRAVATED ASSAULT ..... 01   | AGGRAVATED ASSAULT ..... 01   |
| ARSON ..... 02  | ARSON ..... 02  | ARSON ..... 02  |
| BURGLARY ..... 03   | BURGLARY ..... 03   | BURGLARY ..... 03   |
| DISORDERLY CONDUCT ..... 04   | DISORDERLY CONDUCT ..... 04   | DISORDERLY CONDUCT ..... 04   |
| USE OR POSSESSION OF DRUGS ..... 05   | USE OR POSSESSION OF DRUGS ..... 05   | USE OR POSSESSION OF DRUGS ..... 05   |
| SALE OR MANUFACTURE OF DRUGS .. 06  | SALE OR MANUFACTURE OF DRUGS .. 06  | SALE OR MANUFACTURE OF DRUGS .. 06  |
| DRUNKENNESS, LIQUOR LAWS,<br>OR DRIVING WHILE UNDER THE<br>INFLUENCE ..... 07 | DRUNKENNESS, LIQUOR LAWS,<br>OR DRIVING WHILE UNDER THE<br>INFLUENCE ..... 07 | DRUNKENNESS, LIQUOR LAWS,<br>OR DRIVING WHILE UNDER THE<br>INFLUENCE ..... 07 |
| EMBEZZLEMENT ..... 08   | EMBEZZLEMENT ..... 08   | EMBEZZLEMENT ..... 08   |
| FORCIBLE RAPE ..... 09  | FORCIBLE RAPE ..... 09  | FORCIBLE RAPE ..... 09  |
| FORGERY OR COUNTERFEITING ..... 10  | FORGERY OR COUNTERFEITING ..... 10  | FORGERY OR COUNTERFEITING ..... 10  |
| FRAUD ..... 11  | FRAUD ..... 11  | FRAUD ..... 11  |
| GAMBLING ..... 12   | GAMBLING ..... 12   | GAMBLING ..... 12   |
| LARCENY OR THEFT ..... 13   | LARCENY OR THEFT ..... 13   | LARCENY OR THEFT ..... 13   |
| LOITERING, VAGRANCY, OR<br>CURFEW VIOLATION ..... 14                          | LOITERING, VAGRANCY, OR<br>CURFEW VIOLATION ..... 14                          | LOITERING, VAGRANCY, OR<br>CURFEW VIOLATION ..... 14                          |
| MOTOR VEHICLE THEFT<br>OR CARJACKING ..... 15                                 | MOTOR VEHICLE THEFT<br>OR CARJACKING ..... 15                                 | MOTOR VEHICLE THEFT<br>OR CARJACKING ..... 15                                 |
| MURDER OR MANSLAUGHTER ..... 16   | MURDER OR MANSLAUGHTER ..... 16   | MURDER OR MANSLAUGHTER ..... 16   |
| OFFENSES AGAINST YOUR FAMILY<br>OR CHILDREN ..... 17                          | OFFENSES AGAINST YOUR FAMILY<br>OR CHILDREN ..... 17                          | OFFENSES AGAINST YOUR FAMILY<br>OR CHILDREN ..... 17                          |
| PAROLE OR PROBATION VIOLATION .. 18   | PAROLE OR PROBATION VIOLATION .. 18   | PAROLE OR PROBATION VIOLATION .. 18   |
| PROSTITUTION ..... 19   | PROSTITUTION ..... 19   | PROSTITUTION ..... 19   |
| ROBBERY ..... 20  | ROBBERY ..... 20  | ROBBERY ..... 20  |
| SEX OFFENSES OTHER THAN RAPE<br>OR PROSTITUTION ..... 21                      | SEX OFFENSES OTHER THAN RAPE<br>OR PROSTITUTION ..... 21                      | SEX OFFENSES OTHER THAN RAPE<br>OR PROSTITUTION ..... 21                      |
| SHOPLIFTING ..... 22  | SHOPLIFTING ..... 22  | SHOPLIFTING ..... 22  |
| SIMPLE ASSAULT ..... 23   | SIMPLE ASSAULT ..... 23   | SIMPLE ASSAULT ..... 23   |
| STOLEN PROPERTY, EITHER BUYING,<br>RECEIVING, OR POSSESSING ..... 24          | STOLEN PROPERTY, EITHER BUYING,<br>RECEIVING, OR POSSESSING ..... 24          | STOLEN PROPERTY, EITHER BUYING,<br>RECEIVING, OR POSSESSING ..... 24          |
| VANDALISM ..... 25  | VANDALISM ..... 25  | VANDALISM ..... 25  |
| EITHER CARRYING OR<br>POSSESSION OF WEAPONS ..... 26                          | EITHER CARRYING OR<br>POSSESSION OF WEAPONS ..... 26                          | EITHER CARRYING OR<br>POSSESSION OF WEAPONS ..... 26                          |
| <b>FLAG IF NOT COMPLETELY CODED ... 96</b>                                    | <b>FLAG IF NOT COMPLETELY CODED ... 96</b>                                    | <b>FLAG IF NOT COMPLETELY CODED ... 96</b>                                    |



|   | <b>MOST<br/>RECENT ARREST</b>  | <b>SECOND<br/>MOST RECENT ARREST</b>   |
|---|--|--|
| F11. What was your sentence?<br><br><b>PROBE:</b> Anything else?<br><br><b>PROBE, IF NOT MENTIONED:</b> Did you do time on parole or probation?<br><br><b>PROBE FOR TYPE OF SENTENCE, NOT LENGTH.</b>                 | <u>CIRCLE ALL THAT APPLY</u><br>PRISON/JAIL ..... 01<br>DETENTION HOME ..... 02<br>PROBATION ..... 03<br>PAROLE ..... 04<br>ALTERNATIVE TO<br>INCARCERATION (SPECIFY) ..... 05<br><hr/> OTHER (SPECIFY) ..... 06 | <u>CIRCLE ALL THAT APPLY</u><br>PRISON/JAIL ..... 01<br>DETENTION HOME ..... 02<br>PROBATION ..... 03<br>PAROLE ..... 04<br>ALTERNATIVE TO<br>INCARCERATION (SPECIFY) ..... 05<br><hr/> OTHER (SPECIFY) ..... 06 |
| F12. <b>INTERVIEWER, CHECK F11 IS CODE "01" OR "02" CIRCLED (PRISON/JAIL/DETENTION HOME)?</b>   | YES ..... 01<br>NO ..... (GO TO F14) ..... 00  | YES ..... 01<br>NO ..... (GO TO F14) ..... 00  |
| F13. What was the length of your (prison/jail/detention home) sentence?<br><br><b>PROBE:</b> How long were you originally sentenced to?<br><br><b>INTERVIEWER: PROBE FOR LENGTH OF SENTENCE, NOT TIME SERVED.</b>     | _ _ _  UNITS<br>DAYS ..... 01<br>WEEKS ..... 02<br>MONTHS ..... 03<br>YEARS ..... 04   | _ _ _  UNITS<br>DAYS ..... 01<br>WEEKS ..... 02<br>MONTHS ..... 03<br>YEARS ..... 04   |
| F14. Did you spend any time in (jail/prison/a detention home) because of that conviction or arrest (or probation/parole violation)?<br><br><b>IF CURRENTLY SERVING TIME, CODE AS "97."</b>                            | YES ..... 01<br>NO ..... (GO TO F16) ..... 00<br>CURRENTLY SERVING TIME ..... 97   | YES ..... 01<br>NO ..... (GO TO F16) ..... 00<br>CURRENTLY SERVING TIME ..... 97   |
| F15. How much time (did you spend/have you spent so far) incarcerated because of that conviction or arrest (or probation/parole violation)?<br><br><b>INTERVIEWER: PROBE FOR TIME SERVED, NOT LENGTH OF SENTENCE.</b> | _ _ _  UNITS<br>DAYS ..... 01<br>WEEKS ..... 02<br>MONTHS ..... 03<br>YEARS ..... 04<br><br><b>IF CURRENTLY SERVING TIME, SKIP TO Q.F20</b>  | _ _ _  UNITS<br>DAYS ..... 01<br>WEEKS ..... 02<br>MONTHS ..... 03<br>YEARS ..... 04<br><br><b>IF CURRENTLY SERVING TIME, SKIP TO Q.F20</b>  |
| F16. <b>INTERVIEWER: CHECK Q.F11: IS CODE "03" OR "04" CIRCLED (PROBATION OR PAROLE)?</b>   | YES ..... 01<br>NO ..... (GO TO F20) ..... 00  | YES ..... 01<br>NO ..... (GO TO F20) ..... 00  |
| F17. What was the length of your (probation/parole) sentence?<br><br><b>INTERVIEWER: PROBE FOR LENGTH OF SENTENCE, NOT TIME SERVED.</b>   | _ _ _  UNITS<br>WEEKS ..... 01<br>MONTHS ..... 02<br>YEARS ..... 03  | _ _ _  UNITS<br>WEEKS ..... 01<br>MONTHS ..... 02<br>YEARS ..... 03  |
| F18. Have you served any of your (probation/parole)?<br><br><b>IF CURRENTLY SERVING, CODE AS "97".</b>  | YES ..... 01<br>NO ..... (GO TO F20) ..... 00<br>CURRENTLY SERVING ..... 97  | YES ..... 01<br>NO ..... (GO TO F20) ..... 00<br>CURRENTLY SERVING ..... 97  |
| F19. How much time (did you spend/have you spent so far) on (probation/parole)?<br><br><b>INTERVIEWER: PROBE FOR TIME SERVED, NOT LENGTH OF SENTENCE.</b>   | _ _ _  UNITS<br>DAYS ..... 01<br>WEEKS ..... 02<br>MONTHS ..... 03<br>YEARS ..... 04   | _ _ _  UNITS<br>DAYS ..... 01<br>WEEKS ..... 02<br>MONTHS ..... 03<br>YEARS ..... 04   |
| F20. <b>INTERVIEWER, CHECK F2: IS THERE ANOTHER ARREST?</b>   | YES ... (GO TO F3, NEXT ARREST) .. 01<br>NO ..... (GO TO F21) ..... 00   | YES ... (GO TO F3, NEXT ARREST) .. 01<br>NO ..... (GO TO F21) ..... 00   |

| THIRD<br>MOST RECENT ARREST                         | FOURTH<br>MOST RECENT ARREST                        | FIFTH<br>MOST RECENT ARREST                         |
|---|---|---|
| CIRCLE ALL THAT APPLY                               | CIRCLE ALL THAT APPLY                               | CIRCLE ALL THAT APPLY                               |
| PRISON/JAIL ..... 01                                | PRISON/JAIL ..... 01                                | PRISON/JAIL ..... 01                                |
| DETENTION HOME ..... 02                             | DETENTION HOME ..... 02                             | DETENTION HOME ..... 02                             |
| PROBATION ..... 03                                  | PROBATION ..... 03                                  | PROBATION ..... 03                                  |
| PAROLE ..... 04                                     | PAROLE ..... 04                                     | PAROLE ..... 04                                     |
| ALTERNATIVE TO<br>INCARCERATION (SPECIFY) ..... 05  | ALTERNATIVE TO<br>INCARCERATION (SPECIFY) ..... 05  | ALTERNATIVE TO<br>INCARCERATION (SPECIFY) ..... 05  |
| OTHER (SPECIFY) ..... 06                            | OTHER (SPECIFY) ..... 06                            | OTHER (SPECIFY) ..... 06                            |
| YES ..... 01  | YES ..... 01  | YES ..... 01  |
| NO ..... (GO TO F14) ..... 00                       | NO ..... (GO TO F14) ..... 00                       | NO ..... (GO TO F14) ..... 00                       |
| _ _ _  UNITS  | _ _ _  UNITS  | _ _ _  UNITS  |
| DAYS ..... 01                                       | DAYS ..... 01                                       | DAYS ..... 01                                       |
| WEEKS ..... 02                                      | WEEKS ..... 02                                      | WEEKS ..... 02                                      |
| MONTHS ..... 03                                     | MONTHS ..... 03                                     | MONTHS ..... 03                                     |
| YEARS ..... 04                                      | YEARS ..... 04                                      | YEARS ..... 04                                      |
| YES ..... 01  | YES ..... 01  | YES ..... 01  |
| NO ..... (GO TO F16) ..... 00                       | NO ..... (GO TO F16) ..... 00                       | NO ..... (GO TO F16) ..... 00                       |
| CURRENTLY SERVING TIME ..... 97                     | CURRENTLY SERVING TIME ..... 97                     | CURRENTLY SERVING TIME ..... 97                     |
| _ _ _  UNITS  | _ _ _  UNITS  | _ _ _  UNITS  |
| DAYS ..... 01                                       | DAYS ..... 01                                       | DAYS ..... 01                                       |
| WEEKS ..... 02                                      | WEEKS ..... 02                                      | WEEKS ..... 02                                      |
| MONTHS ..... 03                                     | MONTHS ..... 03                                     | MONTHS ..... 03                                     |
| YEARS ..... 04                                      | YEARS ..... 04                                      | YEARS ..... 04                                      |
| <b>IF CURRENTLY SERVING TIME,<br/>SKIP TO Q.F20</b> | <b>IF CURRENTLY SERVING TIME,<br/>SKIP TO Q.F20</b> | <b>IF CURRENTLY SERVING TIME,<br/>SKIP TO Q.F20</b> |
| YES ..... 01  | YES ..... 01  | YES ..... 01  |
| NO ..... (GO TO F20) ..... 00                       | NO ..... (GO TO F20) ..... 00                       | NO ..... (GO TO F20) ..... 00                       |
| _ _ _  UNITS  | _ _ _  UNITS  | _ _ _  UNITS  |
| WEEKS ..... 01                                      | WEEKS ..... 01                                      | WEEKS ..... 01                                      |
| MONTHS ..... 02                                     | MONTHS ..... 02                                     | MONTHS ..... 02                                     |
| YEARS ..... 03                                      | YEARS ..... 03                                      | YEARS ..... 03                                      |
| YES ..... 01  | YES ..... 01  | YES ..... 01  |
| NO ..... (GO TO F20) ..... 00                       | NO ..... (GO TO F20) ..... 00                       | NO ..... (GO TO F20) ..... 00                       |
| CURRENTLY SERVING ..... 97                          | CURRENTLY SERVING ..... 97                          | CURRENTLY SERVING ..... 97                          |
| _ _ _  UNITS  | _ _ _  UNITS  | _ _ _  UNITS  |
| DAYS ..... 01                                       | DAYS ..... 01                                       | DAYS ..... 01                                       |
| WEEKS ..... 02                                      | WEEKS ..... 02                                      | WEEKS ..... 02                                      |
| MONTHS ..... 03                                     | MONTHS ..... 03                                     | MONTHS ..... 03                                     |
| YEARS ..... 04                                      | YEARS ..... 04                                      | YEARS ..... 04                                      |
| YES ... (GO TO F3, NEXT ARREST) .. 01               | YES ... (GO TO F3, NEXT ARREST) .. 01               | <b>GO TO F21</b>                                    |
| NO ..... (GO TO F21) ..... 00                       | NO ..... (GO TO F21) ..... 00                       |   |

F21. How much time, in total, have you spent in jail, prison, or a detention home because of a conviction or arrest since [RELEASE DATE]?

|\_|\_|\_| UNITS

DAYS ..... 01  
WEEKS ..... 02  
MONTHS ..... 03  
YEARS ..... 04

F22. **INTERVIEWER: IS SAMPLE MEMBER CURRENTLY IN JAIL OR PRISON?**

YES ..... (GO TO F29) ..... 01  
NO ..... 00

F23. Are you currently on parole?

YES ..... 01  
NO ..... (GO TO F26) ..... 00

F24. When did that parole sentence begin? What month and year?

|\_|\_| / |\_|\_|\_|\_|  
MONTH YEAR

F25. And what is the total length of that parole sentence?

**PROBE:** I'm interested in the total length of your parole sentence, not just the time still remaining.

|\_|\_| UNITS

WEEKS ..... 01  
MONTHS ..... 02  
YEARS ..... 03

F26. Are you currently on probation?

YES ..... 01  
NO ..... (GO TO F29) ..... 00

F27. When did that probation sentence begin? What month and year?

|\_|\_| / |\_|\_|\_|\_|  
MONTH YEAR

F28. And what is the total length of that probation sentence?

**PROBE:** I'm interested in the total length of your probation sentence, not just the time remaining.

|\_|\_| UNITS

WEEKS ..... 01  
MONTHS ..... 02  
YEARS ..... 03

F29. The next questions are about illegal activities you may have done since [RELEASE DATE]. Please include activities for which you were arrested as well as those for which you were not arrested. These are yes-no type questions so please do not give any specific details about any of the activities you may have done.

Since [RELEASE DATE], did you ever . . . **(READ DOWN LIST AND CIRCLE ONE RESPONSE FOR EACH.)**

|  | Q.F29<br>ENGAGED IN<br>ACTIVITY |    | Q.F30<br>NUMBER OF<br>TIMES |
|--|---------------------------------|----|-----------------------------|
|  | YES                             | NO |                             |
| a. Purposely damage or destroy property that did not belong to you? . . . . .                                    | 01                              | 00 | _ _ _                       |
| b. set fire to a building, car, or other property or try to do this? . . . . .                                   | 01                              | 00 | _ _ _                       |
| c. break into, or try to break into, a building or vehicle to steal something, or just to look around? . . . . . | 01                              | 00 | _ _ _                       |
| d. steal, or try to steal, anything worth <u>less</u> than \$50? . . . . .                                       | 01                              | 00 | _ _ _                       |
| e. steal, or try to steal, anything worth <u>more</u> than \$50? . . . . .                                       | 01                              | 00 | _ _ _                       |
| f. steal, or try to steal, a motor vehicle such as a car, truck, or motorcycle? . . . .                          | 01                              | 00 | _ _ _                       |
| g. knowingly buy, sell, or hold stolen goods or try to do any of these things? . . . .                           | 01                              | 00 | _ _ _                       |
| h. take a motor vehicle for a ride without the owner's permission? . . . . .                                     | 01                              | 00 | _ _ _                       |
| i. snatch someone's purse or wallet, or pick someone's pocket? . . . . .   | 01                              | 00 | _ _ _                       |
| j. try to use credit cards without the owner's permission? . . . . .   | 01                              | 00 | _ _ _                       |
| k. use checks illegally or use phoney money to pay for something? . . . . .                                      | 01                              | 00 | _ _ _                       |
| l. sell marijuana? . . . . .   | 01                              | 00 | _ _ _                       |
| m. sell drugs such as heroin, crack, or cocaine? . . . . .   | 01                              | 00 | _ _ _                       |
| n. sell any other drugs? . . . . .   | 01                              | 00 | _ _ _                       |
| o. use force to get money or things from people? . . . . .   | 01                              | 00 | _ _ _                       |
| p. hit or threaten to hit someone? . . . . .   | 01                              | 00 | _ _ _                       |
| q. attack someone with the idea of seriously hurting or killing that person? . . . . .                           | 01                              | 00 | _ _ _                       |
| r. take part in gang fights? . . . . .   | 01                              | 00 | _ _ _                       |
| s. try to have sex with someone against his or her will? . . . . .   | 01                              | 00 | _ _ _                       |

F29a.

|  |    |
|--|----|
| <b>INTERVIEWER: ARE ANY OF THE ABOVE QUESTIONS CODED AS "YES"?</b> |    |
| YES . . . . .  | 01 |
| NO . . . . .(GO TO F33) . . . . .                                  | 00 |

F30. **FOR EACH "YES" ABOVE, ASK:** How many times did you [READ ACTIVITY] since [RELEASE DATE]?

**PROBE:** Your best estimate is fine.

F31. Since [RELEASE DATE], approximately how much money did you make from (the illegal activity/all the illegal activities) you just told me about?

**PROBE:** Your best estimate is fine.

\$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| → **GO TO F33**

NONE ..... (GO TO F33) ..... 00  
DON'T KNOW ..... -1  
REFUSED ..... -3

F32. Was it . . .

**PROBE:** Your best estimate is fine.

CIRCLE ONE ONLY

less than \$50, ..... 01  
between \$50 and \$100, ..... 02  
between \$100 and \$200, ..... 03  
between \$200 and \$500, ..... 04  
between \$500 and \$1,000 ..... 05  
between \$1,000 and \$3,000, ..... 06  
between \$3,000 and \$5,000, ..... 07  
between \$5,000 and \$10,000, or ..... 08  
more than \$10,000? ..... 09  
DON'T KNOW ..... -1  
REFUSED ..... -3

F33. The next few questions ask about illegal activities that may have been done to you since [RELEASE DATE]. Please remember that everything you tell me is completely confidential.

Since [RELEASE DATE], did anyone ever hit or slap you?

YES ..... 01  
NO ..... (GO TO F35) ..... 00

F34. Did you seek or receive medical attention because of it?

YES ..... 01

NO ..... 00

|   |                                    |
|---|------------------------------------|
| F35. <b>INTERVIEWER: IS SAMPLE MEMBER . . .</b> |                                    |
|   | MALE. . . . .(GO TO F35b) ..... 01 |
|   | FEMALE . . . . . 02                |

F35a. Since [RELEASE DATE], did anyone ever force you to have vaginal, oral or anal sex when you didn't want to?

YES ..... (GO TO F36) ..... 01

NO ..... (GO TO G1) ..... 00

F35b. Since [RELEASE DATE], did anyone ever force you to have oral or anal sex when you didn't want to?

YES ..... 01

NO ..... (GO TO G1) ..... 00

F36. Did you seek or receive medical attention because of it?

YES ..... 01

NO ..... 00

**G. HEALTH STATUS**

The next questions are about your health and your experiences receiving medical care since [RELEASE DATE].

G1. In general, would you say your health is . . .

CIRCLE ONE ONLY

- excellent, . . . . . 01
- very good, . . . . . 02
- good, . . . . . 03
- fair, or . . . . . 04
- poor? . . . . . 05



G2. I'm going to read a list of medical conditions and I'd like you to tell me if you've had any of the following. Since [RELEASE DATE], have you had . . . **(READ DOWN LIST AND CIRCLE ONE RESPONSE FOR EACH.)**

|  | Q.G2<br>HAD<br>CONDITI<br>ON |                | Q.G3<br>WAS<br>TREATE<br>D |           |
|--|------------------------------|----------------|----------------------------|-----------|
|  | <u>YES</u>                   | <u>N<br/>O</u> | <u>YES</u>                 | <u>NO</u> |
| a. Anemia . . . . .  | 01                           | 00             | 01                         | 00        |
| b. Cancer . . . . .  | 01                           | 00             | 01                         | 00        |
| c. Diabetes . . . . .  | 01                           | 00             | 01                         | 00        |
| d. Epilepsy . . . . .  | 01                           | 00             | 01                         | 00        |
| e. Kidney disease . . . . .  | 01                           | 00             | 01                         | 00        |
| f. <b>(WOMEN ONLY)</b> Pregnancy problems . . . . .                        | 01                           | 00             | 01                         | 00        |
| g. Sickle cell anemia . . . . .  | 01                           | 00             | 01                         | 00        |
| h. An ulcer . . . . .  | 01                           | 00             | 01                         | 00        |
| i. Arthritis . . . . .   | 01                           | 00             | 01                         | 00        |
| j. Hepatitis . . . . .   | 01                           | 00             | 01                         | 00        |
| k. Chlamydia . . . . .   | 01                           | 00             | 01                         | 00        |
| l. Gonorrhea . . . . .   | 01                           | 00             | 01                         | 00        |
| m. Syphilis . . . . .  | 01                           | 00             | 01                         | 00        |
| n. An unknown STD . . . . .  | 01                           | 00             | 01                         | 00        |
| o. Asthma . . . . .  | 01                           | 00             | 01                         | 00        |
| p. Bronchitis . . . . .  | 01                           | 00             | 01                         | 00        |
| q. Emphysema . . . . .   | 01                           | 00             | 01                         | 00        |
| r. Pneumonia . . . . .   | 01                           | 00             | 01                         | 00        |
| s. T.B. (Tuberculosis) . . . . .   | 01                           | 00             | 01                         | 00        |
| t. Heart murmur . . . . .  | 01                           | 00             | 01                         | 00        |
| u. High blood pressure . . . . .   | 01                           | 00             | 01                         | 00        |
| v. Other heart disease . . . . .   | 01                           | 00             | 01                         | 00        |
| w. Depression (feeling too sad for too long) . . . . .                     | 01                           | 00             | 01                         | 00        |
| x. Anxiety (nerves or anxiety that did not go away) . . . . .              | 01                           | 00             | 01                         | 00        |
| y. Some other mental health condition <b>(IF "YES", SPECIFY)</b> . . . . . | 01                           | 00             | 01                         | 00        |
| z. A dental problem <b>(IF "YES," SPECIFY)</b> . . . . .                   | 01                           | 00             | 01                         | 00        |
| zz. Any other medical condition <b>(IF "YES," SPECIFY)</b> . . . . .       | 01                           | 00             | 01                         | 00        |

G2a. **INTERVIEWER: ARE ANY OF THE ABOVE QUESTIONS CODED AS "YES"?**

|  |                          |    |
|--|--------------------------|----|
|  | YES .....                | 01 |
|  | NO. ....(GO TO G4) ..... | 00 |

G3. **FOR EACH "YES" ABOVE, ASK:** Were you treated for [CONDITION] at any time since [RELEASE DATE]?

For the next questions, please think about how you have been feeling since [RELEASE DATE].

|   |  |
|---|--|
| <p>G4. Since [RELEASE DATE], have you had at least 2 weeks during which you felt very sad, blue, depressed, or you lost interest and pleasure in things you usually cared about or enjoyed?</p>   | <p>YES ..... 01<br/>         NO ..... (GO TO G6) ..... 00<br/>         DK .....(GO TO G6) ..... -1</p> |
| <p>G5. (Since [RELEASE DATE]), did you have other problems at the same time, for example, difficulty sleeping, loss of appetite, or feeling hopeless or guilty?</p>   | <p>YES ..... 01<br/>         NO ..... 00</p>   |
| <p>G6. (Since [RELEASE DATE]), have you had at least one period of 4 weeks or more when you were very anxious, tense or nervous and had other problems at the same time, such as trembling, shaking, your heart beating fast, or feeling something bad was going to happen?</p> | <p>YES ..... 01<br/>         NO ..... 00</p>   |
| <p>G7. (Since [RELEASE DATE]), have you thought someone could control your thoughts or have you had hallucinations, that is, you saw or heard things that no one else could see or hear?</p>  | <p>YES ..... 01<br/>         NO ..... 00</p>   |
| <p>G8. (Since [RELEASE DATE]), have you had trouble understanding, concentrating, or remembering?</p>   | <p>YES ..... 01<br/>         NO ..... 00</p>   |
| <p>G9. (Since [RELEASE DATE]), have you had trouble controlling your temper or violent behavior?</p>  | <p>YES ..... 01<br/>         NO ..... 00</p>   |
| <p>G10. (Since [RELEASE DATE]), have you thought about ending your life or committing suicide?</p>  | <p>YES ..... 01<br/>         NO ..... 00</p>   |
| <p>G11. (Since [RELEASE DATE]), have you attempted suicide?</p>   | <p>YES ..... 01<br/>         NO ..... 00</p>   |

G12. Since [RELEASE DATE], where did you usually go when you were sick or needed advice about your health?

**PROBE:** What kind of place was it--a doctor's office, a clinic, a hospital, or some other place?

CIRCLE ONE ONLY

- DOCTOR'S OFFICE OR PRIVATE CLINIC . . . . . 01
  - HOSPITAL OUTPATIENT CLINIC . . . . . 02
  - HOSPITAL EMERGENCY ROOM . . . . . 03
  - PSYCHIATRIC HOSPITAL OR CLINIC . . . . . 04
  - MILITARY HEALTH CARE FACILITY . . . . . 05
  - JAIL OR PRISON FACILITY . . . . . 06
  - SOME OTHER PLACE (SPECIFY) . . . . . 07
- 
- NEVER WENT, NEVER SICK . . . . . 08
  - DID NOT HAVE A USUAL PLACE . . . . . -4
  - DON'T KNOW . . . . . -1

G13. Since [RELEASE DATE], how many times have you seen a doctor? Please do not count doctors seen while an overnight patient in a hospital, in the emergency room, or in jail or prison.

**PROBE:** Your best estimate is fine.

- |\_|\_| TIMES
- NONE . . . . . 00
  - DON'T KNOW . . . . . -1
  - REFUSED . . . . . -3

G14. **INTERVIEWER: IS SAMPLE MEMBER . . .**

MALE . . . . .(GO TO G16) . . . . . 01  
 FEMALE . . . . . 02

G15. Since [RELEASE DATE], have you had any of the following exams from a medical professional . . . **(READ DOWN LIST AND CIRCLE ONE FOR EACH.)**

|                             | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|-----------------------------|------------|-----------|-----------------------|
| a. a PAP smear? . . . . .   | 01         | 00        | -1                    |
| b. a pelvic exam? . . . . . | 01         | 00        | -1                    |
| c. a breast exam? . . . . . | 01         | 00        | -1                    |

G16. Since [RELEASE DATE], have you gone to a hospital emergency room to get medical treatment? Please include emergency room visits for mental, physical, and drug- or alcohol-related problems.

**PROBE:** Please do not include any ER visits you may have made while you were incarcerated.

YES . . . . . 01  
 NO . . . . . (GO TO G19) . . . . . 00

G17. How many times since [RELEASE DATE] have you gone to a hospital emergency room to get medical treatment?

**PROBE:** Your best estimate is fine.

\_\_\_\_|\_\_\_\_| NUMBER OF TIMES

**INTERVIEWER: IF MORE THAN 4 VISITS, ASK G18 ABOUT THE 4 MOST RECENT.**

|   | ER VISIT #1 | ER VISIT #2 | ER VISIT #3 | ER VISIT #4 |
|---|-------------|-------------|-------------|-------------|
| G18. (For each emergency room visit), please tell me what you were treated for during that visit. What was your condition or problem? (Start with the most recent.) | _____       | _____       | _____       | _____       |
|   | _____       | _____       | _____       | _____       |
|   | _____       | _____       | _____       | _____       |
|   | _____       | _____       | _____       | _____       |

G19. Since [RELEASE DATE], were you a patient in a hospital overnight? Please include overnight stays for mental, physical, and drug- or alcohol-related problems, but do not include overnight stays in the emergency room, or overnight stays while you were incarcerated.

**PROBE:** This does not include stays in residential drug or alcohol treatment programs. We have questions about that later in the interview.

YES ..... 01  
 NO ..... (GO TO G23) ..... 00

G20. How many different times did you stay in a hospital overnight or longer since [RELEASE DATE]?

**PROBE:** Your best estimate is fine.

\_\_\_\_|\_\_\_\_| NUMBER OF TIMES

**INTERVIEWER: IF MORE THAN 4 HOSPITALIZATIONS, ASK G21 AND G22 FOR THE 4 MOST RECENT.**

|   | HOSPITALIZATI<br>ON #1  | HOSPITALIZATI<br>ON #2  | HOSPITALIZATI<br>ON #3  | HOSPITALIZATI<br>ON #4  |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| G21. (For each hospitalization), please tell me why you were admitted. What was the condition or problem? (Start with the most recent.) | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| G22. How many <u>nights</u> did you stay in the hospital?<br><br><b>PROBE:</b> Your best estimate is fine.                              | ____ ____  NIGHTS       | ____ ____  NIGHTS       | ____ ____  NIGHTS       | ____ ____  NIGHTS       |

G23. Since [RELEASE DATE], have you received any mental health or psychological counseling, or been treated for a mental health or emotional problem?

**PROBE:** Do not include doctors' visits, emergency room trips, or hospitalizations that you have already told me about.

**PROBE:** Do not include self-help meetings such as AA, NA, or similar kinds of groups.

- YES ..... 01
- NO ..... (GO TO G28) ..... 00
- DON'T KNOW ..... (GO TO G28) ..... -1
- REFUSED ..... (GO TO G28) ..... -3

G24. How many different places have you gone for this treatment since [RELEASE DATE]?

\_\_\_\_ NUMBER OF PLACES

**INTERVIEWER: IF MORE THAN 4 PLACES, ASK G25 AND G26 FOR THE 4 MOST RECENT.**

|   | #1                             | #2                             | #3                             |
|---|--------------------------------|--------------------------------|--------------------------------|
| G25.  | ____ TIME(S)                   | ____ TIME(S)                   | ____ TIME(S)                   |
| For each place you've gone for treatment, please tell me how many times you've gone there since [RELEASE DATE]. (Start with the most recent.) | PER DAY ..... 01               | PER DAY ..... 01               | PER DAY ..... 01               |
|   | PER WEEK ..... 02              | PER WEEK ..... 02              | PER WEEK ..... 02              |
|   | PER MONTH ..... 03             | PER MONTH ..... 03             | PER MONTH ..... 03             |
|   | TOTAL NUMBER OF TIMES ..... 04 | TOTAL NUMBER OF TIMES ..... 04 | TOTAL NUMBER OF TIMES ..... 04 |
| G26. Was this part of a drug or alcohol treatment program?  | YES ..... 01                   | YES ..... 01                   | YES ..... 01                   |
|   | NO ..... 00                    | NO ..... 00                    | NO ..... 00                    |
|   | DON'T KNOW ..... -1            | DON'T KNOW ..... -1            | DON'T KNOW ..... -1            |



G27. Since [RELEASE DATE], has a doctor or other medical professional prescribed any medications for you for a mental health or emotional problem?

YES ..... 01  
 NO ..... 00

G28. **INTERVIEWER, CHECK Q.F14 ON PAGES 30 AND 31: ARE ANY ANSWERED "YES" OR "CURRENTLY SERVING TIME" ACROSS THE GRID?**

YES ..... 01  
 NO ..... (GO TO G32) ..... 00

G29. Since [RELEASE DATE], (did you receive/have you received) any medical treatment while you were incarcerated?

YES ..... 01  
 NO ..... (GO TO G32) ..... 00

G30. How many times (did you receive/have you received) medical treatment while you were incarcerated since [RELEASE DATE]?

|\_|\_| NUMBER OF TIMES

**INTERVIEWER: IF MORE THAN 4 TIMES, ASK G31 FOR THE 4 MOST RECENT.**

|   | EPISODE #1 | EPISODE #2 | EPISODE #3 | EPISODE #4 |
|---|------------|------------|------------|------------|
| G31. (For each of those times), Please tell me what you were treated for. What was your condition or problem? (Start with the most recent.) | _____      | _____      | _____      | _____      |
|   | _____      | _____      | _____      | _____      |
|   | _____      | _____      | _____      | _____      |

G32. Are you **currently** covered by any health insurance plan, such as Medicaid, Medicare, or a private health insurance plan obtained through work or a family member?

YES ..... 01  
NO ..... (GO TO G34) ..... 00

G33. What type of health insurance coverage do you **currently** have?

CIRCLE ALL THAT APPLY

MEDICAID ..... 01  
MEDICARE ..... 02  
PRIVATE HEALTH INSURANCE  
FROM WORK OR FAMILY MEMBER ..... 03  
OTHER (SPECIFY) ..... 04  

---

DON'T KNOW ..... -1

G34. Sometimes people have difficulties getting medical care when they need it. Since [RELEASE DATE], was there ever a time when you needed medical care or surgery, but did **not** get it?

**PROBE:** This includes medical care for mental health problems.

YES ..... 01  
NO ..... (GO TO G36) ..... 00  
DON'T KNOW ..... (GO TO G36) ..... -1

G35. The **last** time you did not get the care you needed, what was the **main** reason you didn't get care?

**IF MORE THAN ONE REASON, PROBE:** Which of those was the **main** reason?

CIRCLE ONE ONLY

- COULD NOT AFFORD IT ..... 01
  - NO INSURANCE ..... 02
  - DOCTOR DID NOT ACCEPT  
MEDICAID/INSURANCE PLAN ..... 03
  - INSURANCE WOULDN'T COVER IT ..... 04
  - NOT SERIOUS ENOUGH ..... 05
  - WAIT TOO LONG IN CLINIC/OFFICE ..... 06
  - DIFFICULTY GETTING AN APPOINTMENT .... 07
  - DOESN'T LIKE/TRUST/  
BELIEVE IN DOCTORS ..... 08
  - NO DOCTOR AVAILABLE ..... 09
  - DIDN'T KNOW WHERE TO GO ..... 10
  - NO WAY TO GET THERE ..... 11
  - HOURS NOT CONVENIENT ..... 12
  - SPEAK A DIFFERENT LANGUAGE ..... 13
  - NEEDS OR HEALTH OF ANOTHER FAMILY  
MEMBER INTERFERED ..... 14
  - CLINIC/OFFICE NOT ACCESSIBLE ..... 15
  - PROBLEMS GETTING CHILD CARE ..... 16
  - OFFICE STAFF RUDE/DISRESPECTFUL ..... 17
  - COULD NOT GET TIME OFF FROM  
WORK/SCHOOL/PROGRAM ..... 18
  - JAIL/PRISON/DETENTION HOME  
STAFF WOULDN'T LET GO ..... 19
  - OTHER (SPECIFY) ..... 00
- 
- DON'T KNOW ..... -1

G36. Does any impairment or health problem **now** keep you from working at a job?

**PROBE:** An impairment is a physical, mental, or emotional condition or disability.

YES ..... (GO TO G38) ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
REFUSED ..... -3

G37. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

**PROBE:** An impairment is a physical, mental, or emotional condition or disability.

YES ..... 01  
NO ..... (GO TO H1) ..... 00  
DON'T KNOW ..... (GO TO H1) ..... -1  
REFUSED ..... (GO TO H1) ..... -3

G38. What impairment or health problem (keeps you from working at a job/limits the kind or amount of work you can do)? **RECORD VERBATIM**

---

---

---

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**H. PREGNANCY AND PRENATAL CARE (WOMEN ONLY)**

H1. **INTERVIEWER: IS SAMPLE MEMBER . . .**

MALE . . . . .(GO TO I1) . . . . . 01

FEMALE . . . . . 02

H2. Since [RELEASE DATE], have you been pregnant?

YES . . . . . 01

NO . . . . . (GO TO I1) . . . . . 00

H3. Are you currently pregnant?

YES . . . . . 01

NO . . . . . (GO TO H5) . . . . . 00

H4. What month or week of pregnancy are you currently in?

|\_|\_|

MONTH . . . . . 01

WEEKS . . . . . 02

**GO TO H8**

H5. When did your pregnancy end? In what month and year?

|\_|\_| / |\_|\_|\_|\_|  
MONTH YEAR

**INTERVIEWER: IF MORE THAN ONE PREGNANCY SINCE RELEASE DATE, USE MOST RECENT PREGNANCY.**

H6. What was the outcome of your last pregnancy? Did you give birth to a live baby, or did you have a miscarriage or an abortion?

CIRCLE ONE ONLY

- GAVE BIRTH (LIVE BABY) . . . . . 01
- STILLBIRTH . . . . . (GO TO H8) . . . . . 02
- MISCARRIAGE (SPONTANEOUS ABORTION) . . . . . (GO TO H8) . . . . . 03
- ABORTION . . . . . (GO TO I1) . . . . . 04

H7. How much did your baby weigh at birth?

**PROBE:** Your best estimate is fine.

**INTERVIEWER: ENTER POUNDS AND OUNCES ON FIRST LINE BELOW.**

a) |\_|\_| POUNDS and |\_|\_| OUNCES

b) **IF TWINS, ENTER 2<sup>nd</sup> BABY'S WEIGHT BELOW:**

|\_|\_| POUNDS and |\_|\_| OUNCES

H8. Did you receive **any** prenatal care during (that/this) pregnancy?

- YES . . . . . 01
- NO . . . . . (GO TO I1) . . . . . 00

H9. Did you get prenatal care during . . . (READ DOWN LIST AND CIRCLE ONE FOR EACH.)

CIRCLE ONE FOR EACH

|  | <u>YES</u> | <u>NO</u> | <u>NA</u> |
|--|------------|-----------|-----------|
| a.) The first 3 months (1-3)? . . . . .  | 01         | 00        |           |
| b.) The second 3 months (4-6)? . . . . . | 01         | 00        | -4        |
| c.) The last 3 months (7-9)? . . . . .   | 01         | 00        | -4        |

H10. How many prenatal care visits did you have in all?

**PROBE:** Your best estimate is fine.

|\_|\_| TOTAL NUMBER OF VISITS

## I. HIV/AIDS

The next questions are about HIV and AIDS. Please remember that your name will not be associated with any of the answers you give.

I1. First, have you ever been tested for HIV, the virus which causes AIDS?

YES ..... 01  
NO ..... (GO TO J1) ..... 00  
DON'T KNOW ..... (GO TO J1) ..... -1

I2. In what month and year was your last HIV test?

**PROBE:** This may have been a blood test or an oral (ORASURE) specimen test.

**PROBE:** Your best estimate is fine.

|\_|\_| / |\_|\_|\_|\_|  
MONTH YEAR

I3. What was the result of the test? Was it positive or negative?

**PROBE:** Please remember that everything you tell me is completely confidential.

**PROBE:** The most recent test.

POSITIVE ..... 01  
NEGATIVE ..... (GO TO J1) ..... 00  
DON'T KNOW ..... (GO TO J1) ..... -1  
REFUSED ..... (GO TO J1) ..... -3



I4. Have you ever had a CD4 Count?

**PROBE:** This may also be referred to as your T-cell count. This is not a viral load test.

YES ..... 01  
NO ..... (GO TO I7) ..... 00  
DON'T KNOW ..... (GO TO I7) ..... -1  
REFUSED ..... (GO TO I7) ..... -3

I5. What was the date of your last CD4 Count? What month and year?

**PROBE:** Your best estimate is fine.

|\_|\_| / |\_|\_|\_|\_|  
MONTH YEAR

DON'T KNOW ..... -1  
REFUSED ..... -3

I6. What was the result of your last CD4 Count? Was it . . .

CIRCLE ONE ONLY

Less than 200, ..... 01  
200 to 499, or ..... 02  
500 or more? ..... 03  
DON'T KNOW ..... -1  
REFUSED ..... -3

I7. Do you have an M11Q?

**PROBE:** An M11Q is a medical certification of HIV/AIDS.

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
REFUSED ..... -3

I8. Since [RELEASE DATE], have you received any medical treatment for HIV/AIDS?

YES ..... 01  
 NO ..... (GO TO I11) ..... 00

I9. In which of the following kinds of places did you receive this medical treatment for HIV/AIDS since [RELEASE DATE] . . . **(READ DOWN LIST AND CIRCLE ONE FOR EACH.)**

|   | CIRCLE ONE FOR EACH |           |
|---|---------------------|-----------|
|   | <u>YES</u>          | <u>NO</u> |
| a. a private doctor's office or HMO? .....  | 01                  | 00        |
| b. a hospital emergency room? .....         | 01                  | 00        |
| c. an HIV/AIDS clinic? .....                | 01                  | 00        |
| d. some other health clinic? .....          | 01                  | 00        |
| e. in jail, prison, or detention home ..... | 01                  | 00        |
| f. some other place? (SPECIFY) .....        | 01                  | 00        |

---

I10. And what kind of doctor **usually** treated you for HIV/AIDS since [RELEASE DATE]? Was it . . .

CIRCLE ONE ONLY

a general or family practitioner, ..... 01  
 an HIV/AIDS specialist, or ..... 02  
 some other specialist? (SPECIFY) ..... 03

---

DON'T KNOW ..... -1

I11. Since [RELEASE DATE], have you had PCP pneumonia?

**PROBE:** This is pneumocystis carinii, a type of pneumonia common among people who are HIV positive.

YES ..... 01  
NO ..... (GO TO I13) ..... 00  
DON'T KNOW ..... (GO TO I13) ..... -1  
REFUSED ..... (GO TO I13) ..... -3

I12. Did you receive any treatment for this pneumonia since [RELEASE DATE]?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
REFUSED ..... -3

I13. Are you currently taking any HIV/AIDS medication?

YES ..... 01  
NO ..... (GO TO J1) ..... 00

I14. What type of HIV/AIDS medication are you currently taking? **RECORD VERBATIM. LIST ALL MENTIONS.**

|       |     |       |     |
|-------|-----|-------|-----|
| _____ | _ _ | _____ | _ _ |
| _____ | _ _ | _____ | _ _ |
| _____ | _ _ | _____ | _ _ |
| _____ | _ _ | _____ | _ _ |
| _____ | _ _ | _____ | _ _ |

## J. ALCOHOL AND DRUG USE

- J1. Because some of the next questions in this survey can be considered sensitive, we would like you to read the questions yourself and record your own answers using this booklet. **HAND SAMPLE MEMBER “SELF-ADMINISTERED BOOKLET J.”** If you feel uncomfortable reading the questions yourself, I can read them to you. Would you like to read the questions yourself?

YES ..... 01

NO ..... (GO TO J1a) ..... 00

Open the booklet to the first page. Be sure to answer every question unless there is an instruction for you to skip or go to another question. If you do not understand any of the instructions, please ask me.

**INTERVIEWER: GO TO K1 ON PAGE 69 AND WAIT FOR SAMPLE MEMBER TO FINISH COMPLETING BOOKLET J.**

## SECTION J

In this section, we are interested in learning about your health-related behaviors, such as smoking, or using drugs or alcohol. Please answer honestly. Remember your answers will be kept completely confidential.

**J1a.** In the past 3 months, how many cigarettes did you smoke in a typical day?

ENTER A NUMBER IF LESS THAN ½ PACK

**OR**

**MARK ONLY ONE**

- 10  ½ PACK  
20  1 PACK  
30  1½ PACKS  
40  2 PACKS  
50  2½ PACKS  
60  3 PACKS  
70  3½ PACKS  
80  4 PACKS OR MORE

The next few questions are about alcoholic drinks you may have had during the past 3 months. By “alcoholic drinks,” we mean drinks like beer, wine, wine coolers, hard liquor, mixed drinks, fortified wine, champagne, and other beverages that contain alcohol.

**J2.** In the past 3 months, how many alcoholic drinks did you have during a typical week?

**PROBE:** Count a tall boy or a 40 oz. beer as three drinks.

|\_\_|\_\_| NUMBER OF DRINKS IN A **TYPICAL** WEEK

00  ZERO DRINKS IN A **TYPICAL** WEEK

**J3.** In the past 3 months, how many times did you have five or more alcoholic drinks on the same occasion? By “occasion” we mean at the same time or within a couple of hours of each other.

|\_\_|\_\_| NUMBER OF TIMES IN THE PAST 3 MONTHS

00  ZERO TIMES IN THE PAST 3 MONTHS

**These next questions ask about various drugs you may have used in the past 3 months and in the past 30 days.**

J4a. On average, how often did you use marijuana or hashish in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used marijuana or hashish in your life but did not use any marijuana or hashish in past 3 months
- 07  Never used marijuana or hashish in your life

J4b. On average, how often did you use marijuana or hashish in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used marijuana or hashish in your life but did not use any marijuana or hashish in past 30 days
- 06  Never used marijuana or hashish in your life

J5a. On average, how often did you use cocaine in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used cocaine in your life but did not use any cocaine in past 3 months
- 07  Never used cocaine in your life

J5b. On average, how often did you use cocaine in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used cocaine in your life but did not use any cocaine in past 30 days
- 06  Never used cocaine in your life

J6a. On average, how often did you use crack in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used crack in your life but did not use any crack in past 3 months
- 07  Never used crack in your life

J6b. On average, how often did you use crack in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used crack in your life but did not use any crack in past 30 days
- 06  Never used crack in your life

J7a. On average, how often did you use heroin in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used heroin in your life but did not use any heroin in past 3 months
- 07  Never used heroin in your life

J7b. On average, how often did you use heroin in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used heroin in your life but did not use any heroin in past 30 days
- 06  Never used heroin in your life



J8a. On average, how often did you use methadone in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used methadone in your life but did not use any methadone in past 3 months
- 07  Never used methadone in your life

J8b. On average, how often did you use methadone in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used methadone in your life but did not use any methadone in past 30 days
- 06  Never used methadone in your life

J9a. On average, how often did you use barbiturates (sedatives, downers) in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used barbiturates (sedatives, downers) in your life but did not use any barbiturates (sedatives, downers) in past 3 months
- 07  Never used barbiturates (sedatives, downers) in your life

J9b. On average, how often did you use barbiturates (sedatives, downers) in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used barbiturates (sedatives, downers) in your life but did not use any barbiturates (sedatives, downers) in past 30 days
- 06  Never used barbiturates (sedatives, downers) in your life

J10a. On average, how often did you use PCP (angel dust) in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used PCP (angel dust) in your life but did not use any PCP (angel dust) in past 3 months
- 07  Never used PCP (angel dust) in your life

J10b. On average, how often did you use PCP (angel dust) in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used PCP (angel dust) in your life but did not use any PCP (angel dust) in past 30 days
- 06  Never used PCP (angel dust) in your life

J11a. On average, how often did you use LSD (acid) in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used LSD (acid) in your life but did not use any LSD (acid) in past 3 months
- 07  Never used LSD (acid) in your life

J11b. On average, how often did you use LSD (acid) in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used LSD (acid) in your life but did not use any LSD (acid) in past 30 days
- 06  Never used LSD (acid) in your life

J12a. On average, how often did you use methamphetamine (speed or crystal meth) in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used Methamphetamine (Speed or Crystal Meth) in your life but did not use any Methamphetamine (Speed or Crystal Meth) in past 3 months
- 07  Never used Methamphetamine (Speed or Crystal Meth) in your life

J12b. On average, how often did you use methamphetamine (speed or crystal meth) in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used methamphetamine (speed or crystal meth) in your life but did not use any methamphetamine (speed or crystal meth) in past 30 days
- 06  Never used methamphetamine (speed or crystal meth) in your life

J13. Have you used any other drug in the past 3 months?

- 01  YES
- 00  NO → **GO TO J15**

J13a. What drug was it?

WRITE IN NAME OF DRUG: \_\_\_\_\_

J13b. On average, how often did you use this drug in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so

J13c. On average, how often did you use this drug in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used this drug in your life but did not use any of this drug in past 30 days

J14. Have you used any other drug in the past 3 months?

01  YES

00  NO → **GO TO J15**

J14a. What drug was it?

WRITE IN NAME OF DRUG: \_\_\_\_\_

J14b. On average, how often did you use this drug in the **past 3 months**?

01  Daily

02  Almost daily or 3-6 days a week

03  1-2 days a week

04  1-2 times a month

05  Every other month or so

J14c. On average, how often did you use this drug in the **past 30 days**?

01  Daily

02  Almost daily or 3-6 days a week

03  1-2 days a week

04  1-2 times a month

05  Used this drug in your life but did not use any of this drug in past 30 days

**J15. In the past 3 months, did you experience any of the following as a result of drinking alcohol or taking drugs . . . (READ DOWN LIST, RECORD ONE ANSWER FOR EACH.)**

| MARK ONE ON EACH LINE                                 |                             |                             |  |
|---|-----------------------------|-----------------------------|--|
|   | <u>YES</u>                  | <u>NO</u>                   | <u>DID NOT<br/>DRINK OR<br/>TAKE DRUGS</u> |
| a. Blackouts? .....                                   | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| b. Seizures? .....                                    | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| c. Overdose? .....                                    | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| d. Hearing voices? .....                              | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| e. Seeing things? .....                               | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| f. Shakes, tremors, or DT's (Delirium tremens)? ..... | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| g. Vomiting? .....                                    | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| h. You became violent? .....                          | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| i. Any other side effects? .....                      | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| IF YES: What other side effects? (SPECIFY _____)      |                             |                             |  |

**J16. In the past 3 months, did you experience any of the following problems as a result of drinking alcohol or taking drugs . . . (READ DOWN LIST, RECORD ONE ANSWER FOR EACH.)**

| MARK ONE ON EACH LINE                        |                             |                             |  |
|--|-----------------------------|-----------------------------|--|
|  | <u>YES</u>                  | <u>NO</u>                   | <u>DID NOT<br/>DRINK OR<br/>TAKE DRUGS</u> |
| a. Missing work? .....                       | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| b. Missing school? .....                     | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| c. Fighting with others? .....               | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| d. Problems in your family? .....            | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| e. Financial problems? .....                 | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| f. Homelessness? .....                       | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| g. You were arrested? .....                  | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| h. Rejected by friends? .....                | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| i. Any other problems? .....                 | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| IF YES: What other problems? (SPECIFY _____) |                             |                             |  |

**J17. In the past 30 days, how often did you inject drugs with a needle?**

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Injected drugs in your life but did not inject any drugs in the past 30 days
- 06  Never injected drugs in your life

**J18. How many people did you share the same works with during **the past 30 days**? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water **before** you did?**

|\_|\_|\_| NUMBER OF PEOPLE

- 00  ZERO → **GO TO J22**

**J19. In the past 30 days, how often did you share the same works with other people? Would you say . . .**

- 01  All of the time
- 02  Most of the time
- 03  Some of the time
- 04  None of the time → **GO TO J22**

**J20. In the past 30 days, have you tried to clean the needles and syringes other people had used before you used them?**

- 01  YES
- 00  NO → **GO TO J22**

**J21.** In the **past 30 days**, when you cleaned needles and syringes after others had used them, how often did you . . .

**a. use alcohol and rinse with clean water?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**b. use bleach or Clorox and rinse with clean water?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**c. boil them in water only?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**d. rinse them in water that someone else had used to clean needles?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**e. rinse them in clean water only?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**f. use some other method?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**J22.** In the past 3 months, did you use any drugs or alcohol with a spouse or lover?

**MARK ONLY ONE**

- 01  YES
- 00  NO
- 4  NO LOVER OR SPOUSE

**J23.** In the past 3 months, how often did your spouse or lover use drugs or get drunk?

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always
- 4  NO LOVER OR SPOUSE

**J24.** Are you currently living with someone, for example, a family member, friend, spouse or lover who uses drugs or alcohol?

**MARK ONLY ONE**

- 01  YES
- 00  NO
- 4  LIVE ALONE



**K. RISK-TAKING BEHAVIOR**

K1. The next questions are also in a booklet. Would you like to read the questions yourself?

YES ..... 01  
NO ..... (GO TO K2) ..... 00

**HAND SAMPLE MEMBER “SELF-ADMINISTERED BOOKLET K.” BE SURE TO GIVE CORRECT VERSION (MALE OR FEMALE).**

Open the booklet to the first page. Again, be sure to answer every question unless there is an instruction for you to skip or go to another question.

**INTERVIEWER: GO TO L1 ON PAGE 76 AND WAIT FOR SAMPLE MEMBER TO FINISH COMPLETING BOOKLET K.**

K2. **INTERVIEWER: IS SAMPLE MEMBER . . .**

MALE? . . . . . (GO TO TOP OF PAGE 70) . . . . . 01  
FEMALE? . . . . . (GO TO TOP OF PAGE 73) . . . . . 02

**SECTION K FOR MALES**

The questions in this section ask about your sexual practices in the past 30 days, including each of the times you had sexual intercourse, oral sex, and anal sex. When answering the questions, keep in mind all of the partners you may have had, including regular partners as well as partners for money, drugs, or whatever. Remember, your answers will be kept completely confidential.

Please use the following definitions when answering the questions.

|                            |   |
|----------------------------|---|
| <b>Sexual Intercourse:</b> | Sexual activity during which you insert your penis into your partner's vagina.  |
| <b>Oral Sex:</b>           | Sexual activity that involves contact between one partner's mouth and the other partner's penis or vagina.                    |
| <b>Anal Sex:</b>           | Sexual activity during which you insert your penis into your partner's anus or your partner inserts his penis into your anus. |

K3. **During the past 30 days**, how many people have you had sexual intercourse, oral sex, and/or anal sex with?

|\_|\_| PEOPLE

00  ZERO

K4. **During the past 30 days**, how many of your sex partners were female?

|\_|\_| FEMALES →

K5. And **during the past 30 days**, how many of your sex partners were male?

|\_|\_| MALES

K6. **During the past 30 days**, how many times did you have sexual intercourse with a female partner?

|\_|\_| TIMES →

00  ZERO



K7. Of these times, how often did you or your partner use a condom?

**MARK ONLY ONE**

- 03  Always
- 02  Almost always
- 01  Some of the time
- 00  Never

K8. **During the past 30 days**, how many times did you have oral sex?

|\_|\_| TIMES →

00  ZERO



K9. Of these times, how often did you or your partner use a condom, dental dam, latex, or other type of barrier protection?

**MARK ONLY ONE**

- 03  Always
- 02  Almost always
- 01  Some of the time
- 00  Never

K10. **During the past 30 days**, how many times did you have anal sex?

|\_|\_| TIMES →

00  ZERO



K11. Of these times, how often did you or your partner use a condom?

**MARK ONLY ONE**

- 03  Always
- 02  Almost always
- 01  Some of the time
- 00  Never

**K12.** When you had sexual intercourse, oral sex, or anal sex **in the past 30 days**, how many times was it while you or your partner were using drugs or alcohol?

|\_|\_| TIMES

00  ZERO

**K13.** In the past 30 days, have you ever given sex, including intercourse, oral sex, or anal sex, to get money or drugs?

01  YES

00  NO

**K14.** In the past 30 days, have you ever given money or drugs to have sex, including intercourse, oral sex, or anal sex?

01  YES

00  NO

**K15.** In the past 30 days, have you had sexual intercourse, oral sex, or anal sex with a regular partner . . .

MARK ONE ON EACH LINE

|  | <u>YES</u>                  | <u>NO</u>                   | <u>DON'T KNOW</u>           | <u>NO REGULAR PARTNER(S)</u> |
|--|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| a. who was an injection drug user? . . . . .                 | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |
| b. who had sex with other people in the past year? . . . . . | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |
| c. who's HIV/AIDS status you did not know? . . . . .         | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |

**K16.** In the past 30 days, have you had sexual intercourse, oral sex, or anal sex with any other person . . .

MARK ONE ON EACH LINE

|  | <u>YES</u>                  | <u>NO</u>                   | <u>DON'T KNOW</u>           | <u>ONLY REGULAR PARTNER(S)</u> |
|--|-----------------------------|-----------------------------|-----------------------------|--------------------------------|
| a. who was an injection drug user? . . . . .                 | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |
| b. who had sex with other people in the past year? . . . . . | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |
| c. who's HIV/AIDS status you did not know? . . . . .         | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |

**GO TO L1 ON PAGE 76**

**SECTION K FOR FEMALES**

The questions in this section ask about your sexual practices in the past 30 days, including each of the times you had sexual intercourse, oral sex, and anal sex. When answering the questions, keep in mind all of the partners you may have had, including regular partners as well as partners for money, drugs, or whatever. Remember, your answers will be kept completely confidential.

Please use the following definitions when answering the questions.

|                            |  |
|----------------------------|--|
| <b>Sexual Intercourse:</b> | Sexual activity during which your partner inserts his penis into your vagina.                              |
| <b>Oral Sex:</b>           | Sexual activity that involves contact between one partner's mouth and the other partner's penis or vagina. |
| <b>Anal Sex:</b>           | Sexual activity during which your partner inserts his penis into your anus.                                |

K3. **During the past 30 days**, how many people have you had sexual intercourse, oral sex, and/or anal sex with?

|\_|\_| PEOPLE

00  ZERO

K4. **During the past 30 days**, how many of your sex partners were female?  
|\_|\_|\_| FEMALES →

K5. And **during the past 30 days**, how many of your sex partners were male?  
|\_|\_|\_| MALES

K6. **During the past 30 days**, how many times did you have sexual intercourse with a male partner?  
|\_|\_|\_| TIMES →  
00  ZERO  
↓

K7. Of these times, how often did you or your partner use a condom?  
**MARK ONLY ONE**  
03  Always  
02  Almost always  
01  Some of the time  
00  Never

K8. **During the past 30 days**, how many times did you have oral sex?  
|\_|\_|\_| TIMES →  
00  ZERO  
↓

K9. Of these times, how often did you or your partner use a condom, dental dam, latex, or other type of barrier protection?  
**MARK ONLY ONE**  
03  Always  
02  Almost always  
01  Some of the time  
00  Never

K10. **During the past 30 days**, how many times did you have anal sex with a male partner?  
|\_|\_|\_| TIMES →  
00  ZERO  
↓

K11. Of these times, how often did you or your partner use a condom?  
**MARK ONLY ONE**  
03  Always  
02  Almost always  
01  Some of the time  
00  Never

**K12.** When you had sexual intercourse, oral sex, or anal sex **in the past 30 days**, how many times was it while you or your partner were using drugs or alcohol?

\_\_\_\_|\_\_\_\_|\_\_\_\_| TIMES

00  ZERO

**K13.** **In the past 30 days**, have you ever given sex, including intercourse, oral sex, or anal sex, to get money or drugs?

01  YES

00  NO

**K14.** **In the past 30 days**, have you ever given money or drugs to have sex, including intercourse, oral sex, or anal sex?

01  YES

00  NO

**K15.** **In the past 30 days**, have you had sexual intercourse, oral sex, or anal sex with a regular partner . . .

**MARK ONE ON EACH LINE**

|  | <u>YES</u>                  | <u>NO</u>                   | <u>DON'T KNOW</u>           | <u>NO REGULAR PARTNER(S)</u> |
|--|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| a. who was an injection drug user? . . . . .                 | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |
| b. who had sex with other people in the past year? . . . . . | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |
| c. who's HIV/AIDS status you did not know? . . . . .         | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |

**K16.** **In the past 30 days**, have you had sexual intercourse, oral sex, or anal sex with any other person . . .

**MARK ONE ON EACH LINE**

|  | <u>YES</u>                  | <u>NO</u>                   | <u>DON'T KNOW</u>           | <u>ONLY REGULAR PARTNER(S)</u> |
|--|-----------------------------|-----------------------------|-----------------------------|--------------------------------|
| a. who was an injection drug user? . . . . .                 | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |
| b. who had sex with other people in the past year? . . . . . | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |
| c. who's HIV/AIDS status you did not know? . . . . .         | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |

## L. TREATMENT PROGRAMS

- L1. The next questions ask about your experiences with drug and alcohol treatment programs. During the past 3 months, have you gone to a clinic, self-help group, counselor, doctor or other professional to get help to stop smoking cigarettes?

YES ..... 01

NO ..... 00

DOES NOT SMOKE CIGARETTES ..... -4



**THIS PAGE INTENTIONALLY LEFT BLANK**

| L2.<br>Since [RELEASE DATE], have you received treatment for drug or alcohol use from any of the following types of programs . . .<br><br>READ DOWN LIST FIRST. THEN GO ACROSS FOR EACH "YES" RESPONSE. |     | L3.<br>How many times were you in [PROGRAM] since [RELEASE DATE]?<br><br>PROBE FOR NUMBER OF EPISODES, NOT LENGTH. |                       | L4.<br>Please think about the time(s) you were in [PROGRAM] since [RELEASE DATE], (starting with the most recent time).<br><br>a. How long were you in [PROGRAM] (the most recent time/the second or next most recent time/the third most recent time)? COLLECT FOR 3 MOST RECENT.<br><br>b. Was it in a jail or prison? CHECK "✓" JAIL/PRISON BOX IF "YES". REPEAT a AND b FOR NEXT TIME OR GO TO L5. |   |   |   |
|---|-----|--|-----------------------|--|---|---|---|
|   | YES | NO   |                       | 1st/ MOST RECENT   | 2nd/NEXT MOST RECENT  | 3rd/NEXT MOST RECENT  |   |
| a. a short-term residential program of less than 30 days? . . . . .   | 01  | 00   | ____  TIMES →         | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING  | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | → |
| b. a long-term residential program of 30 days or more? . . . . .  | 01  | 00   | ____  TIMES →         | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING  | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | → |
| c. inpatient detox? . . . . .   | 01  | 00   | ____  TIMES →         | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING  | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | → |
| d. a halfway house? . . . . .   | 01  | 00   | ____  TIMES →         | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING  | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | → |
| e. outpatient methadone detox? . . . . .  | 01  | 00   | ____  TIMES →         | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING  | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | → |
| f. outpatient methadone maintenance? . . . . .  | 01  | 00   | ____  TIMES →         | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING  | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | → |
| g. some other outpatient program? (SPECIFY) . . . . .<br>_____  | 01  | 00   | ____  TIMES →         | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING  | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | ____ <br>DAYS . . . . . 01<br>WEEKS . . . . . 02<br>MONTHS . . . . . 03<br><input type="checkbox"/> JAIL/PRISON SETTING | → |
|   |     |  | IF ALL "NO," GO TO L7 |  |   |   |   |

| <p style="text-align: center;"><b>L5.</b></p> <p>Are you currently participating in [PROGRAM]?</p> | <p style="text-align: center;"><b>L6.</b></p> <p>Why did you stop participating in [PROGRAM] (the last time)?</p>  |   |
|--|--|---|
| <p>YES.....(GO TO NEXT PROGRAM OR L7) ..... 01</p> <p>NO ..... 00</p>                              | <p>COMPLETED PROGRAM ..... 01</p> <p>FELT BETTER/DIDN'T NEED IT ..... 02</p> <p>DIDN'T LIKE PROGRAM ..... 03</p> <p>ASKED TO LEAVE/KICKED OUT ..... 04</p> <p>ARRESTED/JAILED ..... 05</p> | <p>TRANSPORTATION PROBLEMS ..... 06</p> <p>FAMILY PROBLEMS (SPECIFY) ..... 07</p> <p>_____</p> <p>OTHER (SPECIFY) ..... 08</p> <p>_____</p> |
| <p>YES.....(GO TO NEXT PROGRAM OR L7) ..... 01</p> <p>NO ..... 00</p>                              | <p>COMPLETED PROGRAM ..... 01</p> <p>FELT BETTER/DIDN'T NEED IT ..... 02</p> <p>DIDN'T LIKE PROGRAM ..... 03</p> <p>ASKED TO LEAVE/KICKED OUT ..... 04</p> <p>ARRESTED/JAILED ..... 05</p> | <p>TRANSPORTATION PROBLEMS ..... 06</p> <p>FAMILY PROBLEMS (SPECIFY) ..... 07</p> <p>_____</p> <p>OTHER (SPECIFY) ..... 08</p> <p>_____</p> |
| <p>YES.....(GO TO NEXT PROGRAM OR L7) ..... 01</p> <p>NO ..... 00</p>                              | <p>COMPLETED PROGRAM ..... 01</p> <p>FELT BETTER/DIDN'T NEED IT ..... 02</p> <p>DIDN'T LIKE PROGRAM ..... 03</p> <p>ASKED TO LEAVE/KICKED OUT ..... 04</p> <p>ARRESTED/JAILED ..... 05</p> | <p>TRANSPORTATION PROBLEMS ..... 06</p> <p>FAMILY PROBLEMS (SPECIFY) ..... 07</p> <p>_____</p> <p>OTHER (SPECIFY) ..... 08</p> <p>_____</p> |
| <p>YES.....(GO TO NEXT PROGRAM OR L7) ..... 01</p> <p>NO ..... 00</p>                              | <p>COMPLETED PROGRAM ..... 01</p> <p>FELT BETTER/DIDN'T NEED IT ..... 02</p> <p>DIDN'T LIKE PROGRAM ..... 03</p> <p>ASKED TO LEAVE/KICKED OUT ..... 04</p> <p>ARRESTED/JAILED ..... 05</p> | <p>TRANSPORTATION PROBLEMS ..... 06</p> <p>FAMILY PROBLEMS (SPECIFY) ..... 07</p> <p>_____</p> <p>OTHER (SPECIFY) ..... 08</p> <p>_____</p> |
| <p>YES.....(GO TO NEXT PROGRAM OR L7) ..... 01</p> <p>NO ..... 00</p>                              | <p>COMPLETED PROGRAM ..... 01</p> <p>FELT BETTER/DIDN'T NEED IT ..... 02</p> <p>DIDN'T LIKE PROGRAM ..... 03</p> <p>ASKED TO LEAVE/KICKED OUT ..... 04</p> <p>ARRESTED/JAILED ..... 05</p> | <p>TRANSPORTATION PROBLEMS ..... 06</p> <p>FAMILY PROBLEMS (SPECIFY) ..... 07</p> <p>_____</p> <p>OTHER (SPECIFY) ..... 08</p> <p>_____</p> |
| <p>YES.....(GO TO NEXT PROGRAM OR L7) ..... 01</p> <p>NO ..... 00</p>                              | <p>COMPLETED PROGRAM ..... 01</p> <p>FELT BETTER/DIDN'T NEED IT ..... 02</p> <p>DIDN'T LIKE PROGRAM ..... 03</p> <p>ASKED TO LEAVE/KICKED OUT ..... 04</p> <p>ARRESTED/JAILED ..... 05</p> | <p>TRANSPORTATION PROBLEMS ..... 06</p> <p>FAMILY PROBLEMS (SPECIFY) ..... 07</p> <p>_____</p> <p>OTHER (SPECIFY) ..... 08</p> <p>_____</p> |
| <p>YES.....(GO TO NEXT PROGRAM OR L7) ..... 01</p> <p>NO ..... 00</p>                              | <p>COMPLETED PROGRAM ..... 01</p> <p>FELT BETTER/DIDN'T NEED IT ..... 02</p> <p>DIDN'T LIKE PROGRAM ..... 03</p> <p>ASKED TO LEAVE/KICKED OUT ..... 04</p> <p>ARRESTED/JAILED ..... 05</p> | <p>TRANSPORTATION PROBLEMS ..... 06</p> <p>FAMILY PROBLEMS (SPECIFY) ..... 07</p> <p>_____</p> <p>OTHER (SPECIFY) ..... 08</p> <p>_____</p> |

L7. Now, I'd like to ask some questions about fellowship or self-help groups and 12-step programs that you may have attended since [RELEASE DATE] for drug or alcohol problems. These include groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA).

Since [RELEASE DATE], have you attended any kind of 12-step or self-help group?

YES ..... 01  
 NO ..... (GO TO M1) ..... 00

L8. Which kinds of 12-step or self-help groups have you attended?

**PROBE:** Any others?

CIRCLE ALL THAT APPLY

ALCOHOLICS ANONYMOUS ..... 01  
 NARCOTICS ANONYMOUS ..... 02  
 COCAINE ANONYMOUS ..... 03  
 OTHER (SPECIFY) ..... 04

---

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

L9. Are you still attending (this group/any of these groups)?

YES ..... 01  
 NO ..... 00

**M. HEALTH LINK AND OTHER PROGRAM PARTICIPATION**

M1. When you first joined Health Link at Rikers, did a Health Link caseworker meet with you to prepare a list of services for you to focus on when you were released from Rikers? He or she may have called this a Discharge Plan.

- YES ..... 01
- NO ..... (GO TO M4) ..... 00
- DON'T KNOW ..... (GO TO M4) ..... -1
- REFUSED ..... (GO TO M4) ..... -3

M2. How helpful was this plan? Was it . . .

CIRCLE ONE ONLY

- very helpful, ..... 01
- somewhat helpful, ..... 02
- not very helpful, or ..... 03
- not helpful at all? ..... 04

M3. How much of this plan did you follow through on once you were released from Rikers? Would you say . . .

CIRCLE ONE ONLY

- all of it, ..... (GO TO M4) ..... 01
- most of it, ..... (GO TO M4) ..... 02
- some of it, or ..... 03
- none of it? ..... 04

M3a. What are some of the reasons why you didn't follow through on more of the plan? **RECORD VERBATIM**

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M4. Before you were released from Rikers, did a Health Link caseworker give you a booklet that listed services available in Manhattan and the South Bronx?

YES ..... 01  
NO ..... (GO TO M6) ..... 00

M5. Did you ever refer to that booklet and call one of the service providers?

YES ..... 01  
NO ..... 00

M6. **INTERVIEWER, CHECK CONTACT SHEET: IS SAMPLE MEMBER'S GROUP STATUS ...**

JC, OR ..... 01  
J? ..... (GO TO N1) ..... 02

M7. Since [RELEASE DATE], have you met or spoken on the phone with anyone from Health Link?

**PROBE:** Since your release from Rikers in [RELEASE DATE].

YES ..... (GO TO M9) ..... 01  
NO ..... 00

M8. Why haven't you met or spoken on the phone with anyone from Health Link?

CIRCLE ALL THAT APPLY

- DIDN'T KNOW HOW TO CONTACT THEM . . . . . 01
- NO ONE EVER CONTACTED ME . . . . . 02
- NO ONE RETURNED MY CALL(S) . . . . . 03
- I WAS NOT INTERESTED IN HEALTH LINK . . . . . 04
- I DID NOT NEED HELP . . . . . 05
- OTHER (SPECIFY) . . . . . 06

\_\_\_\_\_

\_\_\_\_\_

|\_|\_|\_|\_|\_|\_|\_|

**GO TO N1**

M9. Since [RELEASE DATE], would you have liked to have met or spoken on the phone with your Health Link caseworker more often, less often, or about the same amount?

CIRCLE ONE ONLY

- MORE OFTEN . . . . . 01
- LESS OFTEN . . . . . 02
- THE SAME AMOUNT . . . . . 03

M10. How easy or difficult has it been for you to get in touch with your Health Link caseworker when you wanted to? Has it been . . .

CIRCLE ONE ONLY

- very easy, . . . . . 01
- somewhat easy, . . . . . 02
- somewhat difficult, or . . . . . 03
- very difficult? . . . . . 04

M11. Approximately what was the date of your last meeting or phone contact with your Health Link caseworker?

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|  
MONTH DAY YEAR

M12. Do you still meet or speak on the phone with your Health Link caseworker?

- YES . . . . . (GO TO M14) . . . . . 01
- NO . . . . . 00

M13. Why did you stop meeting or talking on the phone with your Health Link caseworker?

CIRCLE ALL THAT APPLY

- DIDN'T NEED HELP ANYMORE . . . . . 01
- HEALTH LINK WAS NEVER HELPFUL . . . . . 02
- GETTING TO HEALTH LINK OFFICE  
TOO DIFFICULT . . . . . 03
- TOO HARD TO REACH CASEWORKER . . . . . 04
- MY 12 MONTHS OF SERVICE RAN OUT . . . . . 05
- OTHER (SPECIFY) . . . . . 06

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M14. Overall, how satisfied or dissatisfied have you been with the help you received from Health Link since [RELEASE DATE]? Have you been . . .

CIRCLE ONE ONLY

- very satisfied, . . . . . (GO TO N1) . . . . . 01
- somewhat satisfied, . . . . . (GO TO N1) . . . . . 02
- somewhat dissatisfied, or . . . . . 03
- very dissatisfied? . . . . . 04

M15. Why were you dissatisfied? **RECORD VERBATIM**

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## N. HAIR TESTING CONSENT

**NOTE: IF INTERVIEW IS CONDUCTED IN A JAIL OR PRISON, SKIP TO P1.**

N1. This is the end of the interview. I want to thank you very much for your time and cooperation. As part of our study, we would like to collect a small lock of hair from each person interviewed. I would like to explain this to you and get your informed consent before we continue.

I will read a form to you which explains what is involved in collecting the hair sample. As I read the form, feel free to interrupt me at any time with questions you might have. When I have finished, I will ask you to sign the form to let us know whether or not you would like to donate a lock of your hair.

OK, CONTINUE ..... 01  
DOES NOT WANT  
TO CONTINUE .... (GO TO P1) .....-3

N2. **INTERVIEWER: CHECK QUESTION S1a ON PAGE 1. IS THE SAMPLE MEMBER ...**

18 YEARS OLD OR OLDER? ..... (READ INFORMED CONSENT FOR  
HAIR SAMPLE, **FORM C**) ..... 01

UNDER 18 YEARS OLD? ..... (READ AGREEMENT TO  
PARTICIPATE FOR  
HAIR SAMPLE, **FORM D**) ..... 02

N3. **INTERVIEWER: DID SAMPLE MEMBER CONSENT TO DONATE A HAIR SAMPLE?**

YES ..... 01

NO.....(GO TO P1) ..... 00

N4. **INTERVIEWER: COLLECT A LOCK OF HAIR USING RESEARCH PROCEDURES.**

**WHEN FINISHED, GO TO P2.**

**P. INCENTIVE PAYMENT AND INTERVIEWER OBSERVATIONS**

P1. Again I want to thank you very much for your time and cooperation. I have \$25.00 to give you as a token of our appreciation. Please write your name and sign this receipt form indicating that you have received this money.

**INTERVIEWER: GET SAMPLE MEMBER’S NAME AND SIGNATURE. BE SURE TO SIGN AND DATE RECEIPT FORM YOURSELF. GIVE SAMPLE MEMBER MONEY.**

Thanks and best of luck to you. Good-bye.

**GO TO P3**

P2. Again I want to thank you very much for your time and cooperation. I have a total of \$50.00 for you; \$25.00 for your time and effort to meet with us and \$25.00 for donating a lock of your hair.

Please write your name and sign this receipt form indicating that you have received this money.

**INTERVIEWER: GET SAMPLE MEMBER’S NAME AND SIGNATURE. BE SURE TO SIGN AND DATE RECEIPT FORM YOURSELF. GIVE SAMPLE MEMBER MONEY.**

Thanks and best of luck to you. Good-bye.

P3. WHERE WAS INTERVIEW CONDUCTED?

CIRCLE ONE ONLY

- CENTRAL MPR LOCATION . . . . . 01
  - OTHER PUBLIC LOCATION . . . . . 02
  - SAMPLE MEMBER’S HOME . . . . . 03
  - PRISON/DETENTION CENTER/JAIL . . . . . 04
  - OTHER INSTITUTION . . . . . 05
  - OTHER (SPECIFY) . . . . . 00
-

P4. WAS HAIR SAMPLE TAKEN?

CIRCLE ONE ONLY

- YES ..... 01
- NO, SAMPLE MEMBER REFUSED ..... 02
- NO, INSUFFICIENT HAIR ..... 03
- NO, NOT PERMITTED (JAIL/INSTITUTION) ..... 04

P5. **INTERVIEWER: PLEASE RATE THE FOLLOWING QUALITIES OF THE SAMPLE MEMBER, THE INTERVIEWING SITUATION, AND THE DATA.**

THE SAMPLE MEMBER (WAS/HAD):

- A. ABLE TO UNDERSTAND QUESTIONS EASILY ..... 1 2 3 4 5 6 7 ..... HARDLY ABLE TO UNDERSTAND
- B. TRUTHFUL ..... 1 2 3 4 5 6 7 ..... UNTRUTHFUL
- C. ACCURATE ..... 1 2 3 4 5 6 7 ..... INACCURATE
- D. INTERESTED IN THE INTERVIEW ..... 1 2 3 4 5 6 7 ..... NOT INTERESTED IN THE INTERVIEW
- E. COOPERATIVE ..... 1 2 3 4 5 6 7 ..... UNCOOPERATIVE
- F. NO ENGLISH LANGUAGE PROBLEM ..... 1 2 3 4 5 6 7 ..... SPOKE ENGLISH WITH GREAT DIFFICULTY
- G. INTERVIEWED WITH-OUT INTERRUPTION ..... 1 2 3 4 5 6 7 ..... INTERRUPTED OFTEN
- H. YOUR OPINION ABOUT THE OVERALL QUALITY OF THE DATA:  
HIGH ..... 1 2 3 4 5 6 7 ..... LOW

P6. ENTER TIME ENDED →

|   |
|---|
| <b>TIME ENDED:</b>  __   __  :  __   __  AM.....01<br>PM.....02 |
|---|

# **Self-Administered Booklet J**

In this questionnaire, we are interested in learning about your health-related behaviors, such as smoking, or using drugs or alcohol. Please answer honestly. Remember your answers will be kept completely confidential.

Respond to each question by either filling in the blanks or marking a box for your answer.

**J1a.** In the past 3 months, how many cigarettes did you smoke in a typical day?

ENTER A NUMBER IF LESS THAN ½ PACK

**OR**

**MARK ONLY ONE**

- 10  ½ Pack
- 20  1 Pack
- 30  1½ Packs
- 40  2 Packs
- 50  2½ Packs
- 60  3 Packs
- 70  3½ Packs
- 80  4 Packs or more

**TURN THE PAGE**

The next few questions are about alcoholic drinks you may have had during the past 3 months. By “alcoholic drinks,” we mean drinks like beer, wine, wine coolers, hard liquor, mixed drinks, fortified wine, champagne, and other beverages that contain alcohol.

**J2.** In the past 3 months, how many alcoholic drinks did you have during a typical week? (Count a tall boy or a 40 oz. beer as three drinks.)

|\_|\_| | NUMBER OF DRINKS IN A TYPICAL WEEK

00  ZERO DRINKS IN A TYPICAL WEEK

**J3.** In the past 3 months, how many times did you have five or more alcoholic drinks on the same occasion? By “occasion” we mean at the same time or within a couple of hours of each other.

|\_|\_| | NUMBER OF TIMES IN THE PAST 3 MONTHS

00  ZERO TIMES IN THE PAST 3 MONTHS

**TURN THE PAGE**

This section asks about various drugs you may have used in the past 3 months and in the past 30 days.

## MARIJUANA OR HASHISH

J4a. On average, how often did you use marijuana or hashish in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used marijuana or hashish in your life but did not use any marijuana or hashish in past 3 months
- 07  Never used marijuana or hashish in your life

J4b. On average, how often did you use marijuana or hashish in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used marijuana or hashish in your life but did not use any marijuana or hashish in past 30 days
- 06  Never used marijuana or hashish in your life

## COCAINE

J5a. On average, how often did you use cocaine in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used cocaine in your life but did not use any cocaine in past 3 months
- 07  Never used cocaine in your life

J5b. On average, how often did you use cocaine in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used cocaine in your life but did not use any cocaine in past 30 days
- 06  Never used cocaine in your life

**TURN THE PAGE**



## CRACK

J6a. On average, how often did you use crack in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used crack in your life but did not use any crack in past 3 months
- 07  Never used crack in your life

J6b. On average, how often did you use crack in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used crack in your life but did not use any crack in past 30 days
- 06  Never used crack in your life

## HEROIN

J7a. On average, how often did you use heroin in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used heroin in your life but did not use any heroin in past 3 months
- 07  Never used heroin in your life

J7b. On average, how often did you use heroin in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used heroin in your life but did not use any heroin in past 30 days
- 06  Never used heroin in your life

**TURN THE PAGE**

## METHADONE

J8a. On average, how often did you use methadone in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used methadone in your life but did not use any methadone in past 3 months
- 07  Never used methadone in your life

J8b. On average, how often did you use methadone in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used methadone in your life but did not use any methadone in past 30 days
- 06  Never used methadone in your life

## BARBITURATES (SEDATIVES, DOWNERS)

J9a. On average, how often did you use barbiturates (sedatives, downers) in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used barbiturates (sedatives, downers) in your life but did not use any barbiturates (sedatives, downers) in past 3 months
- 07  Never used barbiturates (sedatives, downers) in your life

J9b. On average, how often did you use barbiturates (sedatives, downers) in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used barbiturates (sedatives, downers) in your life but did not use any barbiturates (sedatives, downers) in past 30 days
- 06  Never used barbiturates (sedatives, downers) in your life

**TURN THE PAGE**

## PCP (ANGEL DUST)

J10a. On average, how often did you use PCP (angel dust) in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used PCP (angel dust) in your life but did not use any PCP (angel dust) in past 3 months
- 07  Never used PCP (angel dust) in your life

J10b. On average, how often did you use PCP (angel dust) in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used PCP (angel dust) in your life but did not use any PCP (angel dust) in past 30 days
- 06  Never used PCP (angel dust) in your life

## LSD (ACID)

J11a. On average, how often did you use LSD (acid) in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used LSD (acid) in your life but did not use any LSD (acid) in past 3 months
- 07  Never used LSD (acid) in your life

J11b. On average, how often did you use LSD (acid) in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used LSD (acid) in your life but did not use any LSD (acid) in past 30 days
- 06  Never used LSD (acid) in your life

**TURN THE PAGE**

## METHAMPHETAMINE (SPEED OR CRYSTAL METH)

J12a. On average, how often did you use methamphetamine (speed or crystal meth) in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so
- 06  Used Methamphetamine (Speed or Crystal Meth) in your life but did not use any Methamphetamine (Speed or Crystal Meth) in past 3 months
- 07  Never used Methamphetamine (Speed or Crystal Meth) in your life

J12b. On average, how often did you use methamphetamine (speed or crystal meth) in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used methamphetamine (speed or crystal meth) in your life but did not use any methamphetamine (speed or crystal meth) in past 30 days
- 06  Never used methamphetamine (speed or crystal meth) in your life

### J13. HAVE YOU USED ANY OTHER DRUG IN THE PAST 3 MONTHS?

- 01  **Yes** → (WRITE IN NAME OF DRUG: \_\_\_\_\_)
- 00  **No** → (GO TO QUESTION J15 ON PAGE 9)

J13b. On average, how often did you use this drug in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so

J13c. On average, how often did you use this drug in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used this drug in your life but did not use any of this drug in past 30 days

**TURN THE PAGE**

**J14. HAVE YOU USED ANY OTHER DRUG IN THE PAST 3 MONTHS?**

01  **Yes** → (WRITE IN NAME OF DRUG: \_\_\_\_\_)

00  **No** → (GO TO QUESTION J15 ON TOP OF NEXT PAGE)

J14b. On average, how often did you use this drug in the **past 3 months**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Every other month or so

J14c. On average, how often did you use this drug in the **past 30 days**?

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Used this drug in your life but did not use any of this drug in past 30 days

**TURN THE PAGE**

**J15. In the past 3 months, did you experience any of the following as a result of drinking alcohol or taking drugs?**

**MARK ONE ON EACH LINE**

|   | <u>YES</u>                  | <u>NO</u>                   | <u>DID NOT<br/>DRINK OR<br/>TAKE DRUGS</u> |
|---|-----------------------------|-----------------------------|--|
| a. Blackouts? .....                                   | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| b. Seizures? .....                                    | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| c. Overdose? .....                                    | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| d. Hearing voices? .....                              | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| e. Seeing things? .....                               | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| f. Shakes, tremors, or DT's (Delirium tremens)? ..... | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| g. Vomiting? .....                                    | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| h. You became violent? .....                          | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| i. Any other side effects? .....                      | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |

*(What other side effects? (describe) \_\_\_\_\_)*

**J16. In the past 3 months, did you experience any of the following problems as a result of drinking alcohol or taking drugs?**

**MARK ONE ON EACH LINE**

|                                   | <u>YES</u>                  | <u>NO</u>                   | <u>DID NOT<br/>DRINK OR<br/>TAKE DRUGS</u> |
|-----------------------------------|-----------------------------|-----------------------------|--|
| a. Missing work? .....            | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| b. Missing school? .....          | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| c. Fighting with others? .....    | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| d. Problems in your family? ..... | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| e. Financial problems? .....      | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| f. Homelessness? .....            | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| g. You were arrested? .....       | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| h. Rejected by friends? .....     | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |
| i. Any other problems? .....      | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -4 <input type="checkbox"/>                |

*(What other problems? (describe) \_\_\_\_\_)*

**TURN THE PAGE**

**J17. In the past 30 days, how often did you inject drugs with a needle?**

- 01  Daily
- 02  Almost daily or 3-6 days a week
- 03  1-2 days a week
- 04  1-2 times a month
- 05  Injected drugs in your life but did not inject any drugs in the past 30 days
- 06  Never injected drugs in your life

**J18. How many people did you share the same works with during **the past 30 days**? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water **before** you did?**

|\_|\_|\_| NUMBER OF PEOPLE

- 00  Zero → GO TO QUESTION J22 ON PAGE 12

**J19. In the past 30 days, how often did you share the same works with other people?**

- 01  All of the time
- 02  Most of the time
- 03  Some of the time
- 04  None of the time → GO TO QUESTION J22 ON PAGE 12

**J20. In the past 30 days, have you tried to clean the needles and syringes other people had used before you used them?**

- 01  Yes
- 00  No → GO TO QUESTION J22 ON PAGE 12

**TURN THE PAGE**

**J21.** In the **past 30 days**, when you cleaned needles and syringes after others had used them, how often did you . . .

**a. use alcohol and rinse with clean water?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**b. use bleach or Clorox and rinse with clean water?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**c. boil them in water only?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**d. rinse them in water that someone else had used to clean needles?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**e. rinse them in clean water only?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**f. use some other method?**

**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always

**TURN THE PAGE**



**J22.** In the past 3 months, did you use any drugs or alcohol with a spouse or lover?

**MARK ONLY ONE**

- 01  Yes
- 00  No
- 4  No lover or spouse

**J23.** In the past 3 months, how often did your spouse or lover use drugs or get drunk?

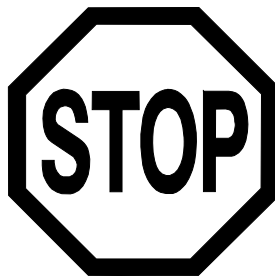
**MARK ONLY ONE**

- 00  Never
- 01  Rarely
- 02  Sometimes
- 03  Often
- 04  Always
- 4  No lover or spouse

**J24.** Are you currently living with someone (for example, a family member, friend, spouse or lover) who uses drugs or alcohol?

**MARK ONLY ONE**

- 01  Yes
- 00  No
- 4  Live alone



**TELL THE INTERVIEWER  
THAT YOU HAVE FINISHED**

# **Self-Administered Booklet K For Males**

The questions in this section ask about your sexual practices in the past 30 days, including each of the times you had sexual intercourse, oral sex, and anal sex. When answering the questions, keep in mind all of the partners you may have had, including regular partners as well as partners for money, drugs, or whatever. Remember, your answers will be kept completely confidential.

Respond to each question by either filling in the blanks or marking your answer.

Please use the following definitions when answering the questions.

**Sexual Intercourse:** Sexual activity during which you insert your penis into your partner's vagina.

**Oral Sex:** Sexual activity that involves contact between one partner's mouth and the other partner's penis or vagina.

**Anal Sex:** Sexual activity during which you insert your penis into your partner's anus or your partner inserts his penis into your anus.

K3. **During the past 30 days**, how many people have you had sexual intercourse, oral sex, and/or anal sex with?

|\_|\_| PEOPLE

00  Zero

**TURN THE PAGE**

K4. **During the past 30 days**, how many of your sex partners were female?

|\_|\_|\_| FEMALES →

K5. And **during the past 30 days**, how many of your sex partners were male?

|\_|\_|\_| MALES

K6. **During the past 30 days**, how many times did you have sexual intercourse with a female partner?

|\_|\_|\_| TIMES →

00  Zero



K7. Of these times, how often did you or your partner use a condom?

**MARK ONLY ONE**

- 03  Always
- 02  Almost always
- 01  Some of the time
- 00  Never

K8. **During the past 30 days**, how many times did you have oral sex?

|\_|\_|\_| TIMES →

00  Zero



K9. Of these times, how often did you or your partner use a condom, dental dam, latex, or other type of barrier protection?

**MARK ONLY ONE**

- 03  Always
- 02  Almost always
- 01  Some of the time
- 00  Never

K10. **During the past 30 days**, how many times did you have anal sex?

|\_|\_|\_| TIMES →

00  Zero



K11. Of these times, how often did you or your partner use a condom?

**MARK ONLY ONE**

- 03  Always
- 02  Almost always
- 01  Some of the time
- 00  Never

**TURN THE PAGE**

**K12.** When you had sexual intercourse, oral sex, or anal sex **in the past 30 days**, how many times was it while you or your partner were using drugs or alcohol?

|\_|\_|\_| TIMES

00  Zero

**K13.** In the past 30 days, have you ever given sex, including intercourse, oral sex, or anal sex, to get money or drugs?

01  Yes

00  No

**K14.** In the past 30 days, have you ever given money or drugs to have sex, including intercourse, oral sex, or anal sex?

01  Yes

00  No

**K15.** In the past 30 days, have you had sexual intercourse, oral sex, or anal sex with a regular partner . . .

MARK ONE ON EACH LINE

|  | <u>Yes</u>                  | <u>No</u>                   | <u>Don't Know</u>           | <u>No Regular Partner(s)</u> |
|--|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| a. who was an injection drug user? . . . . .                 | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |
| b. who had sex with other people in the past year? . . . . . | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |
| c. who's HIV/AIDS status you did not know? . . . . .         | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |

**K16.** In the past 30 days, have you had sexual intercourse, oral sex, or anal sex with any other person . . .

MARK ONE ON EACH LINE

|  | <u>Yes</u>                  | <u>No</u>                   | <u>Don't Know</u>           | <u>Only Regular Partner(s)</u> |
|--|-----------------------------|-----------------------------|-----------------------------|--------------------------------|
| a. who was an injection drug user? . . . . .                 | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |
| b. who had sex with other people in the past year? . . . . . | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |
| c. who's HIV/AIDS status you did not know? . . . . .         | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |



**TELL THE INTERVIEWER  
THAT YOU HAVE FINISHED**



The questions in this section ask about your sexual practices in the past 30 days, including each of the times you had sexual intercourse, oral sex, and anal sex. When answering the questions, keep in mind all of the partners you may have had, including regular partners as well as partners for money, drugs, or whatever. Remember, your answers will be kept completely confidential.

Respond to each question by either filling in the blanks or marking your answer.

Please use the following definitions when answering the questions.

**Sexual Intercourse:** Sexual activity during which your partner inserts his penis into your vagina.

**Oral Sex:** Sexual activity that involves contact between one partner's mouth and the other partner's penis or vagina.

**Anal Sex:** Sexual activity during which your partner inserts his penis into your anus.

K3. **During the past 30 days**, how many people have you had sexual intercourse, oral sex, and/or anal sex with?

|\_|\_| PEOPLE

00  Zero

**TURN THE PAGE**

K4. **During the past 30 days**, how many of your sex partners were female?

|\_|\_|\_| FEMALES →

K5. And **during the past 30 days**, how many of your sex partners were male?

|\_|\_|\_| MALES

K6. **During the past 30 days**, how many times did you have sexual intercourse with a male partner?

|\_|\_|\_| TIMES →

00  Zero



K7. Of these times, how often did you or your partner use a condom?

**MARK ONLY ONE**

- 03  Always
- 02  Almost always
- 01  Some of the time
- 00  Never

K8. **During the past 30 days**, how many times did you have oral sex?

|\_|\_|\_| TIMES →

00  Zero



K9. Of these times, how often did you or your partner use a condom, dental dam, latex, or other type of barrier protection?

**MARK ONLY ONE**

- 03  Always
- 02  Almost always
- 01  Some of the time
- 00  Never

K10. **During the past 30 days**, how many times did you have anal sex with a male partner?

|\_|\_|\_| TIMES →

00  Zero



K11. Of these times, how often did you or your partner use a condom?

**MARK ONLY ONE**

- 03  Always
- 02  Almost always
- 01  Some of the time
- 00  Never

**TURN THE PAGE**



**K12.** When you had sexual intercourse, oral sex, or anal sex **in the past 30 days**, how many times was it while you or your partner were using drugs or alcohol?

|\_|\_|\_| TIMES

00  Zero

**K13.** In the past 30 days, have you ever given sex, including intercourse, oral sex, or anal sex, to get money or drugs?

01  Yes

00  No

**K14.** In the past 30 days, have you ever given money or drugs to have sex, including intercourse, oral sex, or anal sex?

01  Yes

00  No

**K15.** In the past 30 days, have you had sexual intercourse, oral sex, or anal sex with a regular partner . . .

MARK ONE ON EACH LINE

|  | <u>Yes</u>                  | <u>No</u>                   | <u>Don't Know</u>           | <u>No Regular Partner(s)</u> |
|--|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| a. who was an injection drug user? . . . . .                 | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |
| b. who had sex with other people in the past year? . . . . . | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |
| c. who's HIV/AIDS status you did not know? . . . . .         | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>  |

**K16.** In the past 30 days, have you had sexual intercourse, oral sex, or anal sex with any other person . . .

MARK ONE ON EACH LINE

|  | <u>Yes</u>                  | <u>No</u>                   | <u>Don't Know</u>           | <u>Only Regular Partner(s)</u> |
|--|-----------------------------|-----------------------------|-----------------------------|--------------------------------|
| a. who was an injection drug user? . . . . .                 | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |
| b. who had sex with other people in the past year? . . . . . | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |
| c. who's HIV/AIDS status you did not know? . . . . .         | 01 <input type="checkbox"/> | 00 <input type="checkbox"/> | -1 <input type="checkbox"/> | -4 <input type="checkbox"/>    |



**TELL THE INTERVIEWER  
THAT YOU HAVE FINISHED**

**HEALTH LINK 12-MONTH INTERVIEW INFORMED CONSENT FORM  
FOR PERSONS 18 OR OLDER**

This form tells you about the follow-up interview for the research study of the Health Link project. We ask that you give informed consent before doing the interview by agreeing to participate after it is explained to you. The Robert Wood Johnson Foundation is paying for the study. Mathematica Policy Research, Inc., a private research organization, is studying Health Link.

The purpose of the interview is to find out how jail and community-based services help people leaving jail to reduce drug and alcohol use and to avoid rearrest. I will ask you questions about your use of community services, employment and training, living arrangements, and involvement with your family and community. I will also ask about your health, use of health care, use of drugs and alcohol, experience with police and the legal system, and health risk behavior. I expect the interview will last about 60 minutes. We will pay you \$25.

Mathematica staff will keep your information strictly confidential. Records with your name and other identifying information will be stored safely during the study and will be destroyed when the study is done. Mathematica staff will not give out information about you personally to anyone outside the project, unless the law says we have to. We have received a Certificate of Confidentiality from the National Institute of Mental Health, U.S. Department of Human Services. Under federal law this certificate protects Mathematica from being required to give information about any person participating in this study.

Participating in the interview may have risks. First, for some people, talking about previous experiences may be emotionally painful. If you need help dealing with painful experiences, I can refer you to an agency that can help you. Second, although we have received a Certificate of Confidentiality, we may not be able to protect some kinds of confidential information. To be safe, you should not tell us about open court cases. We will use the Certificate of Confidentiality and other legal means to protect what you tell us. A court has never successfully forced us to turn over information in the 25 years Mathematica has been doing this kind of work.

We will report to authorities if you tell us of plans to hurt yourself or others.

Taking part in the interview is entirely voluntary, but your participation is important.

You have the following rights:

- Taking part in the interview is strictly voluntary.
- You may refuse to answer any questions you do not wish to answer or stop the interview at any time without saying why.
- If you do not take part in the interview, this will not affect your eligibility for Health Link or any other services.

If you want more information about the study, please write to Rita Stapulonis, Mathematica Policy Research, Inc., P.O. Box 2393, Princeton, NJ 08543-2393. Or call her at this phone number: 1-718-626-6288.

If you have questions about your rights as a Health Link research study participant, write to Dr. Jo Anne Bennett, New York City Department of Health, 346 Broadway, Rm 707A, New York, NY 10013. Or call her at this phone number: (212) 442-3385.

I have read this form and had it read to me. I understand what doing the Health Link interview involves. The interviewer has answered my questions. S/he gave me a copy of this form.

|  |  |      |  |  |  |  |  |  |  |  |  |       |     |      |  |  |  |  |  |  |  |
|--|--|------|--|--|--|--|--|--|--|--|--|-------|-----|------|--|--|--|--|--|--|--|
| <b>Signature of Person Administering Form:</b><br><br> | <b>Date:</b><br><table border="0"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td align="center">MONTH</td> <td align="center">DAY</td> <td align="center">YEAR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |      |  |  |  |  |  |  |  |  |  | MONTH | DAY | YEAR |  |  |  |  |  |  |  |
|  |  |      |  |  |  |  |  |  |  |  |  |       |     |      |  |  |  |  |  |  |  |
| MONTH  | DAY  | YEAR |  |  |  |  |  |  |  |  |  |       |     |      |  |  |  |  |  |  |  |

**I consent to do the Health Link interview.**

|  |                                     |  |  |  |  |  |  |  |  |  |  |  |       |     |      |  |  |  |  |  |  |  |
|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|-------|-----|------|--|--|--|--|--|--|--|
| <b>Applicant Name Printed:</b><br><br> | <b>Applicant Signature:</b><br><br> | <b>Date:</b><br><table border="0"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td align="center">MONTH</td> <td align="center">DAY</td> <td align="center">YEAR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  | MONTH | DAY | YEAR |  |  |  |  |  |  |  |
|  |                                     |  |  |  |  |  |  |  |  |  |  |  |       |     |      |  |  |  |  |  |  |  |
| MONTH                                  | DAY                                 | YEAR   |  |  |  |  |  |  |  |  |  |  |       |     |      |  |  |  |  |  |  |  |

**I do not consent to do the Health Link interview.**

|  |                                     |  |  |  |  |  |  |  |  |  |  |  |       |     |      |  |  |  |  |  |  |  |
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**HEALTH LINK 12-MONTH INTERVIEW INFORMED CONSENT FORM  
FOR PERSONS 18 OR OLDER  
(DOCS VERSION)**

This form tells you about the follow-up interview for the research study of the Health Link project. We ask that you give informed consent before doing the interview by agreeing to participate after it is explained to you. The Robert Wood Johnson Foundation is paying for the study. Mathematica Policy Research, Inc., a private research organization, is studying Health Link.

The purpose of the interview is to find out how jail and community-based services help people leaving jail to reduce drug and alcohol use and to avoid rearrest. I will ask you questions about your use of community services, employment and training, living arrangements, and involvement with your family and community. I will also ask about your health, use of health care, use of drugs and alcohol, experience with police and the legal system, and health risk behavior. I expect the interview will last about 60 minutes. When you signed up for Health Link, you were told that we would pay you \$25 to meet with us for the interview. Unfortunately, New York State Department of Correctional Services does not allow payments or gifts to inmates who participate in studies. Therefore, we cannot pay you for meeting with us.

Mathematica staff will keep your information strictly confidential. Records with your name and other identifying information will be stored safely during the study and will be destroyed when the study is done. Mathematica staff will not give out information about you personally to anyone outside the project, unless the law says we have to. We have received a Certificate of Confidentiality from the National Institute of Mental Health, U.S. Department of Human Services. Under federal law this certificate protects Mathematica from being required to give information about any person participating in this study.

Participating in the interview may have risks. First, for some people, talking about previous experiences may be emotionally painful. If you need help dealing with painful experiences, I can refer you to an agency that can help you. Second, although we have received a Certificate of Confidentiality, we may not be able to protect some kinds of confidential information. To be safe, you should not tell us about open court cases. We will use the Certificate of Confidentiality and other legal means to protect what you tell us. A court has never successfully forced us to turn over information in the 25 years Mathematica has been doing this kind of work.

We will report to authorities if you tell us of plans to hurt yourself or others.

Taking part in the interview is entirely voluntary, but your participation is important.

You have the following rights:

- Taking part in the interview is strictly voluntary.
- You may refuse to answer any questions you do not wish to answer or stop the interview at any time without saying why.
- If you do not take part in the interview, this will not affect your eligibility for Health Link or any other services.

If you want more information about the study, please write to Rita Stapulonis, Mathematica Policy Research, Inc., P.O. Box 2393, Princeton, NJ 08543-2393. Or call her collect at this phone number: 1-718-626-6288.

If you have questions about your rights as a Health Link research study participant, write to Dr. Jo Anne Bennett, New York City Department of Health, 346 Broadway, Rm 707A, New York, NY 10013. Or call her at this phone number: (212) 442-3385.

I have read this form and had it read to me. I understand what doing the Health Link interview involves. The interviewer has answered my questions. S/he gave me a copy of this form.

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| <b>Signature of Person Administering Form:</b><br><br>_____ | <b>Date:</b><br> _ _ / _ _ / _ _ _ _ <br>MONTH DAY YEAR |
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**I consent to do the Health Link interview.**

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| <b>Applicant Name Printed:</b><br><br>_____ | <b>Applicant Signature:</b><br><br>_____ | <b>Date:</b><br> _ _ / _ _ / _ _ _ _ <br>MONTH DAY YEAR |
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**I do not consent to do the Health Link interview.**

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| <b>Applicant Name Printed:</b><br><br>_____ | <b>Applicant Signature:</b><br><br>_____ | <b>Date:</b><br> _ _ / _ _ / _ _ _ _ <br>MONTH DAY YEAR |
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**HEALTH LINK 12-MONTH INTERVIEW AGREEMENT TO PARTICIPATE FORM  
FOR PERSONS UNDER 18 YEARS OF AGE**

This form tells you about the follow-up interview for the research study of the Health Link project. We ask that you agree to do the interview after it is explained to you. The Robert Wood Johnson Foundation is paying for the study. Mathematica Policy Research, Inc., a private research organization, is studying Health Link.

The purpose of the interview is to find out how jail and community-based services help people leaving jail to reduce drug and alcohol use and to avoid rearrest. I will ask you questions about your use of community services, employment and training, living arrangements, and involvement with your family and community. I will also ask about your health, use of health care, use of drugs and alcohol, experience with police and the legal system, and health risk behavior. I expect the interview will last about 60 minutes. We will pay you \$25.

Mathematica staff will keep your information strictly confidential. Records with your name and other identifying information will be stored safely during the study and will be destroyed when the study is done. Mathematica staff will not give out information about you personally to anyone outside the project, unless the law says we have to. We have received a Certificate of Confidentiality from the National Institute of Mental Health, U.S. Department of Human Services. Under federal law this certificate protects Mathematica from being required to give information about any person participating in this study.

Participating in the interview may have risks. First, for some people, talking about previous experiences may be emotionally painful. If you need help dealing with painful experiences, I can refer you to an agency that can help you. Second, although we have received a Certificate of Confidentiality, we may not be able to protect some kinds of confidential information. To be safe, you should not tell us about open court cases. We will use the Certificate of Confidentiality and other legal means to protect what you tell us. A court has never successfully forced us to turn over information in the 25 years Mathematica has been doing this kind of work.

We will report to authorities if you tell us of plans to hurt yourself or others.

Taking part in the interview is entirely voluntary, but your participation is important.

You have the following rights:

- Taking part in the interview is strictly voluntary.
- You may refuse to answer any questions you do not wish to answer or stop the interview at any time without saying why.
- If you do not take part in the interview, this will not affect your eligibility for Health Link or any other services.

If you want more information about the study, please write to Rita Stapulonis, Mathematica Policy Research, Inc., P.O. Box 2393, Princeton, NJ 08543-2393. Or call her at this phone number: 1-718-626-6288.

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I have read this form and had it read to me. I understand what doing the Health Link interview involves. The interviewer has answered my questions. S/he gave me a copy of this form.

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**I agree to do the Health Link interview.**

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| <b>Applicant Name Printed:</b> | <b>Applicant Signature:</b> | <b>Date:</b><br> _ _ / _ _ / _ _ _ _ <br>MONTH DAY YEAR |
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**I do not agree to do the Health Link interview.**

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**I agree to do the Health Link interview.**

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**I do not agree to do the Health Link interview.**

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IRB No.: 98022  
Exp. Date: July 18, 2001