

Form 90-AF

Follow-up Interview Assessment of Drinking and Related Behaviors

FOR OFFICE USE ONLY	
_____	Study
_____	ID
_____	Point
_____	Date
_____	Raid
F9AOFU- Revised 8/1/95 11 Pages	

Time Started _____ Time Ended _____

Administer Breathalyzer test and record. BAC: .___/___/___

1. For period from ___/___/___/___/___/___ through ___/___/___/___/___/___

2. Number of days in this assessment period: ___/___/___

3. This is: ___/___ Month Follow-up.

Check only one. ' Reconstructed
 , Actual

4. ___(1) Male ___(2) Female

5. Current body weight in pounds: ___/___/___

6. Weight was obtained by: ___(1) weighing or ___(2) self-report

7. This interview was conducted:

___(1) on site ___(2) by telephone
___(3) home visit ___(4) other location:

"Now, as in the interview(s) you've had before, I'd like to remind you that whatever you say here is confidential. I am going to be asking you some specific questions about the period of time from _____ up through yesterday. [Place calendar in front of client.] Here is a calendar to help you remember this period of time. I realize that this is a long period of time to remember things that happened, so we will use this calendar to help you identify events that occurred during this period. As before, you can see that there are some events already printed on the calendar. Were there any particularly memorable things that happened during this time - any birthdays, illnesses or accidents, anniversaries, parties, hospitalizations, vacations, changes in your work or at home, things like that?" [Record on calendar.]

"Now, the rest of the questions that I will ask you are also about this time period, from _____ up through yesterday. I'll be asking about your drinking in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, because it is important for you to remember as accurately as you can. Let me know if you're not sure what I am asking, or what I mean by a particular question. OK?"

TREATMENT/INCARCERATION/LIVING EXPERIENCES

"During this period, how many days did you spend in a hospital or treatment program where you stayed overnight?" [Mark days on calendar]

Hm Total number of hospital days for medical problems 8. ___/___/___

Htox Total number of hospital days for detoxification 9. ___/___/___

Rtox Total number of non-hospital residential detox days: 10. ___/___/___

Total number of ambulatory detox treatment days: 11. ___/___/___

Ra Total number of residential days alcohol treatment 12. ___/___/___

Rd Total number of residential days for other drug problems 13. ___/___/___

Rp Total residential days for emotional/psych problems 14. ___/___/___

**Total days in residential treatment during this period:
[Sum of 8 + 9 + 10 + 12 + 13 + 14. Do not include 11] 15. ___/___/___**

**"During this period, did you spend any time in jail or prison?"
[Mark days on calendar]**

In Total days incarcerated during period 16. ___/___/___

Total days in institutions [add 15 + 16] 17. ___/___/___

"During this period, where did you live? How many days did you live in:" [Do not record on calendar unless useful as memory aids.]

Total number of days in own house, apartment, room: 18. ___/___/___

Total number of days living with others (no rent): 19. ___/___/___

Total number of days living in halfway house: 20. ___/___/___

Total number of days homeless (shelters, etc.): 21. ___/___/___

Lines 17 + 18 + 19 + 20 + 21 must equal Line 2

"During this period, how many days were there [not including hospital or detox days] when you saw a doctor, nurse, nurse-practitioner, or physician's assistant for any kind of medical care?"

[Do not record on calendar unless useful as memory aids.]

Total days seen for medical care 22. ___/___/___

"During this period, on how many days did you have a session with a counselor or therapist?" [Do not include Project MATCH services or hospital days - Do not record on calendar unless useful as memory aids.]

Total number of days for alcohol problems ** 23. ___/___/___

**** If treatment was received, describe briefly here and administer Treatment Experiences Questionnaire**

Total number of days for other drug problems ** 24. ___/___/___

**** If treatment was received, describe briefly here and administer Treatment Experiences Questionnaire**

Total days for emotional/psychological problems 25. ___/___/___

If treatment was received, describe briefly here

"During this period, on how many days did you attend a meeting of Alcoholics Anonymous or another Twelve-Step meeting?" [Do not record on calendar unless useful as memory aids.]

Total number of days attending 12-step meetings: [enter 0 if none] 26. ___/___/___

OTHER ACTIVITIES

[Do not enter activity days on the calendar unless they appear to be of value for recalling drinking.]

WORK: "How many days have you been paid for working during this period?"

Number of WORK days 27. ___/___/___

EDUCATION: "How many days have you been in school or training during this period?"

Number of EDUCATION days 28. ___/___/___

RELIGIOUS ATTENDANCE: "On how many days during this time did you attend a worship service or other religious celebration?"

RELIGIOUS ATTENDANCE days 29. ___/___/___

MEDICATIONS

"During this period, on how many days did you take any medications prescribed by a physician?" [Do not enter medication days on the calendar unless they appear to be of memory value.]

to treat a medical problem specify: 30. ___/___/___

to prevent you from drinking (Antabuse only) 31. ___/___/___

to help you detoxify/come off alcohol or another drug specify: 32. ___/___/___

to help you stabilize or change your use of drugs other than alcohol

maintaining/stabilizing drugs (e.g., methadone) specify: 33. ___/___/___

drug antagonists/blockers specify: 34. ___/___/___

for your psychological or emotional problems specify: 35. ___/___/___

PERIODS OF ABSTINENCE

"Now I'd like to ask you about your drinking during this same period. The things already recorded on the calendar here may help you to remember better. First of all, were there periods of days when you had nothing to drink at all?"

[Mark all abstinent days as "A" on calendar. Note: If the client was mostly abstinent, it may be easier to ask about drinking days first, and record these on the calendar.]

36. Date of first drink during period: ___/___/___/___/___/___

37. Date of last drink during period: ___/___/___/___/___/___

"During this period of time, when you were drinking, I'd like to see if your pattern was at all similar from one week to the next, at least for a few of these weeks. I realize that drinking will vary from day to day and from week to week, but I want to know if there was any similarity among weeks. Was there any consistency to your drinking from week to week?"

[If NO, skip to page 8. If YES, continue to complete page 6 and, if appropriate, page 7.]

"Could you describe for me a usual or typical week of drinking, then. In a typical week, let's start with weekdays - Monday through Friday - what did you normally drink in the morning, from the time you got up until about lunchtime?" [Record]

For each drinking period, obtain time estimates to allow BAC calculation. For example:

"About what time did you normally have your first drink? . . . And when did you usually finish the last one?"

"Now how about weekday afternoons, including what you drank with lunch up through the afternoon until dinner time - what did you normally drink on weekday afternoons, Monday through Friday?" [Record]

"And how about weekday evenings? What did you normally drink with dinner, up through the rest of the evening, until the time you went to sleep?" [Record]

Repeat same instructions for weekend days.

P1

STEADY PATTERN CHART 1

Morning	Afternoon	Evening	Total for Day
			<u> </u> Total SECs Monday
			<u> </u> Total SECs Tuesday
			<u> </u> Total SECs Wednesday
			<u> </u> Total SECs Thursday
			<u> </u> Total SECs Friday
			<u> </u> Total SECs Saturday
			<u> </u> Total SEC Sunday

Total number of Standard Drinks (SECs) per week: 38. ___/___/___.

Estimated BAC peak for Steady Pattern week (mg%): 39. ___/___/___
 Enter all days of this pattern on calendar as P-1

If the above pattern does not describe all drinking weeks, ask:
 "Now on the other weeks when you were drinking, was your drinking at all the same from week to week?" If YES, complete page 7. If NO, proceed to page 8.

P2

STEADY PATTERN CHART 2

Morning	Afternoon	Evening	Total for Day
			<u>Total SECs</u> Monday
			<u>Total SECs</u> Tuesday
			<u>Total SECs</u> Wednesday
			<u>Total SECs</u> Thursday
			<u>Total SECs</u> Friday
			<u>Total SECs</u> Saturday
			<u>Total SEC</u> Sunday

Total number of Standard Drinks (SECs) per week: 40. ___/___/___.

Estimated BAC peak for Steady Pattern week (mg%): 41. ___/___/___

Enter all days of this pattern on calendar as P-2

Proceed to Page 8

EPISODIC PATTERN CHART

INSTRUCTIONS WHEN PAGE 6 (or 6 and 7) HAS BEEN COMPLETED:

"Now that we have your regular pattern, I'd like you to tell me about times during this period when your drinking was different from this pattern. Look at the calendar again, and think back over this period. When were times that you had more or less than your regular amount to drink?"

INSTRUCTIONS WHEN PAGE 6 AND 7 HAVE BEEN SKIPPED (NO REGULAR PATTERN):

"If you didn't have a regular pattern from week to week, tell me about times when you did drink during the period on this calendar."

FOLLOW-THROUGH FOR ALL CLIENTS:

[When a particular episode is identified:]

"Did that happen more than once during this period?"

[If NO, record data directly on the calendar. If YES, record as Episode Type 1 below, and continue:]

"Now, using the calendar, which were the days when your drinking was about like that?" [Record E-1 in the middle of those day blocks.]

[Continue to probe in this manner for up to two other episode types: E-2 and E-3 days]

If no repeated episode types can be identified, proceed to fill in the calendar day by day.

E1

Episode Type 1

Beverages and amounts

Total SECs 42.___/___/___.

Time to consume:

Estimated Peak BAC for Episode Type 1 (mg%): 43. ___/___/___

E2

Episode Type 2

Beverages and amounts

Total SECs 44.___/___/___.

Time to consume:

Estimated Peak BAC for Episode Type 2 (mg%): 45. ___/___/___

E3

Episode Type 3

Beverages and amounts

Total SECs 46___/___/___.

Time to consume:

Estimated Peak BAC for Episode Type 3 (mg%): 47. ___/___/___

Proceed to fill in any other drinking days on calendar not accounted for by P or E codes. Then identify the **THREE HEAVIEST DRINKING DAYS** in the calendar. If not P or E days, obtain the time of first drink and last drink, to permit BAC calculation.

OTHER DRUG USE

"Now I'm going to show you this set of cards, which you have seen before. Each card names a kind of drug that people sometimes use. I'd like you to sort them into two piles for me. In one pile here [indicate position and use marker card] I'd like you to place those cards that name a kind of drug that you have used at least once in during this period. In the other pile here [indicate position and use marker card], place the cards that name types of drugs that you have not used at all, not even once, during this period."

[Give cards to client IN NUMERICAL ORDER - with Tobacco on top, marijuana next, and so on. When the sorting has been completed, take the NO pile and mark all these categories as zero (0) days on page 10. Then for each of the YES cards, ask about specific drug(s) and route(s) of administration. For example:

"Which drug(s) from this group have you used at least once during this period? And how did you take it?" [Record on page 10]

Also determine frequency of use for each drug class:

"During this period, on how many days would you say you used _____?" [Record on page 10, and repeat for all YES cards.]

If the reported use in a drug category qualifies [see manual], enter the number of days of use for that category on page 10. If the reported use does not qualify (e.g., prescribed use for less than 30 days), enter zero (0) days even though the client initially placed the card in the YES pile.

CURRENT USE

Days*

48. Tobacco
Specify number of cigarettes
per day in current period: ___/___/___/days

___/___/___

49. Marijuana
specify:

___/___/___

50. Tranquilizers
specify:

___/___/___

51. Sedatives
specify:

___/___/___

52. Steroids
specify:

___/___/___

53. Stimulants
specify:

___/___/___

54. Cocaine
specify:

___/___/___

55. Hallucinogens
specify:

___/___/___

56. Inhalants
specify:

___/___/___

57. Opiates
specify:

___/___/___

58. Other Drugs
specify:

___/___/___

* **Days = Total number of days in which any drug from the class was used during this follow-up window. Do not include drugs used during prior follow-up windows, but not this window. Do not report drug use that does not qualify [see manual].**

REMOTE RECONSTRUCTION

Complete only when the period being reconstructed is from a prior missed follow-up (not the most recent period). ALWAYS attempt items 1-37 and 48-58, but highest priority should be given to items 36-37 and the information below.

59. Indicate the present follow-up period from which reconstruction is being conducted [not the period being reconstructed].

PRESENT follow-up point is ___/___ months

If the calendar can be reconstructed with reasonable confidence, do so, to obtain daily consumption data needed for summary statistics. If day-by-day reconstruction is not viable, complete the following procedure instead:

60. ___/___/___ Total number of Abstinent (A) days in reconstructed period
61. ___/___/___ Total number of drinking days in same period
[Note: 60 + 61 must equal Line 2]
62. ___/___/___ Total number of drinking days with 6 drinks (SECs) or more per day [Use "one drink" graphic if needed]
63. ___/___/___ Average SECs per drinking day from the most recent follow-up period [obtain from summary statistics for current period]
64. ___/___/___ Multiplier [see manual instructions and note* below]
65. ___/___/___ Estimated SECs/drinking day in reconstructed period
[64 X 63]
- ___/___/___ Multiply by line 61
66. ___/___/___ Estimated SECs in reconstructed period

* What is needed here is a multiplier which best captures the client's comparison of these two periods. It is not likely that most clients could generate this number themselves. Rather the interviewer must make the decision, based on the client's report. Some examples:

Client's Description	Multiplier
about half as much	.50
about the same	1.00
just a little more	1.10
about half again as much	1.50
twice as much	2.00
four times as much	4.00