

FOR OFFICE USE ONLY	
_____	Study
_____	ID
_____	Point
_____	Date
_____	Raid
F9D0FU-- Revised 4/18/95 9 Pages	

Form 90-DF

DRUG USE ASSESSMENT (Follow up)

1. For period from ___/___/___ through ___/___/___
2. Number of days in this assessment period: ___/___/___
3. This is: _____ month follow up
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 your drug use in the time period from _____ up through yesterday. I'll be asking about drugs that were prescribed for you as well as others that you have used during this period. [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 there are some events already printed on the calendar. Were there any particularly memorable things that happened during this time - any birthdays, accidents, anniversaries, parties, 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 you about your drug use in a few minutes, but first I'd like to know about a few other things. Feel free to take your time in answering, since 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. _____

Rd Total number of residential days for non-alcohol drug problems 12. _____

Ra Total number of residential days alcohol treatment 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 record on calendar unless useful as memory aids.]

Total number of days for drug problems (EXCEPT alcohol)
Write down the drug or drugs _____ 23. _____

If treatment was received, describe briefly:

Total number of days for alcohol problems 24. _____

If treatment was received, describe briefly:

Total days for emotional/psychological problems 25. _____

If treatment was received, describe briefly:

"During this period, on how many days did you attend a Twelve-Step meeting like NA, CA, or AA?"
[Do not record on calendar unless useful as memory aids.]

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

specify:

DRUG ASSESSMENT

Periods of Abstinence

"Now I'd like to ask you about your drug use during this period. The things already recorded on the calendar here may help you to remember better. I'm not asking here about drugs that were prescribed for you for medical problems, like antibiotics, stomach or blood pressure medicine. I'm asking about drugs not prescribed for you, although I do want to know about any medication prescribed for pain, or to help you relax or sleep. I will also ask you about your use of alcohol. First of all, were there any periods of days during this time when you used no drugs (including alcohol) at all?"

[Mark all abstinent days with a capital "A" on calendar.]

36. Date of first drug use during period: ____/____/____

Drug: _____

37. Date of last drug use during period: ____/____/____

Drug: _____

Card Sort

"Now I'd like you to sort these cards again, to say which kinds of drugs you have used at least once during this period. If you used the drug at least once during this time, put it in a pile on the left here, and if you never used it at all during this period, put it on the right."
[Alternatively, if there are few cards, simply ask: "Which of these have you used at least once during this period we've been talking about?"]

For each NO card in this sort, print a zero (0) under "Used in this period" on the USE PATTERN CHART on Page 6. For the remainder, proceed with the CALENDAR instructions on Page 7.

USE PATTERN CHART

Drug Classes		Used in this period ?	Total Days	1	2	3	Oral Ingest	Smoke	Nasal Inhale	Needle	Other
Alcohol	al							----	----	----	
Tobacco	to									----	
Marijuana/ Cannabis	ma									----	
Tranquilizers	tr							----	----		
Sedatives/ Downers	do							----	----		
Steroids	sd							----	----		
Stimulants/ Uppers	up										
Cocaine	co										
Hallucinogens	ha										
Opiates	op										
Inhalants	in						----	----		----	
Other Drugs	xx										
Totals	12										

Enter days of each type of use. 1+2+3 must equal Total Days of use.

Enter days of each route of administration (use rules from manual). These must total at least to the number of days of use, but total may be higher if multiple routes of

administration were used on the same day.

If OTHER route of administration, specify drug(s) and route here:

"Now I'd like to ask you about each of the drugs that you have used during this period. I want to get an idea of what your pattern of use was during this period of time for each of these drugs. We'll use this calendar to make it easier. Let's start with _____. When were you using _____ during this period?"

Proceed drug by drug, entering drug codes for each day of use. For a day on which alcohol, marijuana, and cocaine were used, for example, three codes would be entered into the box for that day: al, ma, co. Using different colored pencils for different drugs can be helpful.

Using the calendar, carefully count the total number of days of use during the assessment period for each drug class, and put this information on the USE PATTERN CHART (Page 6).

"Now I'm going to go back through these drugs once again and ask you two more questions about each. For each one, I will tell you the total number of days that you said you used the drug during this period, and I will want to know how many of those days you think fell into each of these three categories." (Show use categories)

"According to the calendar we did, you used _____ on a total of ____ days during this period. Help me divide those days up among these three categories. On how many of those ____ days would you say that you used _____ only once? How many of those days did your use fall in between? And that would mean that on _____ days your use of _____ fell in this third category - does that seem right? And how did you give yourself (take) _____ during this period of time we have been talking about? Any other way? If more than one route of administration for a drug class, ask:

"According to the calendar we did, you used _____ on a total of ____ days during this period. On how many of those ____ days would you say that you gave yourself __[drug]__ by __[route]__?"

Repeat for each drug class. Be sure you have accounted for all days of use. The total across routes of administration should be at least the same as the number of days of use, although the total may be higher if multiple routes are used on the same day.

Fill in the information on the Use Pattern Chart. Be sure 1+2+3 totals to the number of days of use.

When you have completed the calendar for all drug classes used, show the subject the CONFIDENCE SCALE and ask:

"Now I'd like you to tell me, using this line, how confident you feel about the information you've given me about your drug use. How accurate do you think you have been in estimating your drug use on this calendar? I'm not asking if you got each drug on the exact days you used it. But overall, how accurate is this calendar in showing how much you used drugs during this period?"

Circle the subject's response below.

5	4	3	2	1
Very Accurate		Fairly Accurate		Not at all Accurate

CATEGORIES FOR DAYS OF USE

(1) Single use. On this day you used the drug only once.

**Examples: One alcoholic drink
One cigarette
One dose**

(2) Medium use. On this day you used the drug more than once, but not steadily or heavily.

**Examples: 2-4 drinks
2-9 cigarettes
Two doses of other drugs**

(3) Heavier use. On this day you used the drug more heavily than the "medium" category.

**Examples: 5 or more drinks
10 or more cigarettes (half a pack or more)
Three or more doses of other drugs**

WAYS OF TAKING DRUGS

Orally Eating, drinking, swallowing, placing the drug under the tongue, chewing, dipping

Smoking Lighting and smoking the drug

Inhaling Snorting, breathing in the drug (but not smoking)

Injecting Taking a drug by needle; injecting under the skin or into a vein

CONFIDENCE SCALE

5	4	3	2	1
Very Accurate		Fairly Accurate		Not at all Accurate