

Form 90-DI

DRUG USE ASSESSMENT (Intake)

FOR OFFICE USE ONLY	
_____	Study
_____	ID
_____	Point
_____	Date
_____	Raid
F9DOOO- Revised 8/1/95 10 Pages	

1. For period from ____/____/____ through ____/____/____

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

3. This is: (0) Pretreatment

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

8. Presenting drug _____

"I'd like to begin by reminding you that whatever you say here is confidential. In this first interview, I am going to be asking you some specific questions about your drug use in the 90 days before your last use. 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. First of all, when was the last time that you used any drug? [Drug is as defined above; count back 89 days and cross out with Xs the days preceding this period.] So the period I'm going to be asking you about is from [beginning date,] up through [end date]."

"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. Notice that a few events are already printed on the calendar. [Point out some specific 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 _____. 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 other 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: [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?"* **WORK days** 27. _____

EDUCATION: *"How many days have you been in school or training during this period?"*
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 30. _____
specify:

to prevent you from drinking (Antabuse only) 31. _____

to help you detoxify/come off drugs or alcohol 32. _____
specify:

to help you stabilize or change your use of drugs 33. _____
specify:
maintaining/stabilizing drugs (e.g., methadone)
serotonin uptake inhibitors (make sure not for depression)

to help you keep from using drugs 34. _____
specify:
drug antagonists/blockers

for psychological or emotional problems 35. _____

specify:

DRUG ASSESSMENT

Card Sort

"Now I am going to show you this set of cards. 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 tried at least once in your life. In the other pile (indicate position and use marker card), place the cards that name the types of drugs that you have never used at all."

[Give cards to client IN NUMERICAL ORDER - with Alcohol on top, Tobacco next, Marijuana next, and so on. When the sorting has been completed, take the pile on the right, and check all these categories as "NO" in the LIFETIME USE column below. For convenience, record here the client's CURRENT AGE: _____

DRUG TYPE	Lifetime Use Ever?	Age at First Use	Lifetime weeks of Use
Alcohol (al)	() 0 No () 1 Yes		
Tobacco (to)	() 0 No () 1 Yes		
Marijuana/Cannabis (ma)	() 0 No () 1 Yes		
Tranquilizers (tr)	() 0 No () 1 Yes		
Sedatives/Downers (do)	() 0 No () 1 Yes		
Steroids (sd)	() 0 No () 1 Yes		
Stimulants/Uppers (up)	() 0 No () 1 Yes		
Cocaine (co)	() 0 No () 1 Yes		
Hallucinogens (ha)	() 0 No () 1 Yes		
Opiates (op)	() 0 No () 1 Yes		
Inhalants (in)	() 0 No () 1 Yes		
Other Drugs (xx)	() 0 No () 1 Yes		
	Total Yes:		XXXXXXXX

Then continue with the "Yes" pile:

"Now for each of these types of drugs, I'd like you to give me an estimate of how long you have used them in your lifetime. What I will want to know is: about how many weeks during your lifetime have you used each type of drug at least once. Let's start with _____ [Use first YES card from numerical sequence]. How many weeks, during your lifetime, would you say that you used _____ at least once?"

Record responses on the chart on Page 5. Convert all responses into weeks. Year = 52 weeks if used every week. Month = 4 weeks. etc. Repeat the query for each

YES drug card. Then give YES pile back to client.]

Periods of Abstinence

"Now I'd like to ask you about your drug use during this same period we were discussing before. 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: _____

Give back the YES pile and say:

*"Now I'd like you to sort these cards again, to say which kinds of drugs you have used at least once during the period we've been talking about on this calendar, from _____ up through _____. 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 "Total Days Use in Period" on the USE PATTERN CHART on Page 7. For the remainder, proceed with the CALENDAR instructions on Page 8.

USE PATTERN CHART

Drug Classes		Used in this period? Y/N	1	2	3	Total Days
Alcohol	al					
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	11					

Route of Use

Oral Ingest	Smoke	Nasal Inhale	Needle	Other
	----	----	----	

	----	----		
	----	----		
	----	----		
----	----		----	

Tobacco	to					
---------	----	--	--	--	--	--

--	--	--	------	--

Use Categories: 1 = Single use 2 = Several uses 3 = Steady or heavier use

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'd 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 5).

"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 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