

FOR OFFICE USE ONLY	
_____	Study
_____	ID
_____	Point
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LTHOOO- Revised 8/94 1 Page	

Lifetime Treatment History Interview

(paralleling Form 90)

Types of Treatment Experiences	Code	Total # in Lifetime	Date of Most Recent Event or Session
Lifetime Medical Hospitalization	Hm		____/____/____ month day year
Lifetime Hospital Detoxification	Htox		____/____/____ month day year
Lifetime Nonhospital Detoxification	Rtox		____/____/____ month day year
Lifetime Residential Alcohol Treatment	Ra		____/____/____ month day year
Lifetime Residential Drug Treatment	Rd		____/____/____ month day year
Lifetime Residential Psych Treatment	Rp		____/____/____ month day year
Lifetime Incarcerations	In		____/____/____ month day year
Lifetime Outpatient Alcohol Treatment	Oa		____/____/____ month day year
Lifetime Outpatient Drug Treatment	Od		____/____/____ month day year
Lifetime Outpatient Psych Treatment	Op		____/____/____ month day year
Lifetime AA/12 Step Meetings	AA		____/____/____ month day year