





**Tennessee Outcomes for Alcohol and Drug Services (TOADS) Project  
Questionnaire (July 2005 Version)**

**CLIENT - 1<sup>ST</sup> INTERVIEW**

**A1a: Demographic Information**

- (1) What is your current marital status?  
 1. Never married (single)                      2. Married  
 3. Remarried                                      4. Separated  
 5. Divorced                                        6. Widowed  
 997. Refused      998. Didn't know      999. No answer/NA
- (2) What is your current living arrangement?  
 1. Alone  
 2. With children  
 3. With spouse  
 4. Spouse and children  
 5. With other relatives  
 6. With parents  
 7. With non-relatives  
 8. With children and other relatives  
 9. With children and non-relatives  
 10. With children, other relatives and non-relatives  
 11. With other relatives and non-relatives  
 12. Foster care  
 13. Homeless  
 14. Others, specify \_\_\_\_\_  
 997. Refused      998. Didn't know      999. No answer/NA
- (3) In the past 30 days, where have you been living most of the time?  
 1. Shelter (safe havens, TLC, low demand facilities, reception centers)  
 2. Street/outdoors (sidewalk, doorway, park, public or abandoned building)  
 3. Institution (hospital, nursing home, jail/prison)  
 4. Housed (own, someone else's apartment, room, halfway house, residential treatment)  
 997. Refused      998. Didn't know      999. No answer/NA
- (4) Do you currently live with someone who uses alcohol  
 1. Yes    2. No  
 997. Refused      998. Didn't know      999. No answer/NA
- (5) Do you currently live with someone who uses drugs?  
 1. Yes    2. No  
 997. Refused      998. Didn't know      999. No answer/NA
- (6) Do you have any minor children?  
 1. Yes    2. No [Skip to #9.]  
 997. Refused      998. Didn't know      999. No answer/NA

- (7) What is the custody status of your children?  
*[Check all that apply]*  
 0. None    1. Parental Custody  
 2. Parental custody - Mother only  
 3. Parental custody - Father only  
 4. Family member custody  
 5. Non-family member custody  
 6. Department of Children's Services Custody  
 997. Refused      998. Didn't know      999. No answer/NA
- (8) Are any of your children not in your custody? *[Do not ask the client this question. Fill it in based on the last question.]*  
 1. Yes    2. No  
 997. Refused      998. Didn't know      999. No answer/NA
- (9) Currently, what is your primary source of financial support or income? *[Code primary as '1' and mark others as any other sources of income.]*  
 1. Salaries and wages                              2. Self-employment earnings  
 3. Social security  
 4. Supplemental Security Income (SSI/Welfare)  
 5. Public assistance (including AFDC)  
 6. General estates and trusts (property/inheritance)  
 7. Interests and dividends (stocks and bonds)  
 8. Rent received as a landlord      9. Veteran's payments  
 10. Unemployment and workers' compensation  
 11. Private and government retirement and disability pensions  
 12. Alimony    13. Child support  
 14. Other sources regularly received  
 98. No source of income                              99. Unknown  
 997. Refused      998. Didn't know      999. No answer/NA
- (10) What is your current employment situation? *[Mark '1' for the primary employment and mark all those that apply as the secondary employment.]*  
 1. Full time (30 hrs +)  
 2. Part-time  
 3. In the Armed forces  
 4. Unemployed but seeking employment  
 5. Unemployed on laid off from job  
 6. Homemaker  
 7. Student  
 8. Resident/inmate of institution  
 9. Unable to work at present due to current mental health, developmental or alcohol and drug disorder  
 10. Physical disability

<p>11. Not seeking employment in the past 30 days (including never employed, volunteer worker, too young for labor force, etc.)</p> <p>12. Others, Specify _____</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p> <p>(11) What is your current occupation? [Check all that apply.]</p> <p>0. Not stated/Not reported</p> <p>1. Preschool, student, or never employed</p> <p>2. Housewife/Homemaker 3. Retired</p> <p>4. Managerial occupation 5. Professional</p> <p>6. Technical support 7. Sales</p> <p>8. Administrative</p> <p>9. Service occupation (except private household workers)</p> <p>10. Service occupation (private household workers)</p> <p>11. Production, craftsmen 80. Operator, Fabrication</p> <p>12. Farming, Forestry, Fishery</p> <p>13. Active military 14. Unemployed</p>	<p>15. Migrant 16. Laborers, except farming</p> <p>17. Other, specify _____</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p> <p>(12) Which income level best describes what you earned last year?</p> <p>1. Under \$2,000 2. \$2,000-\$8,500</p> <p>3. \$8,500-\$15,000 4. \$15,000-\$25,000</p> <p>5. Above \$25,000</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p> <p>(13) How many people depend on you for food and shelter?</p> <p>Specify # of persons _____</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p> <p>(14) Are you currently enrolled in school or a job training program?</p> <p>1. Enrolled, full-time 2. Enrolled, part-time</p> <p>3. Not enrolled</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p>
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<p><b>A2b: Treatment</b></p> <p>(1) Did you have to wait for treatment?</p> <p>1. Yes 2. No</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p> <p>(2) If there was a waiting period, how long did you have to wait to enter treatment?</p> <p>1. Specify _____ Months _____ Weeks _____ Days</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p> <p>(3) Primarily treated for [Check one.]</p> <p>1. Alcohol 2. Drug(s)</p> <p>3. Alcohol &amp; Drug(s) 4. Mental Health</p> <p>5. Alcohol &amp; Mental Health 6. Drug(s) &amp; Mental Health</p> <p>7. Alcohol, Drug(s) &amp; Mental Health</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p> <p>(4) How many times have you been treated in last three years for Alcohol Abuse? _____</p> <p>Drug Abuse? _____</p> <p>Mental Health? _____</p> <p>(5) Did you complete the entire course of treatment?</p> <p>1. Complete treatment 2. More than half</p> <p>3. Half treatment 4. Less than half</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p> <p>(6) Have you been treated at any other facility since leaving treatment at this facility?</p> <p>1. Yes 2. No</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p>	<p>(7) How helpful was your treatment at the facility?</p> <p>1. Very helpful 2. Somewhat helpful 3. Not helpful at all</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p> <p>(8) What did you like the best about this service? _____</p> <p>_____</p> <p>(9) What did you like the least about this service? _____</p> <p>_____</p> <p>(10) What could have been done to enhance your treatment experience? Specify _____</p> <p>(11) What kind of special training skills did you receive during your treatment program? [Check all that apply.]</p> <p>1. Coping skills (ex. Assertiveness training, anger management, etc.)</p> <p>2. Relapse prevention</p> <p>3. Vocational skills (ex. Job interview practice, resume writing, etc.)</p> <p>4. Bi-cultural competency training ("How to live in two different cultures")</p> <p>5. Other, specify _____</p> <p>6. Did not receive any special skills training</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p> <p>(12) Do you feel that you have performed better at school or work since treatment?</p> <p>1. Yes 2. No</p> <p>997. Refused 998. Didn't know 999. No answer/NA</p>
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(2) Have you used any drugs since treatment? [Do not ask the client this question. Fill it in based on the last question. Mark '1' for only illegal drugs.]

1. Yes  
997. Refused    998. Didn't know    2. No  
999. No answer/NA

(3) Have you used both alcohol and drugs since treatment? [Do not ask the client this question. Fill it in based on question 1.]

1. Yes  
997. Refused    998. Didn't know    2. No  
999. No answer/NA

(4) How long after treatment did you start taking alcohol or drugs again?

- Specify \_\_\_\_\_ Months \_\_\_\_\_ Weeks \_\_\_\_\_ Days  
997. Refused    998. Didn't know    999. No answer/NA

(5) If you abstained from drugs, how long have you been abstaining?

- Specify \_\_\_\_\_ Months \_\_\_\_\_ Weeks \_\_\_\_\_ Days  
997. Refused    998. Didn't know    999. No answer/NA

(6) Has anyone else in your family abused alcohol or drugs in the past?

1. Yes  
997. Refused    998. Didn't know    2. No  
999. No answer/NA

(7) If yes, who in your family has abused alcohol or drugs?

Yes

1. Parents  
2. Spouse  
3. Significant Other  
4. Siblings  
5. Children  
6. Other relative  
997. Refused    998. Didn't know    999. No answer/NA

#### A7g: Relapse Information

(1) Was there anything that happened since treatment that contributed to your relapse?

1. Specify \_\_\_\_\_  
997. Refused    998. Didn't know    999. No answer/NA

(2) If employed, how many times have you missed work because of alcohol or drug problems in the last 30 days?

1. Specify \_\_\_\_\_  
997. Refused    998. Didn't know    999. No answer/NA

#### A8h: Arrests

(1) If you have been arrested since treatment, what were the charges and how many times were you charged? [If no arrests, skip to #6.]

Reason for Arrest -Enter only Code	# of times
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

(2) Have you been arrested since treatment? [Do not ask the client this question. Fill it in based on last question.]

1. Yes  
997. Refused    998. Didn't know    2. No  
999. No answer/NA

(3) Was it for alcohol or drugs? [Do not ask the client this question. Fill it in based on question 1.]

1. Alcohol    2. Drug    3. Both  
997. Refused    998. Didn't know    999. No answer/NA

(4) How many times since treatment have you been arrested for alcohol or drug related offenses? [Do not ask the client this question. Fill it in based on question 1.]

1. Specify \_\_\_\_\_  
997. Refused    998. Didn't know    999. No answer/NA

(5) How many times since treatment have you been arrested for driving under the influence? [Do not ask the client this question. Fill it in based on question 1.]

- Specify \_\_\_\_\_  
997. Refused    998. Didn't know    999. No answer/NA

(6) How many days or weeks have you been in jail since your treatment?

1. Specify \_\_\_\_\_ Months \_\_\_\_\_ Weeks \_\_\_\_\_ Days  
997. Refused    998. Didn't know    999. No answer/NA

(7) Are you presently awaiting charges, trial or sentencing?

1. Yes  
997. Refused    998. Didn't know    2. No  
999. No answer/NA

(8) Are you on probation or parole?

1. Yes  
997. Refused    998. Didn't know    2. No  
999. No answer/NA

(9) Do you have a valid driver's license?

1. Yes  
997. Refused    998. Didn't know    2. No  
999. No answer/NA

(10) Have you had your driver's license revoked for Driving Under the Influence (DUI)?

1. Yes  
997. Refused    998. Didn't know    2. No  
999. No answer/NA



**Status Codes**

- 00 Unable to contact
- 1 Number busy / No answer
- 2 Client/collateral not at home
- 3 Call back later
- 4 Collateral contact for information only
- 5 Hung up before ID could be made
- 6 Client no longer lives here
- 7 Wrong number
- 8 Number not in service / changed to non-published / will not accept unidentified calls
- 9 Insufficient information given by facility
- 10 Client/collateral failed to respond
- 11 Signed up but no treatment / less than two days treatment
- 12 Client back on drugs/alcohol
- 13 Client in treatment
- 14 Client in jail
- 15 Client in group home/state custody
- 16 Client/collateral refused interview
- 17 Adult refused youth's interview
- 18 Client/collateral deceased
- 19 Partially complete interview
- 20 Complete interview
- 21 Other, specify

**Codes for the Reasons for Arrest**

- 1 Driving under the influence
- 2 Major driving violations (reckless driving, speeding, no license, etc.)
- 3 Shoplifting/vandalism
- 4 Parole/probation violations
- 5 Drug charges
- 6 Forgery
- 7 Weapons offense
- 8 Burglary, larceny
- 9 Robbery
- 10 Assault
- 11 Domestic violence
- 12 Arson
- 13 Rape
- 14 Homicide, manslaughter
- 15 Prostitution
- 16 Contempt of court
- 17 Disorderly conduct, vagrancy, public intoxication
- 18 Others

**Route of Administration**

- |             |           |              |
|-------------|-----------|--------------|
| 1 Oral      | 2 Smoking | 3 Inhalation |
| 4 Injection | 5 Other   | 6 Unknown    |

**Frequency of Use**

- |                        |                |
|------------------------|----------------|
| 1 Once a week          | 2 Twice a week |
| 3 Several times a week |                |
| 4 Daily                | 5 Unknown      |

<u>Drug Code</u>	<b>Drug Class with Street Names</b>
1	<b>Opiates:</b> Heroin (H, dope, skag, smack, junk), Methadone, Morphine (M, monkey, white stuff, Roxanol, Duramorph), Opium (hop, big O, gum, block), Fentanyl (Apache, China white, China girl, Sublimaze), Codeine (Captain Cody, ingredient in certain cough syrups), OxyContin (Oxy, Killer), Demerol, Vicodin, Dilaudid, Darvon
2	<b>Alcohol:</b> Beer, Wine, Liquor, Booze, Juice, Brew, Vino, Sauce
3	<b>Barbiturates:</b> Amytal, Nembutal, Seconal, Phenobarbital, Barbs, Downers, Phennies, Reds, Tooies, Yellows, Yellow Jackets
4	<b>Other Sedatives or Hypnotics:</b> Methaqualone (Quaalude, Ludes), Chloral Hydrate (Noctec), Doriden, Miltown, Equanil
5	<b>Amphetamines:</b> Dexedrine, Biphphetamine, Bennies, Speed, Uppers
6	<b>Cocaine:</b> Coke, Crack, Blow, Snow, Bump, C, Dust
7	<b>Marijuana/Hashish:</b> Pot, Chronic, Hash, Dope, Blunt, Joints, Reefer, Weed, Grass, THC, Gangster
8	<b>Hallucinogens:</b> LSD (Acid, Blotter, Boomers, Cubes), PMA, DOB (STP), peyote (mescaline, buttons), DMT, psychedelic mushrooms (mushrooms, shrooms, cubes, "magic" mushrooms)
9	<b>Inhalants:</b> Gasoline, paint thinner, spray paint, art and office supply products (felt-tip markers, correction fluid, white-out), whipped cream dispensers (whippets, poppers, snappers), ether, glue, chloroform, nitrous oxide (laughing gas), butane, propane, aerosols, any nitrites
10	<b>Over-the-Counter Medications:</b> Cough syrup, over-the-counter sleeping pills (i.e., Sominex), No-Doz, nasal spray, etc.
11	<b>Tranquilizers:</b> Includes benzodiazepines, Ativan, Valium, Xanax, Librium, Halcion, downers, sleeping pills, candy
13	<b>Methamphetamine:</b> Meth, Speed, Crystal, Crystal Meth, Crank, Chalk, Ice, Glass
15	<b>Other Stimulants:</b> Nicotine (cigarettes, cigars, pipes, snuff, spit tobacco, chew), Ritalin (the smart drug, Vitamin R)
16	<b>PCP (phencyclidine):</b> Angel Dust, Ozone, Wack, Rocket Fuel
17	<b>Club Drugs (*note: These drugs are sometimes defined as "other."*):</b> Ecstasy (MDMA, X, XTC, "hug" drug, love drug, roll, beans), GHB (battery acid, Grievous Bodily Harm, Georgia Home Boy, liquid X, liquid G), Ketamine (Special K, Vitamin K, K), and Rohypnol (date rape drug, Ruffies, Rope, Rophies)
18	<b>Others</b>