

**COMBINE**  
**Form 90-Follow-Up/ED (FED ver. B)**

Date entered \_\_\_\_\_

Staff Initials \_\_\_\_\_

Center	Participant #	Participant Initials	Week	Sequence
[ ][ ]	[ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ]	[0][1]

Date	Staff ID
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1. BAC: [ ][ ][ ] . [ ][ ][ ]
2. For period from [ ][ ][ ] / [ ][ ][ ] / [ ][ ][ ][ ][ ]  
through [ ][ ][ ] / [ ][ ][ ] / [ ][ ][ ][ ][ ]
3. Number of days in this assessment period: [ ][ ][ ]
4. Current body weight in pounds: [ ][ ][ ]
5. This is [ ][ ] month follow-up.
6. Check one:       Reconstructed  
                          Actual
7. This interview was conducted (check one):  
 (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 concerning the period of time from \_\_\_\_\_ 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 ask you 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?”

“To start off I’d like to ask you:”

8. About how long did it take you to get here today [door to door, in minutes]? [ ][ ][ ] minutes

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**HEALTH CARE**

“Now I’d like to ask you a few questions about your use of various health care services. Please refer to the calendar to help you remember. **For the following questions, please exclude visits made for COMBINE.** [Mark all overnight stays and visits on calendar]

9. During this period have you spent the night in a hospital in order to receive care for yourself?

Yes /  No → (skip to question 10)

**Hm** a) How many nights did you stay in the hospital?  nights  
**[Mark overnight stays on calendar as Hm]**

b) Of those nights, how many were alcohol, drug abuse, or mental health related?  nights

10. During this period have you spent the night at any other treatment facility to receive alcohol, drug abuse, or mental health care for yourself (e.g., residential treatment center)? Please exclude halfway houses and other sober residences without treatment staff.

Yes /  No → (skip to question 11)

**Rt** a) For how many nights did you receive this care?  nights  
**[Mark overnight stays on calendar as Rt]**

11. During this period have you made a visit to the emergency room or urgent care treatment facility for health treatment?

Yes /  No → (skip to question 12)

a) How many visits did you make?  visits

b) Of these visits, how many were alcohol, drug abuse, or mental health related? (Include all injuries and conditions resulting from and associated with alcohol and drug abuse.)  visits

c) About how long did it typically take you to get to the emergency room or urgent care treatment facility?  minutes

d) About how long did you typically spend at the emergency room or urgent care treatment facility? (Include time in the waiting room.)  hours

minutes

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12. Excluding visits you've already told me about, have you visited any other health care professionals to receive outpatient treatment or counseling during this period?

Yes /  No → (skip to question 13)

- a) How many visits did you make? □ □ visits
- b) Of these visits, how many were alcohol, drug abuse, or mental health related? □ □ visits
- c) About how long did it typically take you to get to the health care provider you saw most often for these visits? □ □ □ minutes
- d) About how long did you typically spend at the health care provider you saw most often? (Include time in the waiting room.) □ □ hours  
□ □ □ minutes

### MEDICATIONS

“During this period, on how many days did you take any medications that were prescribed by a physician?” [Do not include study medications.]

- 13. to treat a medical problem (including dental) □ □ □  
Specify: \_\_\_\_\_
- 14. to help you keep from drinking □ □ □  
Specify: \_\_\_\_\_
- 15. to help you detoxify/come off alcohol or another drug □ □ □  
Specify: \_\_\_\_\_
- 16. for psychological or emotional problems □ □ □  
Specify: \_\_\_\_\_

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17. During this period have you participated in AA or another 12-step program?

Yes /  No → (skip to question 18)

- a) How many meetings did you attend? □ □ □ meetings
- b) About how long did it typically take you to get to AA or another 12-step meeting? □ □ □ minutes
- c) How much time did you typically spend at these meetings? □ □ □ minutes

18. During this period have you participated in other self-help alcohol recovery program other than 12-step programs (e.g., RR, SMART Recovery, SOS, Women for Sobriety)?

Yes /  No → (skip to question 19)

- a) How many meetings did you attend? □ □ □ meetings
- b) About how long did it typically take you to get to these meetings? □ □ □ minutes
- c) How much time did you typically spend at these meetings? □ □ □ minutes

19. During this period, how many days have you experienced significant emotional problems? □ □ □ days

Notes:

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**CRIME / INCARCERATION**

*“Now I’d like to ask you some questions about your involvement with the police. Please refer to the calendar if it will help you remember.”*

20. During this period have you been arrested?

Yes /  No → **(skip to question 21)**

a. How many times have you been arrested?  times

Of those arrests, how many were for:

b. DUI  times

c. Other Traffic Violations  times

d. Public Drunkenness/Disorderly Conduct  times

e. Assault (aggravated, sexual, or other)  times

f. Motor Vehicle Theft  times

g. Burglary  times

h. Robbery  times

21. During this period did you have any court appearances?

Yes /  No → **(skip to question 22)**

How many times did you appear in court?  times

22. During this period were you on parole or probation?

Yes /  No → **(skip to question 23)**

a) How many times did you visit your parole / probation officer?  times

b) About how long did it typically take you to get to your parole / probation officer?  minutes

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23. During this period were you jailed or incarcerated overnight? [Mark nights incarcerated on calendar]  
 Yes /  No → **(skip to next section)**

**In** a) How many nights did you spend in jail or incarcerated?  nights  
**[Mark overnight stays on calendar as In]**

### MOTOR VEHICLE ACCIDENTS

*“Now I’d like to ask you a question about your driving record during this period. Please refer to the calendar to help you remember.”*

24. During this period have you had any automobile accidents?  
 Yes /  No → **(skip to next section)**

a) How many automobile accidents have you had?  accidents

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### LABOR MARKET

*“Now I’d like to ask you some questions about your employment activity during this period. Please refer to the calendar if it will help you remember.”*

25. Which of the following statements best describes your current work situation?

- (1)  Working → **(skip to question 27)**
- (2)  Have a job, but not working (extended illness, maternity leave, bad weather, strike, seasonal work, temporary lay off, etc.) → **(skip to question 27)**
- (3)  Unemployed or permanently laid off and looking for work
- (4)  Unemployed or permanently laid off and **not** looking for work
- (5)  Full-time homemaker
- (6)  In school or training program
- (7)  Retired
- (8)  Disabled, unable to work
- (9)  Other, specify \_\_\_\_\_

26. Were you employed at any point during this period?

Yes /  No → **(skip to question 31)**

27. What is/was your wage, salary, or rate of pay on your primary job, before taxes and deductions?

**(Interviewer:** request cents only if individual reports being paid hourly)

a. \$  ,  .  per  
           Dollars                                      Cents

b. Frequency of wage earnings (**check one**)

- (1)  Year
- (2)  Month
- (3)  Two Weeks
- (4)  Week
- (5)  Day
- (6)  Hour
- (7)  Other (specify) \_\_\_\_\_

28. During this period how many weeks were you employed at any job?

Please include weeks spent on paid leave such as vacation or paid maternity leave.

There have been \_\_\_\_\_ weeks in this period. **(Interviewer:** please calculate number of weeks as the number of Sundays that occurred in this period).  weeks employed

Center	Participant #	Participant Initials	Week	Sequence
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29. During this period how many hours a week did you usually work?  .  hours / week

30. During this period how many workdays did you miss because of alcohol?  days

31. During this period have you received any other income from any public or government source, such as social security, VA, welfare, unemployment compensation, or food stamps?

Yes /  No → (skip to question 32)

a) About how much income did you receive from these sources during this period? \$  ,

32. During this period have you received any income from any other source that you haven't already told me about, such as a pension, alimony or child support, or interest income?

Yes /  No → (skip to question 33)

a) About how much income did you receive from these sources during this period? \$  ,

33. Finally, I'd like you to think about the last 12 months and tell me approximately how much income before taxes and deductions was received by *all family members* who live with you, including yourself? Please include money from all sources (check one).

- (1)  \$0 - \$15,000
- (2)  \$15,001 - \$30,000
- (3)  \$30,001 - \$50,000
- (4)  \$50,001 - \$75,000
- (5)  \$75,001 - \$100,000
- (6)  more than \$100,000

Center	Participant #	Participant Initials	Week	Sequence
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**ALCOHOL USE**

First query periods of abstinence:

*“Now I’d like to ask you about your drinking during this same period. The things already on the calendar here may help you to remember better. First of all, were there any periods of days when you had nothing to drink at all?” Mark indicated abstinent days as “A” on calendar.*

34. Date of first drink during period: //

35. Date of last drink during period: //

*“During this period of time, when you were drinking, was your pattern at all similar from one week to the next, at least for some of these weeks? I realize that drinking varies 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, GO TO CALENDAR. IF YES, CONTINUE TO COMPLETE PAGE 11 AND, IF APPROPRIATE, PAGE 12.**

*“Could you describe for me a usual or typical week of drinking. 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 lunch time?” [Record on grid]*

*“Now how about weekday afternoons, including what you drank with lunch up through the afternoon up to dinner time – what did you normally drink on weekday afternoons, Monday through Friday?” [Record on grid]*

*“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 on grid]*

Check on Friday evenings, which are often different from other weekday evenings. Repeat same questions for weekend days [Saturdays and Sundays]. Then locate P1 weeks:

*“Now which are the weeks on this calendar when your drinking was like this?” [Record these weeks as P1 on the calendar]*

Occasionally, a second steady pattern grid (P2) will be needed. If so, repeat the above procedure for P2 and record these weeks as P2 on the calendar.

Center	Participant #	Participant Initials	Week	Sequence
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When you have completed the grid(s), or if there was no steady pattern, proceed to fill in other drinking days on the calendar.

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

Or

*“If you didn’t have a regular pattern from week to week, tell me about times when you did drink during the period on the calendar.”*

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**P1 STEADY PATTERN CHART 1**

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Enter all days of this pattern on calendar as P1.

\*\*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 grid P2 on page 12. If NO, go back to calendar.**

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**P2 STEADY PATTERN CHART 2**

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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**OTHER DRUG USE**

**Current Period:**

*“Now I’m 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 a pile on the left [indicate position], I’d like you to place those cards that name a kind of drug that you have tried at least once during the period we’ve been talking about on this calendar, from \_\_\_\_\_ up through yesterday. In a pile on the right [indicate position], place the cards that name types of drugs that you did not use at all during this period.”*

**For each of the YES cards, specify the specific drug(s) during this recent period, and ask:**

*“During this period, on how many days would you say you used \_\_\_\_\_?”*

[Record days of use under Current Period on the drug chart. Repeat for all YES cards.]

Nicotine-specific questions:

If the client has used nicotine, record number of days of use (i.e., 45 days of smoking cigarettes = 45 days; 90 days of nicotine patch use = 90 days) and follow-up (if appropriate) with the two nicotine-specific questions.

*“During this period of time, how many cigarettes would you say you smoked per day, on average (on days when you did smoke)?”* [Record only cigarette use.]

And

*“From the time you woke up, how long was it before you had your first cigarette or other nicotine?”* [Record for all nicotine use.] [For 24-hour nicotine patch use, enter 0.]

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### OTHER DRUG USE

	CURRENT PERIOD
36. Nicotine Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days <input type="text"/> <input type="text"/> <input type="text"/> cigs per day Time between waking and first cigarette or other nicotine use: <input type="text"/> <input type="text"/> <input type="text"/> minutes
37. Cannabis Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days
38. Sedatives/Tranquilizers Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days
39. Hypnotics Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days
40. Steroids Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days
41. Amphetamines Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days
42. Cocaine (including crack) Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days
43. Hallucinogens Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days
44. Inhaled Toxicants Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days
45. Opiates Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days
46. Other Drugs Specify:	<input type="text"/> <input type="text"/> <input type="text"/> Days