

Section 2C - TREATMENT UTILIZATION

<p>1. Have you ever gone anywhere or seen anyone for a reason that was related in any way to your drinking - a physician, counselor, Alcoholics Anonymous, or any other community agency or professional?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a, page 28</i></p>	
<p>2a. I am going to read you a list of community agencies and professionals. For each one, please tell me if you have ever gone there for any reason related to your drinking.</p> <p>In your entire life, did you EVER go to (a/an) ... <i>(Repeat phrase frequently)</i></p>	<p>b. Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?</p>	
<p>(1) Alcoholics Anonymous, Narcotics or Cocaine Anonymous meeting, or any 12-step meeting?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(2) Family services or other social service agency?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(3) Alcohol or drug detoxification ward or clinic?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(4) Inpatient ward of a psychiatric or general hospital or community mental health program?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(5) Outpatient clinic, including outreach programs and day or partial patient programs?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(6) Alcohol or drug rehabilitation program?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(7) Emergency room for any reason related to your drinking?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(8) Halfway house, including therapeutic communities?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(9) Crisis Center for any reason related to your drinking?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(10) Employee Assistance Program (EAP)?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(11) Clergyman, priest, or rabbi for any reason related to your drinking?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(12) Private physician, psychiatrist, psychologist, social worker, or any other professional?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>
<p>(13) Any other agency or professional?</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to 3a, page 28</i></p>	<p>1 <input type="checkbox"/> Last 12 months only 2 <input type="checkbox"/> Before the last 12 months only 3 <input type="checkbox"/> Both time periods</p>

Section 2C - TREATMENT UTILIZATION (Continued)

<p>3a. How old were you the FIRST time you went anywhere or saw anyone for help with your drinking?</p>	<p>_____ Age</p>
<p>b. How old were you the MOST RECENT time you went anywhere or saw anyone for help with your drinking?</p>	<p>_____ Age OR 0 <input type="checkbox"/> Happened only once</p>
<p>4a. Was there ever a time when you thought you should see a doctor, counselor, or other health professional or seek any other help for your drinking, but you didn't go?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 2D, page 29</i></p>
<p>b. Did this happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4d</i></p>
<p>c. Did this happen before 12 months ago, that is, before last (Month one year ago)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(SHOW FLASHCARD 20)</p> <p>d. What were your reasons for not getting help? (Check all that apply.)</p>	<p>1 <input type="checkbox"/> Wanted to go, but health insurance didn't cover 2 <input type="checkbox"/> Didn't think anyone could help 3 <input type="checkbox"/> Didn't know any place to go for help 4 <input type="checkbox"/> Couldn't afford to pay the bill 5 <input type="checkbox"/> Didn't have any way to get there 6 <input type="checkbox"/> Didn't have time 7 <input type="checkbox"/> Thought the problem would get better by itself 8 <input type="checkbox"/> Was too embarrassed to discuss it with anyone 9 <input type="checkbox"/> Was afraid of what my boss, friends, family, or others would think 10 <input type="checkbox"/> Thought it was something I should be strong enough to handle alone 11 <input type="checkbox"/> Was afraid they would put me into the hospital 12 <input type="checkbox"/> Was afraid of the treatment they would give me 13 <input type="checkbox"/> Hated answering personal questions 14 <input type="checkbox"/> The hours were inconvenient 15 <input type="checkbox"/> A member of my family objected 16 <input type="checkbox"/> My family thought I should go but I didn't think it was necessary 17 <input type="checkbox"/> Can't speak English very well 18 <input type="checkbox"/> Was afraid I would lose my job 19 <input type="checkbox"/> Couldn't arrange for child care 20 <input type="checkbox"/> Had to wait too long to get into a program 21 <input type="checkbox"/> Wanted to keep drinking or got drunk 22 <input type="checkbox"/> Didn't think drinking problem was serious enough 23 <input type="checkbox"/> Didn't want to go 24 <input type="checkbox"/> Stopped drinking on my own 25 <input type="checkbox"/> Friends or family helped me stop drinking 26 <input type="checkbox"/> Tried getting help before and it didn't work 27 <input type="checkbox"/> Other reason</p>