

**Section 3D - TREATMENT UTILIZATION**

**1. Have you ever gone anywhere or seen anyone for a reason that was related in any way to your use of medicines or drugs - a physician, counselor, Narcotics Anonymous, or any other community agency or professional?**

- 1  Yes  
 2  No - *SKIP to 4a, page 58*

**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 medicine or drug use.**

**In your entire life, did you EVER go to a/an ...**(Repeat phrase frequently)

**b. Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?**

**(1) Narcotics or Cocaine Anonymous, Alcoholics Anonymous or any 12-Step meeting?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(2) Family services or another social service agency?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(3) Drug or alcohol detoxification ward or clinic?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(4) Inpatient ward of a psychiatric or general hospital or community mental health program?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(5) Outpatient clinic, including outreach programs and day or partial patient programs?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(6) Drug or alcohol rehabilitation program?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(7) Methadone Maintenance Program?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(8) Emergency room for any reason related to your drug use?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(9) Halfway house, including therapeutic communities?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(10) Crisis Center for any reason related to your drug use?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(11) Employee Assistance Program (EAP)?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**(12) Clergyman, priest, or rabbi for any reason related to your drug use?**

- 1  Yes  $\longrightarrow$   
 2  No - *Go to Next Agency*

- 1  Last 12 months only  
 2  Before the last 12 months only  
 3  Both time periods

**Section 3D - TREATMENT UTILIZATION (Continued)**

<p><b>2a. In your entire life, did you EVER go to a/an...</b> <i>(Repeat phrase frequently)</i></p> <p><b>(13) Private physician, psychiatrist, psychologist, social worker or any other professional?</b></p> <p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to Next Agency</i></p> <hr/> <p><b>(14) Any other agency or professional?</b></p> <p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to 3a</i></p>	<p><b>b. Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?</b></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> <hr/> <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><b>3a. How old were you the FIRST time you went anywhere for help or saw anyone for a reason that was related to your medicine or drug use?</b></p>	<p>_____ Age</p>	
<p><b>b. How old were you the MOST RECENT time you went anywhere for help or saw anyone for a reason that was related to your medicine or drug use?</b></p>	<p>_____ Age OR 0 <input type="checkbox"/> Happened only once</p>	
<p><b>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 drug use, but you didn't go?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 3E, page 59</i></p>	
<p><b>b. Did this happen during the last 12 months?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4d</i></p>	
<p><b>c. Did this happen before 12 months ago, that is, before last (Month one year ago)?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p><i>(SHOW FLASHCARD 24)</i></p> <p><b>d. What were your reasons for not getting help?</b></p> <p><i>Check (X) all that apply.</i></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 using a medicine or drug 22 <input type="checkbox"/> Didn't think medicine or drug problem was serious enough 23 <input type="checkbox"/> Didn't want to go 24 <input type="checkbox"/> Stopped using a medicine or drug on my own 25 <input type="checkbox"/> Friends or family helped me stop using a medicine or drug 26 <input type="checkbox"/> Tried getting help before and it didn't work 27 <input type="checkbox"/> Other reason</p>	