

Section 3D – TREATMENT UTILIZATION

<p>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?</p>	<p>1 <input type="checkbox"/> Yes N3DQ1 2 <input type="checkbox"/> No – <i>SKIP to 4a</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 medicine or drug use.</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 in the last 12 months?</p>	
<p>(1) Narcotics or Cocaine Anonymous, Alcoholics Anonymous or any 12-Step meeting?</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A1</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B1</p>
<p>(2) Family services or another social service agency?</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A2</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B2</p>
<p>(3) Drug or alcohol detoxification ward or clinic?</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A3</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B3</p>
<p>(4) Inpatient ward of a psychiatric or general hospital or community mental health program?</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A4</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B4</p>
<p>(5) Outpatient clinic, including outreach programs and day or partial patient programs?</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A5</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B5</p>
<p>(6) Drug or alcohol rehabilitation program?</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A6</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B6</p>
<p>(7) Methadone Maintenance Program?</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A7</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B7</p>
<p>(8) Emergency room for any reason related to your drug use?</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A8</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B8</p>
<p>(9) Halfway house, including therapeutic communities?</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A9</p>	<p>1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B9</p>

Section 3D – TREATMENT UTILIZATION (Continued)

<p>c. For which medicines or drugs did you go there in the last 12 months? <i>(SHOW FLASHCARD 40) N3DD*Q2C&</i></p>	<p>d. Did you go there before 12 months ago, that is before last (Month one year ago)?</p>	<p>e. For which medicines or drugs did you go there before 12 months ago? <i>(SHOW FLASHCARD 40) N3DD*Q2E&</i></p>
<p>& * *</p>		<p>& * *</p>
<p>1 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D1 agency</p>	<p>1 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>
<p>2 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D2 agency</p>	<p>2 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>
<p>3 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D3 agency</p>	<p>3 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>
<p>4 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D4 agency</p>	<p>4 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>
<p>5 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D5 agency</p>	<p>5 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>
<p>6 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D6 agency</p>	<p>6 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>
<p>7 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D7 agency</p>	<p>7 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>
<p>8 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D8 agency</p>	<p>8 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>
<p>9 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>	<p>1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D9 agency</p>	<p>9 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH</p>

Section 3D – TREATMENT UTILIZATION (Continued)

2a. In your entire life, did you EVER go to a/an ...<i>(Repeat phrase frequently)</i>	b. Did you go there in the last 12 months?	
(10) Crisis center for any reason related to your drug use?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A10	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B10
(11) Employee Assistance Program (EAP)?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A11	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B11
(12) Clergyman, priest, rabbi or any other religious counselor for any reason related to your drug use?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A12	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B12
(13) Private physician, psychiatrist, psychologist, social worker or any other professional?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next agency</i> N3DQ2A13	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B13
(14) Any other agency or professional?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to 3a</i> N3DQ2A14	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No – <i>Skip to column d</i> N3DQ2B14

Section 3D – TREATMENT UTILIZATION (Continued)

c. For which medicines or drugs did you go there in the last 12 months? <i>(SHOW FLASHCARD 40) N3DD*Q2C&</i> & * *	d. Did you go there before 12 months ago, that is before last (Month one year ago)?	e. For which medicines or drugs did you go there before 12 months ago? <i>(SHOW FLASHCARD 40) N3DD*Q2E&</i> & * *
10 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D10 agency	10 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH
11 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D11 agency	11 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH
12 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D12 agency	12 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH
13 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next</i> N3DQ2D13 agency	13 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH
14 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to 3a</i> N3DQ2D14	14 1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN 3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC 5 <input type="checkbox"/> STIM 6 <input type="checkbox"/> CLB 7 <input type="checkbox"/> HAL 8 <input type="checkbox"/> SOLV 9 <input type="checkbox"/> HER 10 <input type="checkbox"/> OTH

Section 3D - TREATMENT UTILIZATION (Continued)

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?

_____ Age **N3DQ3A**

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?

_____ Age **N3DQ3B**
 OR
 0 Happened only once

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?

1 Yes
 2 No - *SKIP to Section 3E* **N3DQ4A**

b. Did this happen during the last 12 months?

1 Yes
 2 No - *SKIP to 4d* **N3DQ4B**

c. Did this happen before 12 months ago, that is, before last (Month one year ago)?

1 Yes **N3DQ4C**
 2 No

(SHOW FLASHCARD 43)

d. What were your reasons for not getting help?

(Check all that apply.)

N3DQ4D
N3DQ4D(1-29)

- 1 Wanted to go, but health insurance didn't cover
- 2 Didn't think anyone could help
- 3 Didn't know any place to go for help
- 4 Couldn't afford to pay the bill
- 5 Didn't have any way to get there
- 6 Didn't have time
- 7 Thought the problem would get better by itself
- 8 Was too embarrassed to discuss it with anyone
- 9 Was afraid of what my boss, friends, family, or others would think
- 10 Thought it was something I should be strong enough to handle alone
- 11 Was afraid they would put me into the hospital
- 12 Was afraid of the treatment they would give me
- 13 Hated answering personal questions
- 14 The hours were inconvenient
- 15 A member of my family objected
- 16 My family thought I should go but I didn't think it was necessary
- 17 Can't speak English very well
- 18 Was afraid I would lose my job
- 19 Couldn't arrange for child care
- 20 Had to wait too long to get into a program
- 21 Wanted to keep using medicines or drugs
- 22 Didn't think medicine or drug problem was serious enough
- 23 Didn't want to go
- 24 Stopped using medicines or drugs on my own
- 25 Friends or family helped me stop using medicines or drugs
- 26 Tried getting help before and it didn't work
- 27 Was afraid my children would be taken away
- 28 My religious beliefs don't allow me to go for treatment
- 29 Other reason

*Go to
Section
3E*