	Check	If Asked	Ву	Interviewer
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ID#:			
			-
DATE.	,		
7			
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Adminis		ıy:	
Checke	id by: _		

RISK ASSESSMENT BATTERY RAB

Please read each of the following questions very carefully. As you will see, many of these questions are personal. We understand this and will make every effort to protect the privacy of your answers.

It is very important that you answer every question honestly. In fact, it's better not to answer a question at all than to tell us something that is not accurate or true. Some questions may not seem to have an answer that is true for you. When this happens, you should simply choose the answer that is most right. Don't spend too much time on any one question. Remember, always ask for help if you're unsure about what to do.

Thank you for your time and cooperation.

University of Pennsylvania &
Philadelphia Veterans Administration Medical Center
Center for Studies of Addiction
3900 Chestnut Street
Philadelphia, Pa 19104

PAST MONTH DRUG AND ALCOHOL USE

	the past month, how often have you <u>iniected</u> cocaine and heroin together beedball)?
	 0. Not at all 1. A few times 2. A few times each week 3. Everyday
B. In t	he past month, how often have you <u>iniected</u> heroin (not mixed)? 0. \(\bigcup \) Not at all 1. \(\bigcup \) A few times 2. \(\bigcup \) A few times each week 3. \(\bigcup \) Everyday
C. In the	he past month, how often have you <u>snorted</u> heroin (not mixed)? 0. Not at all 1. A few times 2. A few times each week 3. Everyday
D. In th	ne past month, how often have you <u>smoked</u> heroin? 1. \(\subseteq \) A few times 2. \(\subseteq \) A few times each week 3. \(\subseteq \) Everyday
E. In th	ne past month, how often have you <u>injected</u> cocaine (not mixed)? 1. \(\sum \) A few times 2. \(\sum \) A few times each week 3. \(\sum \) Everyday
F. In the	e past month, how often have you <u>snorted</u> cocaine (not mixed)? 1. \(\sum \) A few times 2. \(\sum \) A few times each week

	3. D Everyday
G. In th	ne past month, how often have you <u>smoked</u> crack, rock, or freebase cocaine?
	o. Not at all
	1. A few times
	2. A few times each week
	3. D Everyday
	ne past month, how often have you injected amphetamines, meth, speed, k or crystal?
	0. Not at all
	1. A few times
	2. A few times each week
	3. D Everyday
	past month, how often have you snorted amphetamines, meth, speed, or crystal?
	0. Not at all
	1. A few times
	2. A few times each week
	3. D Everyday
J. In the crank	e past month, how often have you smoked amphetamines, meth, speed, c or crystal?
	0. Not at all
	1. A few times
	2. A few times each week
	3. ☐ Everyday
	e past month, how often have you used benzodiazepines (benzos, benzies) as Xanax, Valium, Klonipin or Ativan?
	o. 🔲 Not at all
	1. A few times
:	2. A few times each week
	3. D Everyday

L. In the past month, how often have you taken <i>painkillers</i> - pills such as Percodan, Percocet, Vicodin, Demerol, Dilaudid, Darvon, Darvocet or syrup (Codeine)?	
0. ☐ Not at all	
1. A few times	
2. A few times each week	
3. 🖵 Everyday	
a. Which types of painkillers did you use?	-
M. In the past month, how often did you inject Dilaudid?	
0. Not at all	
1. A few times	
2. A few times each week	
3. 🖵 Everyday	
N. In the past month, how often have you used acid, LSD, or other hallucinogens?	
o. 🔲 Not at all	
1. A few times	
2. A few times each week	
3. Teveryday	
O. In the past month, how often have you used marijuana?	
o. 🗖 Not at all	
1. A few times	
2. A few times each week	
3. D Everyday	
P. In the past month, how often have you used beer, wine or liquor?	
0. D Not at all	
1. A few times	
2. A few times each week	
3. D Everyday	

PART I: NEEDLE USE

Where did you get your needles during the past six months?(Check all that apply)
0. I have not shot up in the past six months
1. ☐ From a diabetic
2. On the street
3. Drugstore
4. Shooting gallery or other place where users go to shoot up
5. Needle Exchange Program
6. Other:
6. Gother.
8. In the past six months, how often have you been to a shooting gallery/house or other place where users go to shoot-up?
0. Never
1. A few times or less
2. A few times each month
3. Once or more each week
9. In the past six months, how often have you been to a Crack House or other place where people go to smoke crack?
0. Never
1. A few times or less
2. A few times each month
3. U Once or more each week
10. Which statement best describes the way you cleaned your needles during the past six months? (Please choose one)
0. 🗖 I have not shot up in the past six months
1. I <u>always</u> use new needles
2. 🗖 l <u>always</u> clean my needle just <u>before</u> l shoot up
3. After I shoot up, I always clean my needle
4. Sometimes I clean my needle, sometimes I don't
5. I <u>never</u> clean my needle

11. If you cleaned your needles and works in the past six months,

how did you clean them? (Check all that apply)
0. I have not shot up in the past six months
1. Soap and water or water only
2. Alcohol
3. Bleach
4. Doiling water
5. Other:
6. 🔲 I did not clean my needles in the past six months
7. I ALWAYS used new needles in the past six months
12. In the past six months, how often have you shared rinse-water?
 Never or I have not shot up in the past 6 months
1. A few times or less
2. A few times each month
3. Once or more each week
13. In the past six months, how often have you shared a cooker?
0. 🔲 Never or I have not shot up in the past 6 months
1. A few times or less
2. A few times each month
3. Once or more each week
14. In the past six months, how often have you shared a cotton?
 Never or I have not shot up in the past 6 months
1. A few times or less
2. A few times each month
3. Once or more each week
15. In the past six months, how often have you divided or shared drugs with others by using one syringe (yours or someone else's) to squirt or load the drugs into the other syringe(s) (backloading, for example)?
0. Never or I have not shot up in the past 6 months
1. A few times or less
2. A few times each month
3. Once or more each week
PART II: SEXUAL PRACTICES

16. How would you describe yourself?
1. 🗖 Straight
3. Gay or Homosexual
3. Disexual
•
<u>Please note</u> : For the following questions, sex means any vaginal
intercourse, anal intercourse (in the butt) or oral sex (blowjobs, fo
example)
17. With how many men have you had sex in the past six months?
o. 🔲 0 men
1. 🖵 1 man
2. 🔲 2 or 3 men
3. 4 or more men
18. With how many women have you had sex in the past six months?
0. D 0 women
1. 🗖 1 woman
2. 2 2 or 3 women
3. 4 or more women
19. In the past six months, how often have you had sex so you could get drugs?
o. ☐ Never
1. A few times or less
2. A few times each month
3. Once or more each week
20. In the past six months, how often have you given drugs to someone so you could
have sex with them?
o. 🖵 Never
1. A few times or less
2. A few times each month
3. Once or more each week

21. In the past six months, how often were you paid money to have sex with someone?

	o. 🗖 Never
	1. A few times or less
	2. A few times each month
	3. Once or more each week
22.	In the past six months, how often did you give money to someone so you could have sex with them?
	o. Never
	1. A few times or less
	2. A few times each month
	3. Once or more each week
23.	In the past six months, how often have you had sex with someone you knew (or later found out) had AIDS or was positive for HIV, the AIDS virus?
	(or later found out) had Albe of was positive for the, the Albe virus:
	o. Never
	1. A few times or less
	2. A few times each month
	3. Once or more each week
24.	In the past six months, how often did you use condoms when you had sex?
	0. I have not had sex in the past 6 months
	0. All the time
	1. Most of the time
	2. Some of the time
	3. None of the time

PART III: CONCERNS ABOUT HIV AND TESTING

If you know that you are HIV positive, skip to question # 28.

25	. Ho	w wor	ried are	you ab	out ge	etting H	IV or A	IDS?			
		0. 🗖	Not at a	dl .							
		1. 🔲	Slightly								
		2.	Modera	itely							
		з. 🗖	Conside	erably							
		4. 🗖	Extrem	ely							
26.	Ho\ Al[v worr OS vir	ied are ; us?	you tha	at you	may ha	ve alre	eady b	een e	xpose	d to the HIV or
		0.	Not at a	l							
		1. 🔲	Slightly								
		2. 🔲	Modera	tely							
		з. 🔲	Conside	erably							
		4. 🗖	Extreme	ely							
27.	How	/ many	y times l	nave yo	ou had	a bloo	d test f	or the	AIDS	virus	(HIV)? (circle):
	0	1	2	3	4	5 .	6	7	8	9	10 or more times
28.	Whe	n wer	e you la of your r	st teste nost re	ed for l cent te	HIV? O	n the li	nes be	elow, _l	please	write the month
					/ 19						
•	М	ONT	1		YEA	R					
29. Were you ever told that you had the HIV, the AIDS virus?											
		o. 🗖 1	No								
		ı. 🗖 🕥	es								
	2	2. 🔲 1	never g	ot the r	esults						
			3								

Thank You. Please let the staff person know that you have finished.