

Inmate Name: _____ Date of Interview: _____

Birthdate: _____ Address: _____

Age: _____ Date of Incarceration: _____

General Questions:

1. Do you currently have a place to live, if so, in what county and what is the address? Y / N

2. Do you currently have a valid driver's license and/or reliable transportation options? Y / N

3. Do you have a valid ID Card and/or Birth Certificate; where were you born? Y / N

4. Were you employed at the time of your arrest, if so, where, and do you believe your job is still available to you? Y / N

5. Have you ever served in the United States Military, if so, what branch, when, and what is your discharge status?
Are you currently involved with VA Services? Y / N

6. Are you currently on probation/parole, if so, where? Y / N

7. Do you have any pending charges in any other county or municipality other than here in Douglas County? If so, where? Y / N

8. Are you able to read and write English? Y / N

9. In the past twelve months have you experienced a period of homelessness, if so for how long? Y / N

Medical/Mental Health Questions:

1. Have you ever had any major medical surgeries or chronic health issues, if so, what? Y / N

2. Are you currently prescribed any medications, and if so, are you receiving them at the jail? Y / N

3. Have you ever been diagnosed with any mental health concerns in the past, if so, what? Y / N

4. Have you ever been involved in any form of alcohol/drug or mental health treatment, if so, where? Y / N

Substance Use Questions:

1. Do you feel like you have ever struggled with drugs or alcohol in the past? Y / N

2. What substances do you feel have caused you the most trouble in the past?

Opioid Specific Questions:

1. In the past 12 months, have you used opioids (for example heroin, fentanyl, oxycodone, prescribed or non-prescribed methadone), cocaine, and/or methamphetamine? Y / N

2. Have you ever experienced an overdose in your life? Y / N

3. Have you ever witnessed an overdose in your life? Y / N

4. Have you ever lost consciousness or blacked out from using? Y / N

5. Have you been released from jail, prison, or residential treatment in the past six weeks? Y / N

6. Are you currently accessing treatment for opioid use (e.g., medications, counseling)? Y / N

7. Would you be interested in accessing treatment for opioid use (e.g., medication, counseling)? Y / N

Notes:

Do you have an attorney? _____

For Example Only