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SAMPLE

Portfolio Assessment

for

PSY-332

Substance Abuse
Counseling

Notes from the Office of Portfolio Assessment

Students who complete training for the Certified Drug and Alcohol Counselor (CDAC) are not awarded credit for the certification. However, such training can be used as the basis of a portfolio assessment because there is measurable knowledge required to earn the certification.

Those who complete the program and then find employment or volunteer opportunities as a substance abuse counselor can articulate both the theoretical knowledge of the subject as well as the hands-on application of the knowledge to real-life situations.

Substance Abuse Counseling (*PSY-332*) *3.00 s.h.*

Course Description

Study of counseling techniques with emphasis on establishing rapport and building therapeutic alliance. Students learn how to apply counseling principles to treatment of substance abusers. Elements of gestalt and behavioral traditions are explored, and their application to substance abuse is made explicit.

Learning Outcomes

Through the Portfolio Assessment process, students will demonstrate that they can appropriately address the following outcomes:

- Explore various counseling techniques
- Describe principles of Gestalt Theory
- Identify principles of Behavioral Theory
- Apply counseling principles to treatment of substance abusers

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Introduction

A. History of Addiction

Around the turn of the 19th century, Americans discovered many new “wonder drugs” such as morphine, cocaine and heroin, and we have since been battling the problem of substance abuse and addiction within America (DEA Museum.org).

In the early 20th century the United States had its first drug epidemic as a result of “gradually instituted effective restriction at home through domestic law enforcement and overseas by spearheading a world movement to limit use of coco crops” (DEA Museum.org). However, during World War II, drug use within our country was considered rare and it was seen as a marginal social issue with the first epidemic being forgotten.

Once the 1960s arrived, drugs such as marijuana, amphetamines and psychedelics became popular for a generation who embraced these drugs with minimal concern. The “hippie era” was about peace, love, drugs, and rock ‘n’ roll. This was an anti-establishment era that was created among young adults during the time of the Vietnam War.

In the 1970s the Drug Enforcement Agency (DEA) created drug laws due to the reappearance of cocaine with addiction and violence reaching epidemic levels (DEA Museum.org). A decade later, crack cocaine was introduced to the drug user. Crack cocaine became more popular as a result of accessibility and cost for recreational use.

Alcohol is a substance that has created the number one abuse problem in the United States. Alcohol is also consumed in many cultures often to help promote social interaction. It is generally accepted as a practice and consumption is legal for those of legal age.

In addition, legal drugs used for a variety of reasons promote health, reduce or relieve pain. These are often abused and create additional problems among many cultures (neadd.org).

With substance abuse and dependence at an all-time high, the DEA’s challenge is that of dealing with changes in organized crime and distribution of illegal substances. The sophisticated and powerful criminal groups from foreign countries continue controlling the drug trade within the United States.

Counseling Theories

There are a variety of basic counseling theories/skills that are utilized within substance abuse and dependence. Depending on the modality of treatment, counseling is a major component of an addictive person’s treatment process. Whether the person is entering a medication assisted program, an intensive Out-Patient program, a detoxification program or is participating in individual or group

sessions, many counselors may use such theories as Client Centered, Cognitive Behavioral Therapy (ABC model), or Strength-Based counseling to help the patient/client to attain their recovery goals.

Client Centered (Rogerian) counseling is about the counselor providing a growth promoting atmosphere encouraging the client to grow as he/she wants or needs. The counselor “meets” the client where the client is. Many of the characteristics of the sessions are based in active listening, empathy, acceptance and genuineness (reference).

Cognitive Behavioral Therapy (ABC Method) is described as “what you think is what you feel.” With this type of counseling the patient/client will have experienced and will describe an event, and will have a belief about the event, and an understanding of the consequences (reference).

Gestalt Therapy was developed in the 1940s and 1950s and is described as “here and now” therapy with the process based on the relationship between the therapist and the client. The operating principle of gestalt therapy is that “the brain is holistic, parallel and analog, with self-organizing tendencies” (Wikipedia, 2010). Gestalt Therapy involves using productive thinking in resolving problems with insight.

Strength-Based Counseling focuses on what is positive or what is going well in a person’s life. The counselor and patient/client will work together to find past and present successful situations to use when addressing current and future challenges within the focus of what CAN go right (reference).

Counseling Principles

A professional counselor deals with clients during times of stress and crisis. Professional counselors must adhere to a strict code of ethics that guides their decisions and behaviors. All licensed/certified substance abuse counselors are required to sign a code of ethics (www.nj.state.gov). Some of the components of the counseling profession are:

Code of Ethics – ideal standards of conduct within the counseling profession. The Code of Ethics protects the client’s confidentiality and informed consent while monitoring the counselor’s profession.

Professionalism – an internal motivation to perform at a level of best practices that signify the ideals of the profession, heighten its image and increase development.

Legal Issues – Laws dictating minimum standards of behavior that society will tolerate

Professional Associations – The American Counseling Association (ACA) is an organization that services counselors within the profession throughout all 50 states, and in 50 additional countries in Europe and Latin America. The ACA has developed training standards and a code of ethics for credentials licensing and accreditation of our program.

Credentialing – Various professional associations have developed the “criteria for master’s level counselor training programs and accreditation procedures” (Nugent and Jones, 2009).

A counseling certification is verification that a counselor has met the required qualifications within their counseling specialty. I have a Certified Alcohol and Drug Counselor (CADC) certification along with my Certified Criminal Justice Professional (CCJP) in the state of NJ. However my CADC is provided by the NJ Division of Consumer Affairs and my CCJP is provided the NJ Certification Board.

Licensure – states have licensure laws and guidelines for counselors to protect the client(s) and the counselor. A counselor can't call him/herself a "licensed" counselor unless he/she is licensed within the state in which he/she practices. An example of licenses in the profession is the Licensed Professional Counselor (LPC) designation. Also in the state of NJ there is a designation of Licensed Certified Alcohol and Drug Counselor, required to provide supervision to the Certified Alcohol and Drug Counselor.

Substance Abuse/Dependence

The Diagnostic Classification of DSM IV Criteria defines disorders that most closely reflect the patient's signs and symptoms. Each diagnostic label is associated with a diagnostic code that is used by institutions and programs to accurately diagnose a patient. The diagnosis codes are used as a guideline but must be applied in conjunction with the judgment and evaluation abilities of the diagnosing counselor.

In addition these codes are used for data analysis and for client billing purposes (DSM IV-R, current manual, The American Psychiatric Association).

As per the DSM-IV Diagnosis of Substance Abuse, a person is defined as an abuser of a substance if he/she is not dependent on that substance but reports one or more symptom in the previous year, including:

- Recurrent use resulting in failure to fulfill major obligations at work, school or home
- Recurrent use in situations for which it is physically hazardous
- Recurrent substance related legal problems
- Continued use despite having persistent or recurrent social or interpersonal problems/issues

However, the diagnosis for Substance Dependence is a person who is defined with abuse of a substance and is dependent on that substance and reports one or more of the following symptoms in the previous year:

- Tolerance (needing increasing amounts to become intoxicated)
- Withdrawal (characteristic withdrawal associated with type of drug/substance)
- Using more or for longer period than initially intended
- Despite unsuccessful efforts to cut down or control abuse
- Considerable time spent in obtaining or using the substance or recovery from effects
- Important social, work or recreational activities given up or reduced as a result of the use

- Continued use despite knowledge of problems caused by aggravated use

(DSM – IV – TR, the current manual, The American Psychiatric Association)

Treatment Modalities

For some people, substance abuse progresses from experimental or social use to dependency and addiction in an unexpected way. Major consequences ensue for individuals, their families and society. Addicted persons usually experience increasingly debilitating or dysfunctional physical, social, financial and emotional effects. Treatment is essential for those who become chemically dependent and are unable to control their use of alcohol or other drugs.

There are no “magic bullet” or miracle cures for substance abuse that can help an addicted person achieve sobriety without the structure, discipline and personal resolve needed to help the patient remain drug-free. Similarly, in alcohol and other drug treatment modalities, “one size does not fit all!” Patient treatment matching considers the characteristics of treatment programs and the personality, background, mental condition and substance abuse patterns of individuals to realize the best fit and the greatest chance of successful treatment (Office of National Drug Control Policy [ONDCP], 1990).

There are concepts about the causes of addiction and they are grouped in a variety of categories such as bio-psycho-social, medical, clinical, and social. These concepts help determine the treatment needs of an addicted person.

The bio-psycho-social model demonstrates a broad or holistic approach. The biological, psychological and social needs are assessed’ an integrated, comprehensive treatment response must be implemented to meet the entire range of needs of the individual (Services, 2012). This complete assessment will then determine the entire range of strengths, needs and problems presented by the client. A continuum of treatment and supportive services is necessary to adequately meet the extent of needs for the addicted person.

From a medical and biological perspective, drug addiction is seen as an illness, treated as a disease, similarly to diabetes or Alzheimer’s. Alcohol or drug addiction is considered a chronic, progressive, relapsing and potentially fatal disease (Services, 2012). The medical and biological perspective also includes family, social, behaviors, attitudes, beliefs and environmental factors that have an impact on the person suffering from the addiction.

Certain family factors of an addict may include parental or sibling abuse of illicit drugs and alcohol. In addition, poor and inconsistent family practices, children raised in families with high rates of family conflict or dispute, or lack of communication, acceptance of family closeness and family values are at risk of addiction. Poverty, poor living conditions, single family parenting and low income may also contribute to addiction within the family system. Many addicts begin their addiction due to their inability to perform well in school. Studies have noted a high risk of drug use when they don’t have a commitment to doing well in school. Behaviors include excessive absences, cutting classes, and performing poorly leading to delinquent behavior.

Drug behavior and drug-related attitudes of peers are among the most potent predictors of drug involvement. Adolescents tend to increase use of drugs due to the influence of peers/friends and they also tend to choose friends who reinforce their own drug-related norms and behaviors (Hawkins et al, 1987). Adolescents who are problem drinkers usually do not feel their peer group is compatible with their parents, are more easily influenced by their peer group, and feel more pressure from peers for drinking and drug use (Knott, 1986).

Adolescents and teens may also struggle with feelings of alienation from values within our society along with the lack of connection to religious/spiritual norms, and will begin to display rebellious behaviors and tendencies associated with drug use.

Human Development/Counseling Theories

Cognitive Behavioral Theory

“Behavioral, cognitive and cognitive-behavioral theorists believe that human attitudes and behaviors are learned in response to one’s environment” (Nugent and Jones, Introduction to Professional Counseling, 2009). This type of behavior is best corrected by changing the current behavior to a more appropriate behavior via perception and cognitive ability. “In the 1970s Albert Ellis introduced his theory that most human problems relate to irrational beliefs that arise from illogical reasoning” (Nugent and Jones, 2009). This is known as Rational Emotive Behavior Therapy ((REBT). The thought process of a drug addicted client is one of irrational and unrealistic ideas about themselves and others. Helping the client change how they see things will help them to change how they do things, with the end result or consequence as a positive.

Gestalt Therapy

Gestalt Therapy was developed in the 1940s and 1950s and has been used effectively to treat drug addiction and alcoholism (reference). This is a client centered therapy that is built on Gestalt’s theory of client therapy relationships, especially between the client and the therapist, one that allows the client to self-actualize and self-correct behaviors that block growth while developing new solutions.

The U.S. Department of Health defines Gestalt Therapy as “a counseling technique that seeks to help clients to gain awareness of themselves and the world” (U.S. Department of Health). This is done, in part, through a focus on “living in the moment.” As human beings our daily lives are filled with a host of different wants and desires, from getting hungry before dinner to seeking love and companionship. Gestalt therapy teaches us how to satisfy these immediate needs in healthy ways (Solutions).

“Addicts usually do not achieve satisfaction of their needs and can remain unaware of what their needs are” as per the US Department of Health (Solutions). Gestalt therapy has proven to address and change these unhealthy behaviors. It is a unique technique that seeks to help clients gain awareness of self and what is around them by living “in the moment.”

Counseling Principles Related to Substance Abuse

Counseling techniques with certain common attributes have been shown to be most effective in the form of positive changes from addiction behaviors. Establishing trust between the counselor and the client is the foundation upon which any process of counseling technique can move forward. Once trust is established, the identification of substance abuse as a destructive force with need for change is the next step. Whether cognitive (understanding the problem and solution), behavioral (making new and positive habits more comfortable than the old negative habits), and family systems (realizing the dynamics formed in childhood that affect adult actions), the foundation of trust, identification of abuse, need for positive change and participation in a new future away from the old habits by the patient must be agreed upon as a goal worth the effort (Nelson, 2011).

Counseling Techniques

Some of the personal qualities of an effective counselor are a well-rounded individual who is committed to their own personal and professional growth. Counselors have the ability to understand, empathize and support their clients unconditionally. Professional counselors also need to have self-awareness, integrity and objectivity when working in this profession. They need to be culturally diverse and aware of their own bias when treating any client. As per the NJ Certification Board, all counselors are required to attend continuing educational classes on ethics, including cultural competency classes, prior to certification, and ongoing renewal of certification. In addition it is important for the counselor to be trustworthy so he/she can build a healthy therapeutic relationship with the clientele (Division).

Four major categories of professional competencies for counselors (Nugent and Jones, 2009) are:

1. Knowledge of counseling theories and strategies including Rogerian.
2. Interviewing skills including listening, open questioning, encouraging, paraphrasing, reflecting.
3. Assessment and Diagnosis to gather information and determine client needs.
4. Sound Ethical Judgment to appropriately use professional judgement in accordance with professional guidelines

The following four case studies of Sam, Steven, Jaclyn and Robert are a result of time spent developing therapeutic relationships for the purpose of facilitating improvement.

CASE STUDY: SAM

Sam used heroin, cocaine and alcohol. He suffered from chronic liver disease and various intestinal ailments. He was evicted from public housing because “they didn’t like my friends” (referring to the drug dealers) and he was “persona non grata” at the local single room occupancy (SRO) hotel. When the team first met Sam he was sleeping at friends’ apartments and in the hotel lobby. A frequent fear of Sam’s is that he would fall asleep and be robbed.

The research team became advocates in Sam’s quest for housing. At the suggestion of a team member, Sam spent several weeks in a local shelter but the nuns asked him to leave when he wanted to keep his bed but spent the nights outside of the shelter. The team helped him to get a security deposit that was needed for an apartment. One of the team members went to look at rooms with Sam, and after a full ten months, they found a landlord who would accept him. One of the team members, a fourth year medical student, often called the local hospital to find out the results of laboratory tests for Sam. The team also paid for Sam’s birth certificate, which he had lost a long time before, but needed for access to some forms of housing.

Through the 12 months of the study period, Sam went from sleeping in lobbies, at friends’ places, in a shelter, and finally in his own home. At the end of the 12 months, Sam told the team that he was very worried about his health because he kept passing out. He said that he was not using “a lot” of drugs or alcohol, but he was not abstinent. He still had his own room.

- Identify and sort through the relevant facts presented by Sam’s situation
- Identify the problems, issues, and concerns that arise with Sam’s situation
 - How would you classify Sam’s homelessness?
 - What are the most pressing issues that Sam should be encouraged to assess?
- Identify the positive and strengths aspects of Sam’s situation
- Analyze the issues in terms of knowledge presented in the training modules
- Use training materials to develop a list of options and an initial plan of action for social work intervention with Sam given your current role
- Identify any additional information, research knowledge or resources that are needed to develop and select options; identify ways to gather what you need; gather what you can
- Develop a strategy for social work practice with Sam. Be sure that you have a concrete and specific strategy for how you would address issues with Sam. Consider the reactions you might expect from Sam and develop a plan for how to respond. What kinds of referrals in your practice community would you make, and why? What are the intervention goals?
- Identify methods for evaluating outcomes of your plan and next steps./revisions of the plan, depending on various possible outcomes
- Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Sam’s situation

CASE STUDY: STEVEN

Steven came to COZY Shelter House two weeks ago after being asked to leave his aunt's home. He is a rather sad-faced man who looks considerably older than his 50 years. Steven says that he has been drinking heavily throughout all of his life, and that he also used drugs a lot in Vietnam. He has a son living nearby whom, he is very sorry to say, also appears to be a heavy drinker. Steven is very proud of his daughter (a teacher) and wishes that he could see his grandchildren more often.

Steven is very grateful to the staff at COZY because in the two weeks that he has been with them, they took him to get a cataract operation and he could immediately see again. They are also helping him sort out his legal problems, since he did not show up for some court hearings. Steven feels that he could stay sober if he could stay in a place like this. He is applying for their transitional program.

- Identify and sort through the relevant facts presented by Steven's situation
- Identify the problems, issues and concerns that arise with Steven's situation
 - How would you classify Steven's homelessness?
- Identify the positive and strengths aspects of Steven's situation
- Analyze the issues in terms of knowledge presented in the training modules
- Use training materials to develop a list of options and an initial plan of action for social work intervention with Steven
- Identify any additional information, research knowledge or resources that are needed to develop and select options; identify ways to gather what you need; gather what you can
- Develop a strategy for social work practice with Steven. Be sure that you have a concrete and specific strategy for how you would address issues with Steven. Consider the reactions you might expect from Steven and develop a plan for how to respond. What kinds of referrals in your practice community would you make, and why? What are the intervention goals?
- Identify methods for evaluating outcomes of your plan and next steps./revisions of the plan, depending on various possible outcomes
- Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Sam's situation

CASE STUDY: JACLYN

Jaclyn is 23 years old and is four months pregnant. She is visiting a comprehensive “wrap around services” health clinic for prenatal care for the first time. The medical team advises prenatal nutritional counseling and vitamins, and assesses her pregnancy as “progressing normally” at this stage. However, she has been referred to you because in the health assessment she responded that she has “always” consumed one or two drinks, almost every day, when she comes home from work to unwind from the stress of her job. There are also social events on weeknights and weekends with family and friends that typically involve light to moderate drinking.

- Identify and sort through the relevant facts presented by Jaclyn’s situation. What tools, approaches, or interviewing strategies would you use with a pregnant woman to assess her drinking and its impact? What other issues should be assessed as well?
- Identify the problems, issues and concerns that arise with Jaclyn’s situation
 - What information should you be certain is shared with Jaclyn?
- Identify the positive and strengths aspects of Jaclyn’s situation
- Analyze the issues in terms of knowledge presented in the training modules
- Use training materials to develop a list of options and an initial plan of action for social work intervention with Jaclyn. Who should be involved in the intervention?
- Identify any additional information, research knowledge or resources that are needed to develop and select options; identify ways to gather what you need; gather what you can
- Develop a strategy for social work practice with Jaclyn. Be sure that you have a concrete and specific strategy for how you would address issues with Jaclyn. Consider the reactions you might expect from Jaclyn and develop a plan for how to respond. What kinds of referrals in your practice community would you make, and why? What are the intervention goals?
 - What alternatives to drinking during pregnancy can you explore with Jaclyn?
- Identify methods for evaluating outcomes of your plan and next steps./revisions of the plan, depending on various possible outcomes
- Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Jaclyn’s situation

CASE STUDY: ROBERT

Robert is a 32-year old businessman who was involved in a car accident on his way home after having a couple of drinks at the local bar. He was referred for evaluation and treatment because at the time of the accident, his blood alcohol test showed .09, which was above the legal limit. He is overweight and tends to have high blood pressure. He grew up in the neighborhood where he and his wife now live. They have two children, ages 6 and 4 years. Robert has several childhood friends who come to the bar almost every day during the week to have a few drinks and socialize. His father is also a frequent visitor to the bar, and has been for the past 40 years. Robert's father drinks 4 to 5 drinks when he is at the bar but he does not seem to have any significant problems related to drinking, except for his hypertension. Robert drinks 3 to 5 beers at the bar, but he does not feel that he has any drinking problems because he does not drink at home (except for wine with his evening meal).

- Identify and sort through the relevant facts presented by Robert's situation. What tools of interviewing strategies would you use to assess his drinking and its impact? What do you assess his drinking risk to be? Why?
- Identify the problems, issues, and concerns that arise with Robert's situation
 - What information should you be certain is shared with Robert? Why?
 - What is your advice to Robert concerning his drinking? Why?
- Identify the positive and strengths aspects of Robert's situation
- Analyze the issues in terms of knowledge presented in the training modules
- Use training materials to develop a list of options and an initial plan of action for social work intervention with Robert. Who should be involved in the intervention for Robert?
- Identify any additional information, research knowledge, and resources that are needed to develop and select options; identify ways to gather what you need; gather what you can
- Develop a strategy for social work practice with Robert. Be sure that you have a concrete and specific strategy for how you would address alcohol issues with Robert. What are the intervention goals? What kinds of referrals in your practice community would you make and why?
 - What alternatives to drinking can you explore with Robert?
- Identify methods for evaluating outcomes of your plan and next steps/revision of the plan, depending on various possible outcomes
- Discuss implications for community intervention, prevention planning, social policy reform, and advocacy that are associated with Robert's situation

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Additional resources:

- National Institute Drug Association (NIDA)
- Substance Abuse and Mental Health Services Administration
- Britannica.com

Evidence Statement of Experience

Statement Summary

- Qualified, Certified Drug and Alcohol Counselor with 20+ years of professional experience. Extensive knowledge of various substance abuse counseling modalities, techniques, theories and practices.
- Skilled manager of 10 years with experience in supervising a team of 25 staff member. Trained in coordinating, organizing and managing a high-quality, structured treatment program serving diverse populations.
- Very dependable, self-motivated, loyal and able to work independently combined with the ability to motivate others.

Counseling Associates LLC

A Client-Centered Support Agency serving Central New Jersey

December 2013

To Whom It May Concern:

I am the Chief Operating Officer for Counseling Associates LLC, a support services agency located in New Brunswick, NJ. _____ has been a Drug and Alcohol Counselor for our agency for the last fifteen years. She has more than twenty years of professional experience working with individuals and families who deal with the broad assortment of issues related to drug and alcohol abuse. She is very knowledgeable about all aspects of treatment, and shows great professionalism when dealing with clients, family members and others in the profession.

In addition to her work as a counselor she has also been the manager of the practice for the last ten years, supervising a team of 25 staff members. She has played an active role in the coordinating, organization and management of a high-quality, high volume treatment agency that serves a very diverse population.

She has shown to be very effective, highly dependable and more than capable of handling the workload of a demanding practice.

If you have any further questions or require further confirmation of the authenticity of her work and knowledge of spreadsheet applications, please don't hesitate to contact me during business hours.

Very truly yours,

Dr. Susan C
Chief Operating Officer



DIPLOMA

This is to certify that _____

has successfully completed the

*Certified Drug and Alcohol
Counselor Training program*

Through the

State of Pennsylvania

Division of Human Resources

Harrisburg, PA

January 1997

Suzanne Pervisor

Training Manager

Frank Techarr

Training Instructor

Core Alcohol and Drug Survey

Long Form

FIPSE Core Analysis Grantee Group

Core Institute
Student Health Programs
Southern Illinois University
Carbondale, IL 62901

Please use a number 2 Pencil.

For additional use:

A 0 1 2 3 4 5 6 7 8 9
 B 0 1 2 3 4 5 6 7 8 9
 C 0 1 2 3 4 5 6 7 8 9
 D 0 1 2 3 4 5 6 7 8 9
 E 0 1 2 3 4 5 6 7 8 9

1. Classification:

- Freshman
- Sophomore
- Junior
- Senior
- Grad/professional
- Not seeking a degree
- Other

2. Age:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

3. Ethnic origin:

- American Indian/
Alaskan Native
- Hispanic
- Asian/Pacific Islander
- White (non-Hispanic)
- Black (non-Hispanic)
- Other

4. Marital status:

- Single
- Married
- Separated
- Divorced
- Widowed

5. Gender:

- Male
- Female

6. Is your current residence as a student:

- On-campus
- Off-campus

7. Are you working?

- Yes, full-time
- Yes, part-time
- No

9. Approximate cumulative grade point average: (choose one)

- A+ A A- B+ B B- C+ C C- D+ D D- F

10. Some students have indicated that alcohol or drug use at parties they attend in and around campus reduces their enjoyment, often leads to negative situations, and therefore, they would rather not have alcohol and drugs available and used. Other students have indicated that alcohol and drug use at parties increases their enjoyment, often leads to positive situations, and therefore, they would rather have alcohol and drugs available and used. Which of these is closest to your own view?

- Have available Not have available
- With regard to drugs?
 With regard to alcohol?

8. Living arrangements:

A. Where: (mark best answer)

- House/apartment/etc.
- Residence hall
- Approved housing
- Fraternity or sorority
- Other

B. With whom:

(mark all that apply)

- With roommate(s)
- Alone
- With parent(s)
- With spouse
- With children
- Other

11. Student status:

- Full-time (12+ credits)
- Part-time (1-11 credits)

12. Campus situation on alcohol and drugs:

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| | yes | no | don't know |
| a. Does your campus have alcohol and drug policies? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. If so, are they enforced? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Does your campus have a drug and alcohol prevention program? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Do you believe your campus is concerned about the prevention of drug and alcohol use? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Are you actively involved in efforts to prevent drug and alcohol use problems on your campus? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. Place of permanent residence:

- In-state
- USA, but out of state
- Country other than USA ..

14. Think back over the last two weeks. How many times have you had five or more drinks* at a sitting?

- None
- Once
- Twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

15. Average # of drinks* you consume a week:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

(If less than 10, code answers as 00, 01, 02, etc.)

16. At what age did you first use...

(mark one for each line)

- | | | | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Did not use | Under 10 | 10-11 | 12-13 | 14-15 | 16-17 | 18-20 | 21-25 | 26+ |
| a. Tobacco (smoke, chew, snuff) | <input type="radio"/> |
| b. Alcohol (beer, wine, liquor)* | <input type="radio"/> |
| c. Marijuana (pot, hash, hash oil) | <input type="radio"/> |
| d. Cocaine (crack, rock, freebase) .. | <input type="radio"/> |
| e. Amphetamines (diet pills, speed) .. | <input type="radio"/> |
| f. Sedatives (downers, ludes) | <input type="radio"/> |
| g. Hallucinogens (LSD, PCP) | <input type="radio"/> |
| h. Opiates (heroin, smack, horse) | <input type="radio"/> |
| i. Inhalants (glue, solvents, gas) | <input type="radio"/> |
| j. Designer drugs (ecstasy, MDMA) .. | <input type="radio"/> |
| k. Steroids | <input type="radio"/> |
| l. Other illegal drugs | <input type="radio"/> |

*A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.

*Other than a few sips

17. Within the last year about how often have you used...
(mark one for each line)

	Did not use	Once a year	6 times a year	Once a month	Twice a month	Once a week	3 times a week	5 times a week	Every day
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>								
b. Alcohol (beer, wine, liquor)	<input type="radio"/>								
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>								
d. Cocaine (crack, rock, freebase)	<input type="radio"/>								
e. Amphetamines (diet pills, speed)	<input type="radio"/>								
f. Sedatives (downers, ludes)	<input type="radio"/>								
g. Hallucinogens (LSD, PCP)	<input type="radio"/>								
h. Opiates (heroin, smack, horse)	<input type="radio"/>								
i. Inhalants (glue, solvents, gas)	<input type="radio"/>								
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>								
k. Steroids	<input type="radio"/>								
l. Other illegal drugs	<input type="radio"/>								

18. During the past 30 days on how many days did you have:
(mark one for each line)

	0 days	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	All 30 days
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>						
b. Alcohol (beer, wine, liquor)	<input type="radio"/>						
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>						
d. Cocaine (crack, rock, freebase)	<input type="radio"/>						
e. Amphetamines (diet pills, speed)	<input type="radio"/>						
f. Sedatives (downers, ludes)	<input type="radio"/>						
g. Hallucinogens (LSD, PCP)	<input type="radio"/>						
h. Opiates (heroin, smack, horse)	<input type="radio"/>						
i. Inhalants (glue, solvents, gas)	<input type="radio"/>						
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>						
k. Steroids	<input type="radio"/>						
l. Other illegal drugs	<input type="radio"/>						

19. How often do you think the average student on your campus uses...
(mark one for each line)

	Never	Once a year	6 times a year	Once a month	Twice a month	Once a week	3 times a week	5 times a week	Every day
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>								
b. Alcohol (beer, wine, liquor)	<input type="radio"/>								
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>								
d. Cocaine (crack, rock, freebase)	<input type="radio"/>								
e. Amphetamines (diet pills, speed)	<input type="radio"/>								
f. Sedatives (downers, ludes)	<input type="radio"/>								
g. Hallucinogens (LSD, PCP)	<input type="radio"/>								
h. Opiates (heroin, smack, horse)	<input type="radio"/>								
i. Inhalants (glue, solvents, gas)	<input type="radio"/>								
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>								
k. Steroids	<input type="radio"/>								
l. Other illegal drugs	<input type="radio"/>								

21. Please indicate how often you have experienced the following due to your drinking or drug use during the last year...
(mark one for each line)

	Never	Once	Twice	3-5 times	6-9 times	10 or more times
a. Had a hangover	<input type="radio"/>					
b. Performed poorly on a test or important project	<input type="radio"/>					
c. Been in trouble with police, residence hall, or other college authorities	<input type="radio"/>					
d. Damaged property, pulled fire alarm, etc.	<input type="radio"/>					
e. Got into an argument or fight	<input type="radio"/>					
f. Got nauseated or vomited	<input type="radio"/>					
g. Driven a car while under the influence	<input type="radio"/>					
h. Missed a class	<input type="radio"/>					
i. Been criticized by someone I know	<input type="radio"/>					
j. Thought I might have a drinking or other drug problem	<input type="radio"/>					
k. Had a memory loss	<input type="radio"/>					
l. Done something I later regretted	<input type="radio"/>					
m. Been arrested for DWI/DUI	<input type="radio"/>					
n. Have been taken advantage of sexually	<input type="radio"/>					
o. Have taken advantage of another sexually	<input type="radio"/>					
p. Tried unsuccessfully to stop using	<input type="radio"/>					
q. Seriously thought about suicide	<input type="radio"/>					
r. Seriously tried to commit suicide	<input type="radio"/>					
s. Been hurt or injured	<input type="radio"/>					

20. Where have you used...
(mark all that apply)

	Never used	On campus events	Residence hall	Fraternity	Bar/restaurant	Where you live	In a car	Private parties	Other
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>								
b. Alcohol (beer, wine, liquor)	<input type="radio"/>								
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>								
d. Cocaine (crack, rock, freebase)	<input type="radio"/>								
e. Amphetamines (diet pills, speed)	<input type="radio"/>								
f. Sedatives (downers, ludes)	<input type="radio"/>								
g. Hallucinogens (LSD, PCP)	<input type="radio"/>								
h. Opiates (heroin, smack, horse)	<input type="radio"/>								
i. Inhalants (glue, solvents, gas)	<input type="radio"/>								
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>								
k. Steroids	<input type="radio"/>								
l. Other illegal drugs	<input type="radio"/>								

22. Have any of your family had alcohol or other drug problems: (mark all that apply)

<input type="radio"/> Mother	<input type="radio"/> Brothers/sisters	<input type="radio"/> Spouse
<input type="radio"/> Father	<input type="radio"/> Mother's parents	<input type="radio"/> Children
<input type="radio"/> Stepmother	<input type="radio"/> Father's parents	<input type="radio"/> None
<input type="radio"/> Stepfather	<input type="radio"/> Aunts/uncles	

23. If you volunteer any of your time on or off campus to help others, please indicate the approximate number of hours per month and principal activity:

<input type="radio"/> Don't volunteer, or less than 1 hour	<input type="radio"/> 10-15 hours
<input type="radio"/> 1-4 hours	<input type="radio"/> 16 or more hours
<input type="radio"/> 5-9 hours	Principal volunteer activity is: _____

24. Within the last year to what extent have you participated in any of the following activities?
(mark one for each line)

- | | | | | |
|---|-----------------------|-----------------------|----------------------------------|------------------------|
| | Not involved | Attended | Active involvement
non-leader | Leadership
position |
| a. Intercollegiate athletics | <input type="radio"/> | <input type="radio"/> | n/a <input type="radio"/> | <input type="radio"/> |
| b. Intramural or club sports | <input type="radio"/> | <input type="radio"/> | n/a <input type="radio"/> | <input type="radio"/> |
| c. Social fraternities or sororities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Religious and interfaith groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. International and language groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Minority and ethnic organizations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Political and social action groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Music and other performing arts groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Student newspaper, radio, TV, magazine, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

25. In the first column, indicate whether any of the following have happened to you within the last year while you were in and around campus. If you answered yes to any of these items, indicate in the second column if you had consumed alcohol or other drugs shortly before these incidents.

- | | | | | | |
|---|-----------------------|-----------------------|---|---------------------------|-----------------------|
| | Happened to you | | | Consumed alcohol or drugs | |
| | yes | no | | yes | no |
| a. Ethnic or racial harassment | <input type="radio"/> | <input type="radio"/> | → | <input type="radio"/> | <input type="radio"/> |
| b. Threats of physical violence | <input type="radio"/> | <input type="radio"/> | → | <input type="radio"/> | <input type="radio"/> |
| c. Actual physical violence | <input type="radio"/> | <input type="radio"/> | → | <input type="radio"/> | <input type="radio"/> |
| d. Theft involving force or threat of force | <input type="radio"/> | <input type="radio"/> | → | <input type="radio"/> | <input type="radio"/> |
| e. Forced sexual touching or fondling | <input type="radio"/> | <input type="radio"/> | → | <input type="radio"/> | <input type="radio"/> |
| f. Unwanted sexual intercourse | <input type="radio"/> | <input type="radio"/> | → | <input type="radio"/> | <input type="radio"/> |

26. How do you think your close friends feel (or would feel) about you...
(mark one for each line)

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| | Don't disapprove | Disapprove | Strongly disapprove |
| a. Trying marijuana once or twice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Smoking marijuana occasionally | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Smoking marijuana regularly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Trying cocaine once or twice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Taking cocaine regularly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Trying LSD once or twice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Taking LSD regularly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Trying amphetamines once or twice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Taking amphetamines regularly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Taking one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Taking four or five drinks nearly every day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Having five or more drinks in one sitting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Taking steroids for body building or improved athletic performance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. Do you believe that alcohol has the following effects?
(mark one for each line)

- | | | |
|---|-----------------------|-----------------------|
| | yes | no |
| a. Breaks the ice | <input type="radio"/> | <input type="radio"/> |
| b. Enhances social activity | <input type="radio"/> | <input type="radio"/> |
| c. Makes it easier to deal with stress | <input type="radio"/> | <input type="radio"/> |
| d. Facilitates a connection with peers | <input type="radio"/> | <input type="radio"/> |
| e. Gives people something to talk about | <input type="radio"/> | <input type="radio"/> |
| f. Facilitates male bonding | <input type="radio"/> | <input type="radio"/> |
| g. Facilitates female bonding | <input type="radio"/> | <input type="radio"/> |
| h. Allows people to have more fun | <input type="radio"/> | <input type="radio"/> |
| i. Gives people something to do | <input type="radio"/> | <input type="radio"/> |
| j. Makes food taste better | <input type="radio"/> | <input type="radio"/> |
| k. Makes women sexier | <input type="radio"/> | <input type="radio"/> |
| l. Makes men sexier | <input type="radio"/> | <input type="radio"/> |
| m. Makes me sexier | <input type="radio"/> | <input type="radio"/> |
| n. Facilitates sexual opportunities | <input type="radio"/> | <input type="radio"/> |

28. On this campus, drinking is a central part in the social life of the following groups:
(mark one for each line)

- | | | |
|--------------------|-----------------------|-----------------------|
| | yes | no |
| a. Male students | <input type="radio"/> | <input type="radio"/> |
| b. Female students | <input type="radio"/> | <input type="radio"/> |
| c. Faculty/staff | <input type="radio"/> | <input type="radio"/> |
| d. Alumni | <input type="radio"/> | <input type="radio"/> |
| e. Athletes | <input type="radio"/> | <input type="radio"/> |
| f. Fraternities | <input type="radio"/> | <input type="radio"/> |
| g. Sororities | <input type="radio"/> | <input type="radio"/> |

29. Campus environment: (mark one for each line)

- | | | |
|---|-----------------------|-----------------------|
| | yes | no |
| a. Does the social atmosphere on this campus promote alcohol use? | <input type="radio"/> | <input type="radio"/> |
| b. Does the social atmosphere promote other drug use? | <input type="radio"/> | <input type="radio"/> |
| c. Do you feel safe on this campus? | <input type="radio"/> | <input type="radio"/> |

30. Compared to other campuses with which you are familiar, this campus' use of alcohol is... (mark one)

- Greater than other campuses
- Less than other campuses
- About the same as other campuses

31. Housing preferences: (mark one for each line)

- | | | |
|---|-----------------------|-----------------------|
| | yes | no |
| a. If you live in university housing, do you live in a designated alcohol-free/ drug-free residence hall? | <input type="radio"/> | <input type="radio"/> |
| b. If no, would you like to live in such a residence hall unit if it were available? | <input type="radio"/> | <input type="radio"/> |

32. To what extent do students on this campus care about problems associated with...
(mark one for each line)

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | Not at all | Slightly | Somewhat | Very much |
| a. Alcohol and other drug use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Campus vandalism | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Sexual assault | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Assaults that are non-sexual | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Harassment because of gender | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Harassment because of sexual orientation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Harassment because of race or ethnicity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Harassment because of religion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

33. To what extent has your alcohol use changed within the last 12 months?

- Increased
- About the same
- Decreased
- I have not used alcohol

34. To what extent has your illegal drug use changed within the last 12 months?

- Increased
- About the same
- Decreased
- I have not used drugs

35. How much do you think people risk harming themselves (physically or in other ways) if they... (mark one for each line)

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | No risk | Slight risk | Moderate risk | Great risk | Can't say |
| a. Try marijuana once or twice | <input type="radio"/> |
| b. Smoke marijuana occasionally | <input type="radio"/> |
| c. Smoke marijuana regularly | <input type="radio"/> |
| d. Try cocaine once or twice | <input type="radio"/> |
| e. Take cocaine regularly | <input type="radio"/> |
| f. Try LSD once or twice | <input type="radio"/> |
| g. Take LSD regularly | <input type="radio"/> |
| h. Try amphetamines once or twice | <input type="radio"/> |
| i. Take amphetamines regularly | <input type="radio"/> |
| j. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day | <input type="radio"/> |
| k. Take four or five drinks nearly every day | <input type="radio"/> |
| l. Have five or more drinks in one sitting | <input type="radio"/> |
| m. Take steroids for body building or improved athletic performance | <input type="radio"/> |
| n. Consume alcohol prior to being sexually active | <input type="radio"/> |
| o. Regularly engage in unprotected sexual activity with a single partner | <input type="radio"/> |
| p. Regularly engage in unprotected sexual activity with multiple partners | <input type="radio"/> |

36. Mark one answer for each line:

- | | | |
|--|-----------------------|-----------------------|
| | yes | no |
| a. Did you have sexual intercourse within the last year? | <input type="radio"/> | <input type="radio"/> |
| If yes, answer b and c below. | | |
| b. Did you drink alcohol the last time you had sexual intercourse? | <input type="radio"/> | <input type="radio"/> |
| c. Did you use other drugs the last time you had sexual intercourse? | <input type="radio"/> | <input type="radio"/> |

37. During the past 30 days, to what extent have you engaged in any of the following behaviors? (mark one for each line)

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Zero times | One time | Two times | 3-5 times | 6-8 times | 10 or more times |
| a. Refused an offer of alcohol or other drugs | <input type="radio"/> |
| b. Bragged about your alcohol or other drug use | <input type="radio"/> |
| c. Heard someone else brag about his/her alcohol or other drug use | <input type="radio"/> |
| d. Carried a weapon such as a gun, knife, etc. (do not count hunting situations or weapons used as part of your job) | <input type="radio"/> |
| e. Experienced peer pressure to drink or use drugs | <input type="radio"/> |
| f. Held a drink to have people stop bothering you about why you weren't drinking | <input type="radio"/> |
| g. Thought a sexual partner was not attractive because he/she was drunk | <input type="radio"/> |
| h. Told a sexual partner that he/she was not attractive because he/she was drunk | <input type="radio"/> |

38. To what extent do you agree with the following statements? (mark one for each line)

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Don't know |
| a. I feel valued as a person on this campus | <input type="radio"/> |
| b. I feel that faculty and staff care about me as a student | <input type="radio"/> |
| c. I have a responsibility to contribute to the well-being of other students | <input type="radio"/> |
| d. My campus encourages me to help others in need | <input type="radio"/> |
| e. I abide by the university policy and regulations that concern alcohol and other drug use | <input type="radio"/> |

39. In which of the following ways does other students' drinking interfere with your life on or around campus? (mark one for each line)

- | | | |
|--|-----------------------|-----------------------|
| | yes | no |
| a. Interrupts your studying | <input type="radio"/> | <input type="radio"/> |
| b. Makes you feel unsafe | <input type="radio"/> | <input type="radio"/> |
| c. Messes up your physical living space (cleanliness, neatness, organization, etc.) | <input type="radio"/> | <input type="radio"/> |
| d. Adversely affects your involvement on an athletic team or in other organized groups | <input type="radio"/> | <input type="radio"/> |
| e. Prevents you from enjoying events (concerts, sports, social activities, etc.) | <input type="radio"/> | <input type="radio"/> |
| f. Interferes in other way(s) | <input type="radio"/> | <input type="radio"/> |
| g. Doesn't interfere with my life | <input type="radio"/> | <input type="radio"/> |