DATE: |__|__| |__|__| |**2**|**0**|__|__| START TIME: |__|__| : |__|__| END TIME: |__|__| : |__|__|
AB_MO   AB_DY   AB_YR   AB_START   AB_END

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
AB_MOM

EVALUATION PHASE: Intake |__|1   6-months |__|4   12-months |__|5   Discharge |__|6
AB_INTERVIEW_TYPE

PERSON COMPLETING |_____| GRANT# **TI** |__|__|__|__|__|
AB_INTERVIEWER   AB_SITE

ALLEN BARRIERS TO TREATMENT INSTRUMENT

Listed below are reasons that sometimes keep people from getting help. Based on what you are experiencing, have experienced, or have heard about, how much do each of the following treatment program characteristics keep you from getting treatment for alcohol or other drug problems?

Check one box for each statement.

This keeps me from getting help...	A lot	An average amount	A little	Not at all
AB_LACK_OF_INFORMATION 1. Lack of information about and not knowing the location of treatment programs	☐4	☐3	☐2	☐1
AB_WAIT_OPENING_PROG_FULL 2. Having to wait for an opening because the program is full	☐4	☐3	☐2	☐1
AB_BEHAVIOR_OF_STAFF 3. The behavior of treatment program staff toward patients	☐4	☐3	☐2	☐1
AB_SPEAK_TO_MALE_COUNSELOR 4. The possibility of having to speak of my problem with a male counselor	☐4	☐3	☐2	☐1
AB_FAR_FROM_HOME 5. The far distance of treatment programs from my home	☐4	☐3	☐2	☐1
AB_NO_TRANSPORTATION 6. No available transportation to the treatment program	☐4	☐3	☐2	☐1
AB_SPEAK_WHERE_MEN_PRESENT 7. The possibility of having to speak in a group where men are present	☐4	☐3	☐2	☐1
AB_PROGRAM_INCLUDE_MEN_WOMEN 8. Treatment programs that include men as well as women patients	☐4	☐3	☐2	☐1
AB_NO_HELP_STAY_ADDICTION_FREE 9. No help from treatment programs for staying alcohol and/or drug free afterwards	☐4	☐3	☐2	☐1
AB_NO_ABILITY_TEACHING_ME 10. No confidence in the ability of treatment programs to teach me what I need to know as an alcoholic or drug-abusing woman	☐4	☐3	☐2	☐1

AB_FIRST_OTH

What other things about treatment programs keep you from getting help? (Please answer in three lines or less.)

_____
_____
_____

Based on what you are experiencing or have experienced, how much do each of the following <u>personal beliefs, feelings, or thoughts</u>, keep you from getting treatment for alcohol or other drug problems?

Check <u>one box</u> for each statement.

This keeps me from getting help...	A lot	An average amount	A little	Not at all
AB_FEEL_ASHAMED 11. I feel ashamed when I admit to having this problem	□4	□3	□2	□1
AB_UNABLE_STAY_FREE_AFTER_TREAT 12. In the past I have been unable to stay alcohol-free and/or drug-free after treatment	□4	□3	□2	□1
AB_CANNOT_PAY_TREATMENT 13. I cannot pay for treatment of this problem	□4	□3	□2	□1
AB_NO_INSURANCE 14. I do not have health insurance for this problem	□4	□3	□2	□1
AB_DONT_TRUST_TO_HELP 15. I do not trust doctors, clinics, or hospitals to help	□4	□3	□2	□1
AB_DRINK_DRUG_NO_PROBLEM 16. I do not feel that drinking and drug use is a problem for me	□4	□3	□2	□1
AB_HEALTH_NOT_INTERRUPT_LIFE 17. I do not let health problems interrupt my life	□4	□3	□2	□1
AB_RELIGIOUS_BELIEFS 18. I have religious beliefs about this problem	□4	□3	□2	□1
AB_HAVE_RESPONSIBILITIES 19. I have responsibilities at home as a mother, wife, or partner	□4	□3	□2	□1
AB_TAKE_CARE_OWN_HEALTH 20. I was raised to believe I should take care of my own health problems	□4	□3	□2	□1

AB_SECOND_OTH

What other personal beliefs, feelings, or thoughts keep you from getting help? (Please answer in three lines or less.)

_____

_____

_____

Based on what you are experiencing or have experienced, how much do each of the following <u>issues</u> keep you from getting treatment for alcohol or other drug problems?

Check <u>one box</u> for each statement.

This keeps me from getting help...	A lot	An average amount	A little	Not at all
AB_NO_ENCOURAGEMENT_GET_HELP 21. No encouragement from family and friends to get help for the problem	☐4	☐3	☐2	☐1
AB_NOT_ACCEPTED_ALC_DRUG_FREE 22. Not being accepted by my friends if I am alcohol-free and/or drug free	☐4	☐3	☐2	☐1
AB_NOBODY_CARE_FOR_CHILDREN 23. Having no one in my family or community to take care of my children	☐4	☐3	☐2	☐1
AB_NO_PROGRAM_HELP_STAY_FREE 24. Having no meetings or programs in my community to help me stay alcohol-free and/or drug free	☐4	☐3	☐2	☐1
AB_PARTNER_ANGER_BEING_FREE 25. Anger from my boyfriend, husband, or lover for being alcohol-free and/or drug free	☐4	☐3	☐2	☐1
AB_FEAR_TAKE_CHILDREN_AWAY 26. The fear that my admission of this problem could be used by someone to take my children away................................	☐4	☐3	☐2	☐1
AB_NO_TIME_OFF_FROM_WORK 27. Not being able to get time off from work............................	☐4	☐3	☐2	☐1
AB_EVERYONE_EXPECTED_PARTY 28. Living in a community where everyone is expected to party using alcohol and drugs	☐4	☐3	☐2	☐1
AB_PROTECTED_FROM_BAD_RESULTS 29. Being protected from the bad results of my alcohol and/or drug problem by friends, family or coworkers...................	☐4	☐3	☐2	☐1
AB_ALC_DRUGS_FOR_STRESS 30. Needing alcohol and/or drugs to deal with the stress of daily life in my community	☐4	☐3	☐2	☐1

AB_THIRD_OTH
What other issues keep you from getting help? (Please answer in three lines or less.)

_____
_____
_____