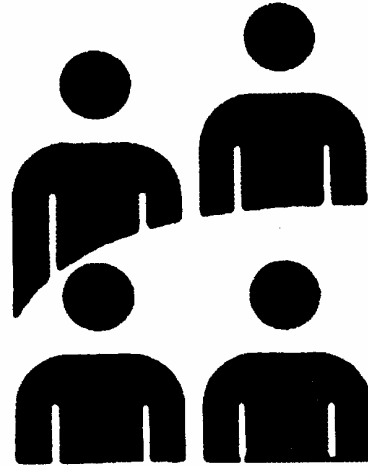


**Drug  
Abuse  
Treatment  
Cost  
Analysis  
Program**



**Client (Outpatient) Module**

Michael T. French, Ph.D., and his colleagues originally developed the material contained in the DATCAP instrument. Individuals at numerous institutions have contributed to various versions of the DATCAP with subsequent revisions.

The DATCAP is in the public domain: copying, using, or reproducing the contents does not require the permission of Dr. French or participating organizations. Nonetheless, proper training on the usage of the instrument as well as on the interpretation of the cost estimates is strongly recommended.

The following information should be used when citing this document:

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# Client DATCAP: Outpatient Module

*To be filled in by the interviewer or facilitator:*

**G1. Name of treatment program:**

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**G2. Treatment type or modality (CHECK ONE):**

- Outpatient detoxification
- Outpatient drug-free
- Outpatient methadone
- Day treatment
- Intensive outpatient
- Aftercare

**G3. Mode of administration:**

- Self-administered
- Administered by interviewer

**G4. Date:** \_\_\_\_\_

**G5. Name of interviewer or facilitator:**

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First

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Last

## Client DATCAP: Outpatient Module (Page 2)

*Please read the following carefully:*

This form has 20 questions about the time and money you spend in coming to this program for treatment. It will take about 10 minutes to complete this form. Your answers will help us to estimate the full cost of treatment.

Please let the interviewer/facilitator know if you have any questions.

**S1: What is your name?**

\_\_\_\_\_

First

\_\_\_\_\_

Last

**S2: What are the last 4 digits of your social security number?**

\_\_\_\_\_

**S3: What is your patient ID or number at this program?**

**(LEAVE BLANK IF UNKNOWN)**

\_\_\_\_\_

**S4: When did you start this program?**

**(MARK DAY AS "15" IF YOU DON'T REMEMBER EXACT DATE)**

\_\_\_\_\_

month

\_\_\_\_\_

day

\_\_\_\_\_

year

**S5. How many times have you been in drug or alcohol treatment before?**

\_\_\_\_\_ times

**S6. What is the zip code of your primary home or residence?**

\_\_\_\_\_

**Client DATCAP: Outpatient Module (Page 3)**

**S7. Do you make any cash or in-kind payments (contributions other than money such as volunteering your time or donating supplies) for your treatment at this program?**

- Yes
- No (Go to S8)

Type of Payment	How often? (circle one)	Approximate Value
a. _____	One-time / Per week	\$ _____
b. _____	One-time / Per week	\$ _____
c. _____	One-time / Per week	\$ _____
d. _____	One-time / Per week	\$ _____

**S8. How many times do you visit this program, per week?** \_\_\_\_\_

**S9. How many miles did you travel to get to this program?  
(ONE WAY - round to the nearest whole mile)**

\_\_\_\_\_ miles

**S10. How long did it take you to travel to this program? (ONE WAY)**

\_\_\_\_\_ hour(s)      \_\_\_\_\_ minutes

**S11. How did you travel to this program? (CHECK ALL THAT APPLY)**

- Car
- Public bus
- Subway (BART, MUNI, Metro, SEPTA, etc.)
- Train (Amtrak, Commuter train, etc.)
- Taxi
- Bicycle
- Walk
- Other (specify: \_\_\_\_\_ )

## Client DATCAP: Outpatient Module (Page 4)

**S12. How much money do you spend to travel to this program and return home, per visit (including all transportation costs)?**

\$ \_\_\_\_\_ per visit

**S13. Are there any other costs you incur to attend this program, such as dependent care, physical exams, books and other materials, or parking fees?**

- Yes  
 No (Go to S14)

	Type of Cost	How often? (circle one)	Approximate Value
a.	_____	One-time / Per week	\$ _____
b.	_____	One-time / Per week	\$ _____
c.	_____	One-time / Per week	\$ _____
d.	_____	One-time / Per week	\$ _____

**S14. In total, how much time do you spend at this program, per week?**

\_\_\_\_\_ hour(s)      \_\_\_\_\_ minutes

**S15. When were you last employed?**

- Currently employed (Go to question S16)  
 Just before entering treatment, but not currently (Go to question S18)  
 During the past 12 months (Go to question S18)  
 Longer than 12 months ago (Go to question S18)  
 Never employed (STOP. YOU HAVE FINISHED ALL QUESTIONS)

**S16. If you are currently employed, does this treatment interfere with your work?**

- Yes  
 No

## Client DATCAP: Outpatient Module (Page 5)

**S17. If you are currently employed, how many hours do you miss from work to attend this program, per week?**

\_\_\_\_\_ hours per week

**S18. What type of a job did or do you have? (CHECK ALL THAT APPLY)**

- Management/Professional (manager, engineer, architect, accountant, teacher, registered nurse)
- Technical support (computer programmer, health technician, science technician)
- Sales (sales representative, insurance agent, real estate broker, sales clerk)
- Administrative support (clerk, secretary, data processor, telephone operator)
- Service (security guard, food service, nurse aide, janitor)
- Production, construction, or operation (mechanic, carpenter, machine operator)
- Transportation (motor vehicle operator, moving equipment operator)
- Other (specify \_\_\_\_\_)

**S19. How many hours per week did you typically work in your last or current job? (NOTE: If you have more than one job, think about your primary job or most recent job)**

\_\_\_\_\_ hours per week

**S20. What is or was your rate of pay in that job, before taxes, including tips and other compensation?**

\$ \_\_\_\_\_ per  hour  
 week  
 month  
 year

***You Have Finished All Questions. Thank You for Your Time.***