Form Approved
OMB No. 0930-XXXX
Expiration Date XX/XX/XXXX

ATTACHMENT 3:
BASELINE PATIENT SURVEY

SBIRT Patient Survey—Baseline

Section A
Education and Employment

These questions are about school and work.

A1. Are you currently enrolled in school or a job training program? (**NOMS)**

- ☐ NOT ENROLLED (Please go to Question A2)
- ☐ ENROLLED, FULL TIME
- ☐ ENROLLED, PART TIME
- ☐ OTHER (SPECIFY) _____

A1a. During the past 30 days, that is, from [DATEFILL] up to and including today, how many whole days of school did you miss because you were sick or injured? **(NSDUH)**

A1b. During the past 30 days, that is, since [DATEFILL], how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? **(NSDUH)**

A2. Are you currently employed? (**NOMS)**

- ☐ Full time—Working 35 hours or more each week; includes members of the uniformed services
- ☐ Part time—Working fewer than 35 hours each week
- ☐ Unemployed, looking for work during the past 30 days or on lay off from a job **(Please go to Question A4)**
- ☐ Not in labor force—Not looking for work during the past 30 days or a homemaker, student, disabled, retired, or an inmate of an institution **(Please go to Question A4)**
- ☐ Other (SPECIFY)_____

A2a. How many hours altogether did you work last week at all jobs and businesses? **(NSDUH)**

____ ____ ____ NUMBER OF HOURS

A2b. During the past 30 days, that is, from [DATEFILL] up to and including today, how many whole days of work did you miss because you were sick or injured? **(NSDUH)**

A2c. During the past 30 days, that is, from [DATEFILL] up to and including today, how many whole days of work did you miss because you just didn't want to be there? **(NSDUH)**

A3. Next, we would like you to describe your work experiences in the **past 30 days.** For each of the following statements, please choose the response that shows your agreement or disagreement with the statement in describing **your** work experiences in the past month. **(SPS—modified)**

A3a. During the past 30 days, the stresses of my job were hard to handle.

☐1 Strongly disagree
☐2 Somewhat disagree
☐3 Are uncertain about your agreement with the statement
☐4 Somewhat agree
☐5 Strongly agree

A3b. During the past 30 days, I was able to finish hard tasks in my work.

☐1 Strongly disagree
☐2 Somewhat disagree
☐3 Are uncertain about your agreement with the statement
☐4 Somewhat agree
☐5 Strongly agree

A3c. During the past 30 days, I took less pleasure in my work than usual.

☐1 Strongly disagree
☐2 Somewhat disagree
☐3 Are uncertain about your agreement with the statement
☐4 Somewhat agree
☐5 Strongly agree

A3d. During the past 30 days, I felt hopeless about finishing certain work tasks.

- ☐ 1 Strongly disagree
- ☐ 2 Somewhat disagree
- ☐ 3 Are uncertain about your agreement with the statement
- ☐ 4 Somewhat agree
- ☐ 5 Strongly agree

A3e. During the past 30 days, I was able to focus on achieving my goals.

- ☐ 1 Strongly disagree
- ☐ 2 Somewhat disagree
- ☐ 3 Are uncertain about your agreement with the statement
- ☐ 4 Somewhat agree
- ☐ 5 Strongly agree

A3f. During the past 30 days, I felt energetic enough to complete my work.

- ☐ 1 Strongly disagree
- ☐ 2 Somewhat disagree
- ☐ 3 Are uncertain about your agreement with the statement
- ☐ 4 Somewhat agree
- ☐ 5 Strongly agree

(Please go to Question A5)

A4. If not in the labor force, what is your status? (**NOMS)**

- ☐ Student enrolled in a school or job training program
- ☐ Homemaker
- ☐ Retired
- ☐ Disabled
- ☐ Inmate of an institution that restrains a person, otherwise able, from the workforce
- ☐ Other (SPECIFY) _____

A5. What is the highest grade or year of school that you completed? (**NOMS**)

- ☐ Never attended school
- ☐ 1st grade completed
- ☐ 2nd grade completed
- ☐ 3rd grade completed
- ☐ 4th grade completed
- ☐ 5th grade completed
- ☐ 6th grade completed
- ☐ 7th grade completed
- ☐ 8th grade completed
- ☐ 9th grade completed
- ☐ 10th grade completed
- ☐ 11th grade completed

- [ ] 12th grade completed/high school diploma/equivalent
- [ ] Voc/tech program after high school but no voc/tech diploma
- [ ] Voc/tech diploma after high school
- [ ] College or university/1st year completed
- [ ] College or university/2nd year completed/Associate's degree (AA, AS)
- [ ] College or university/3rd year completed
- [ ] Bachelor's degree (BA, BS) or higher

Section B
Psychological Distress

B1. These next questions are about how you've been feeling and problems you may have experienced during the past 2 weeks. Over the past 2 weeks, how often have you been bothered by any of the following problems? (PHQ-8)

		Not at all	Several days	More than half the days	Nearly every day
a.	Little interest or pleasure in doing things	☐1	☐2	☐3	☐4
b.	Feeling down, depressed, or hopeless	☐1	☐2	☐3	☐4
c.	Trouble falling or staying asleep, or sleeping too much	☐1	☐2	☐3	☐4
d.	Feeling tired or having little energy	☐1	☐2	☐3	☐4
e.	Poor appetite or overeating	☐1	☐2	☐3	☐4
f.	Feeling bad about yourself—or that you are a failure or have let yourself or your family down	☐1	☐2	☐3	☐4
g.	Trouble concentrating on things, such as reading the newspaper or watching television	☐1	☐2	☐3	☐4
h.	Moving or speaking so slowly that other people could have noticed? Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	☐1	☐2	☐3	☐4

i. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐1 Not difficult at all

☐2 Somewhat difficult

☐3 Very difficult

☐4 Extremely difficult

Section C
ASSIST

I am going to ask you some questions about your experience with alcohol, tobacco products and other drugs across your lifetime and in the past 3 months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in pill form. Some of the substances listed may be prescribed by a doctor (like sedatives, pain medications, amphetamines etc.). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such drugs for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that the information on such use will be treated as strictly confidential. **(ASSIST)**

C1. In your life, which of the following substances have you ever used? *(non-medical use only)*

		No	Yes
a.	Tobacco products	☐0	☐3
b.	Alcoholic beverages	☐0	☐3
c.	Marijuana	☐0	☐3
d.	Cocaine or Crack	☐0	☐3
e.	Amphetamines or Stimulants	☐0	☐3
f.	Inhalants	☐0	☐3
g.	Sedatives or Sleeping Pills	☐0	☐3
h.	Hallucinogens	☐0	☐3
i.	Heroin, Morphine, Pain Medication	☐0	☐3
j.	Other, specify _____	☐0	☐3

No to all → **(Please go to Section D)**

C2. In the past three months, how often have you used the substances mentioned (**Only ask for substances answered as "yes" in C1**)?

		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a.	Tobacco products	☐0	☐2	☐3	☐4	☐6
b.	Alcoholic beverages	☐0	☐2	☐3	☐4	☐6
c.	Marijuana	☐0	☐2	☐3	☐4	☐6
d.	Cocaine or Crack	☐0	☐2	☐3	☐4	☐6
e.	Amphetamines or Stimulants	☐0	☐2	☐3	☐4	☐6
f.	Inhalants	☐0	☐2	☐3	☐4	☐6
g.	Sedatives or Sleeping Pills	☐0	☐2	☐3	☐4	☐6
h.	Hallucinogens	☐0	☐2	☐3	☐4	☐6
i.	Heroin, Morphine, Pain Medication	☐0	☐2	☐3	☐4	☐6
j.	Other, specify _____	☐0	☐2	☐3	☐4	☐6

Never to all → **(Please go to Section D)**
If any substance in C2 was used in the previous 3 months → **continue with questions C3-C5 for each substance used**

C3. During the past three months, how often have you had a strong desire or urge to use *(first drug, second drug, etc.)*?

		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a.	Tobacco products	☐0	☐3	☐4	☐5	☐6
b.	Alcoholic beverages	☐0	☐3	☐4	☐5	☐6
c.	Marijuana	☐0	☐3	☐4	☐5	☐6
d.	Cocaine or Crack	☐0	☐3	☐4	☐5	☐6
e.	Amphetamines or Stimulants	☐0	☐3	☐4	☐5	☐6
f.	Inhalants	☐0	☐3	☐4	☐5	☐6
g.	Sedatives or Sleeping Pills	☐0	☐3	☐4	☐5	☐6
h.	Hallucinogens	☐0	☐3	☐4	☐5	☐6
i.	Heroin, Morphine, Pain Medication	☐0	☐3	☐4	☐5	☐6
j.	Other, specify	☐0	☐3	☐4	☐5	☐6

C4. During the past three months, how often has your use of (first drug, second drug, etc.) led to health, social, legal or financial problems?

		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a.	Tobacco products	☐0	☐4	☐5	☐6	☐7
b.	Alcoholic beverages	☐0	☐4	☐5	☐6	☐7
c.	Marijuana	☐0	☐4	☐5	☐6	☐7
d.	Cocaine or Crack	☐0	☐4	☐5	☐6	☐7
e.	Amphetamines or Stimulants	☐0	☐4	☐5	☐6	☐7
f.	Inhalants	☐0	☐4	☐5	☐6	☐7
g.	Sedatives or Sleeping Pills	☐0	☐4	☐5	☐6	☐7
h.	Hallucinogens	☐0	☐4	☐5	☐6	☐7
i.	Heroin, Morphine, Pain Medication	☐0	☐4	☐5	☐6	☐7
j.	Other, specify _____	☐0	☐4	☐5	☐6	☐7

C5. During the past three months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc.)?

		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a.	Tobacco products	☐0	☐5	☐6	☐7	☐8
b.	Alcoholic beverages	☐0	☐5	☐6	☐7	☐8
c.	Marijuana	☐0	☐5	☐6	☐7	☐8
d.	Cocaine or Crack	☐0	☐5	☐6	☐7	☐8
e.	Amphetamines or Stimulants	☐0	☐5	☐6	☐7	☐8
f.	Inhalants	☐0	☐5	☐6	☐7	☐8
g.	Sedatives or Sleeping Pills	☐0	☐5	☐6	☐7	☐8
h.	Hallucinogens	☐0	☐5	☐6	☐7	☐8
i.	Heroin, Morphine, Pain Medication	☐0	☐5	☐6	☐7	☐8
j.	Other, specify _____	☐0	☐5	☐6	☐7	☐8

C6. Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc.) (**Only ask for substances answered as "yes" in C1**)?

		No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a.	Tobacco products	☐0	☐6	☐3
b.	Alcoholic beverages	☐0	☐6	☐3
c.	Marijuana	☐0	☐6	☐3
d.	Cocaine or Crack	☐0	☐6	☐3
e.	Amphetamines or Stimulants	☐0	☐6	☐3
f.	Inhalants	☐0	☐6	☐3
g.	Sedatives or Sleeping Pills	☐0	☐6	☐3
h.	Hallucinogens	☐0	☐6	☐3
i.	Heroin, Morphine, Pain Medication	☐0	☐6	☐3
j.	Other, specify _____	☐0	☐6	☐3

C7. Have you ever tried and failed to control, cut down or stop using (first drug, second drug, etc.) (**Only ask for substances answered as "yes" in C1**)?

		No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a.	Tobacco products	☐0	☐6	☐3
b.	Alcoholic beverages	☐0	☐6	☐3
c.	Marijuana	☐0	☐6	☐3
d.	Cocaine or Crack	☐0	☐6	☐3
e.	Amphetamines or Stimulants	☐0	☐6	☐3
f.	Inhalants	☐0	☐6	☐3
g.	Sedatives or Sleeping Pills	☐0	☐6	☐3
h.	Hallucinogens	☐0	☐6	☐3
i.	Heroin, Morphine, Pain Medication	☐0	☐6	☐3
j.	Other, specify _____	☐0	☐6	☐3

C8. Have you ever used any drug by injection? (non medical use only)

No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
☐0	☐2	☐1

Section D
Health and Health Care Utilization

The next questions are about your health and health care.

D1. In general, would you say your health is excellent, very good, good, fair, or poor? (**NLSY-79)**

- ☐ 1 Excellent
- ☐ 2 Very good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

D2. Are you covered by any kind of private or governmental health or hospitalization plans or health maintenance organization (HMO) plans? (PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, [Medicaid or a Medicaid alternative plan such as [name of state Medicaid Program]]. (**NLSY-79)**

- ☐ 1 Yes
- ☐ 2 No

D3. Have you seen a medical care provider during the **past 6 months** for **routine preventive care**, such as a **physical examination** or **checkup**? (**NVVLS)**

- ☐ 1 Yes
- ☐ 2 No

D4. During the **past 6 months**, did you receive any care or treatment for a **physical health problem** from a doctor or other medical person (such as a nurse, physician's assistant, chiropractor, or physical therapist) **in an emergency room or emergency department**? (**NVVLS)**

- ☐ 1 Yes
- ☐ 2 No → **(Please go to Question D5)**

D4a. How many visits have you made to an emergency room or emergency department during the **past 6 months** because of physical health problems? (**NVVLS)**

____ ____ ____ VISITS

D5. During the **past 6 months**, did you receive any care or treatment for a **physical health problem** from a doctor or other medical person (such as a nurse, physician's assistant, chiropractor, or physical therapist) **in an office or clinic**? (**NVVLS)**

- ☐ 1 Yes
- ☐ 2 No → **(Please go to Question D6)**

D5a. How many visits have you made to a medical office or clinic during the **past 6 months** because of physical health problems? (**NVVLS)**

____ ____ ____ VISITS

D6. During the **past 6 months**, were you a patient overnight in a hospital, convalescent home, nursing home, rehabilitation center, or similar facility because of any physical health problem? (**NVVLS)**

☐1 Yes

☐2 No → **(Please go to Section D7)**

D6a. How many times **in the past 6 months** did you stay at least one night in a hospital, nursing home, or other treatment facility because of your physical health? (**NVVLS)**

____ ____ ____ TIMES

D6b. Altogether, how many **nights** did you spend in a hospital or treatment facility **in the past 6 months** because of your physical health? (**NVVLS)**

____ ____ ____ NIGHTS

D7. During the **past 6 months**, did you receive any care or treatment for an alcohol, drug abuse, or mental health related problem from a doctor or other medical person (such as a nurse, physician's assistant, or counselor) **in an emergency room or emergency department**?

☐1 Yes

☐2 No → **(Please go to Question D8)**

D7a. How many visits have you made to an emergency room or emergency department during the **past 6 months** because of substance abuse or mental health problems?

____ ____ ____ VISITS

D8. During the **past 6 months**, did you receive any care or treatment for an alcohol, drug abuse, or mental health related problem from a doctor or other medical person (such as a nurse, physician's assistant, or counselor) **in an office or clinic**?

☐1 Yes

☐2 No → **(Please go to Question D9)**

D8a. How many visits have you made to a medical office or clinic during the **past 6 months** because of substance abuse or mental health problems?

____ ____ ____ VISITS

D9. During the **past 6 months**, were you a patient overnight in a hospital, residential program, rehabilitation center, or similar facility because of any substance abuse or mental health problems?

☐1 Yes

☐2 No → **(Please go to Section E)**

D9a. How many times **in the past 6 months** did you stay at least one night in a hospital, residential program, or other treatment facility because of your substance abuse or mental health problems?

____ ____ ____ TIMES

D9b. Altogether, how many **nights** did you spend in a hospital or treatment facility **in the past 6 months** because of your substance abuse or mental health problems?

____ ____ ____ TIMES

Section E
Criminal Justice

E1. In the **past 30 days**, how many times have you been arrested? (IF NO ARRESTS, GO TO ITEM E3) (**NOMS)**

|___|___|___|
TIMES

E2. In the **past 30 days**, how many times have you been arrested for alcohol or drug offenses? (**NOMS)**

|___|___|___|
TIMES

E3. In the **past 30 days**, how many nights have you spent in jail/prison? (**NOMS)**

|___|___|
NIGHTS

E4. During the **past 6 months,** have you had any automobile accidents, regardless of who is at fault? **(COMBINE Form 90—modified)**

☐1 Yes

☐2 No → **(Please go to Question E5)**

E4a. In the **past 6 months**, how many automobile accidents have you had?

____ ____ TIMES

E5. During the **past 6 months,** have you ever driven an automobile while under the influence of drugs or alcohol? **(COMBINE Form 90—modified)**

☐1 Yes

☐2 No → **(Please go to Section F)**

E5a. In the **past 6 months**, how many times have you ever driven an automobile while under the influence of drugs or alcohol?

____ ____ TIMES

Section F
Demographics

Finally, we have a few questions to help us understand the backgrounds of the people completing this questionnaire. **(NOMS)**

F1. What is your gender?

- ☐ MALE
- ☐ FEMALE
- ☐ TRANSGENDER
- ☐ OTHER (SPECIFY) _____

F2. Are you Hispanic or Latino? (**NOMS)**

- ☐ YES
- ☐ NO → **(Please go to Question F3)**

F2a. If yes, what ethnic group do you consider yourself? (PLEASE SELECT ONE OR MORE) (**NOMS)**

- ☐ Central American
- ☐ Cuban
- ☐ Dominican
- ☐ Mexican
- ☐ Puerto Rican
- ☐ South American
- ☐ Other (SPECIFY) _____

F3. What is your race? (PLEASE SELECT ONE OR MORE) (**NOMS)**

- ☐ Alaska Native
- ☐ American Indian
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

F4. What is your month and year of birth? (**NOMS)**

|____|____| / |____|____|
MONTH YEAR

F5. Are you now married, widowed, divorced, separated, never married, or living with a partner? **(NHIS)**

- ☐ 1 Married
- ☐ 2 Widowed
- ☐ 3 Divorced
- ☐ 4 Separated
- ☐ 5 Never married
- ☐ 6 Living with a partner

F6. During 2005, how much income did **you** receive from **wages**, **salary**, **commissions**, or **tips** from **all jobs**, **before taxes and other deductions**? To answer this question, please do **not** include any income from other family members. (**NVVLS)**

- ☐ 01 Nothing
- ☐ 02 Less than $2,000
- ☐ 03 $2,000 – $3,999
- ☐ 04 $4,000 – $5,999
- ☐ 05 $6,000 – $7,999
- ☐ 06 $8,000 – $9,999
- ☐ 07 $10,000 – $11,999
- ☐ 08 $12,000 – $13,999
- ☐ 09 $14,000 – $15,999
- ☐ 10 $16,000 – $17,999
- ☐ 11 $18,000 – $19,999
- ☐ 12 $20,000 – $24,999
- ☐ 13 $25,000 – $29,999
- ☐ 14 $30,000 – $39,999
- ☐ 15 $40,000 – $49,999
- ☐ 16 $50,000 – $59,999
- ☐ 17 $60,000 – $69,999
- ☐ 18 $70,000 – $79,999
- ☐ 19 $80,000 – $99,999
- ☐ 20 $100,000 – $149,999
- ☐ 21 $150,000 or more

F7. During 2005, how much income did your family receive from all sources before taxes and other deductions? To answer this question, please combine the income of everyone in your family who lives at the same residence as you. (**NVVLS)**

- ☐ 01 Nothing or loss
- ☐ 02 Less than $2,000
- ☐ 03 $2,000 – $3,999
- ☐ 04 $4,000 – $5,999
- ☐ 05 $6,000 – $7,999
- ☐ 06 $8,000 – $9,999
- ☐ 07 $10,000 – $11,999
- ☐ 08 $12,000 – $13,999
- ☐ 09 $14,000 – $15,999
- ☐ 10 $16,000 – $17,999
- ☐ 11 $18,000 – $19,999
- ☐ 12 $20,000 – $24,999
- ☐ 13 $25,000 – $29,999
- ☐ 14 $30,000 – $39,999
- ☐ 15 $40,000 – $49,999
- ☐ 16 $50,000 – $59,999
- ☐ 17 $60,000 – $69,999
- ☐ 18 $70,000 – $79,999
- ☐ 19 $80,000 – $99,999
- ☐ 20 $100,000 – $149,999
- ☐ 21 $150,000 or more

FAMILY AND LIVING CONDITION (DO NOT READ OPTIONS TO CLIENT)

F8. In the past 30 days, where have you been living most of the time? (**NOMS)**

- ☐ Homeless—No fixed address; includes shelters
- ☐ Dependent Living—Dependent children and adults living in a supervised setting such as a halfway house or group home
- ☐ Independent Living (including on own, self-supported, and non-supervised group homes)

F9. Do you have children?

- ☐ YES
- ☐ NO **(Please go to Question F10)**

F9a. How many children do you have?

|___|___|

F9b. Are any of your children living with someone else due to a child protection court order?

☐ YES
☐ NO **(Please go to Question F10)**

F9c. If yes, how many of your children are living with someone else due to a child protection court order?

|___|___|

F9d. For how many of your children have you lost parental rights? (The client's parental rights were terminated.)

|___|___|

F10. IF FEMALE: Are you currently pregnant?

☐ YES
☐ NO
☐ DON'T KNOW

F11. How long did it take you to travel to this facility? (In minutes) **(COMBINE Form 90—modified)**

|___|___| Minutes