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Global Appraisal of Individual Needs - Initial (GAIN-I)

Version [GVER]: 5.6.1

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**Global Appraisal of Individual Needs - Initial (GAIN-I) RSAF**

Version [GVER]: 5.6.0 RSAF

Site ID [XSITE]:	Local Site Name [XSITEa]:
Staff ID [XSID]:	Staff Initials [XSIN]:
Part. ID [XPID]:	Last Name [XPNAM]:
Tx Pr. ID [XTPID]:	First Name: _____ M.I.: _____
(Optional) Social Security Number [XSSN]:	_____ - _____ - _____
(Optional) Other/State ID [XPIDA]:	_____ - _____ - _____
Observation [XOBS]:	0 v. _____
Edit Staff ID [XEDSID]:	Edit Date [XEDDT]: / / 20
Data Entry Staff ID [XDESID]:	Key Date [XEDT]: / / 20
Rekey Staff ID [XRKSID]:	Rekey Date [XRKDT]: / / 20

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This is a standardized bio-psycho-social assessment designed to help clinicians gather information for diagnosis, placement, and treatment planning. As with any self-report, the GAIN is limited by the veracity of the individual respondent's answers; it should be collected by someone certified in GAIN administration, combined with other information and interpreted by clinical or other qualified personnel prior to taking any specific actions.

The information on this form must not be released to unauthorized personnel. In accordance with the provisions of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, unauthorized disclosure can result in fines for each violation. All staff with access to the specific answers on this form must understand this restriction and agree to resist sharing specific answers without prior written consent.

The current version of this instrument was developed by Dr. Michael Dennis and others at Chestnut Health Systems. Its development was supported by grants and contracts from the Center for Substance Abuse Treatment, Interventions Foundation, National Institute on Alcohol Abuse and Alcoholism, and National Institute on Drug Abuse. It also incorporates several scales and questions based on the National Family Violence Survey, National Household Survey on Drug Abuse and work by the American Psychiatric Association and the American Society of Addiction Medicine, as well as input from many individuals fully acknowledged in the manual and on the website referred to below.

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For Staff Use Only

A1. Administrative Information

A1a. Time:|_|_| : |_|_| HH:MM..... A1b. |_|_| (AM/PM)

A1c. Today's Date [XOBSDT]: |_|_| / |_|_| / 20 |_|_| (MM/DD/YYYY)

A1d. Reference Date if Different [XRFDt]: |_|_| / |_|_| / 20 |_|_| (MM/DD/YYYY)

Introduction

Purpose: This assessment is designed to help us track how you are doing before, during and after treatment or counseling. The information we collect will only be used for your treatment and to help us evaluate our own services.

Format: This initial assessment has questions about what you have done, what services you are using and what you currently want from the program, either directly or through referral. You will be able to say you do not know or refuse to answer any question that you do NOT want to answer.

Length: Depending on how much has been going on in your life, it will take about 1-2 hours to complete. You will be able to take a break if you need to.

Privacy: As with everything you do in treatment, your answers are private and protected under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

All research and clinical staff with access to your answers understand this restriction and have agreed to resist sharing your specific answers without your prior written consent. This includes giving information to family members, other individuals, other treatment agencies, social work agencies, criminal justice agencies and other agencies. (READ ONLY IF APPLICABLE: We have also obtained a certificate to prevent us from being forced to give any information to the court.) There are, however, two exceptions. First, we are mandated to report child abuse or if you are presently a danger to yourself or others. Second, officials from the federal government have the right to audit us to check to make sure we have protected your safety and accurately reported what we have done.

Any questions?

A2. Check for Cognitive Impairment

Because we are going to ask you a lot of questions about when and how often things have happened, we need to start by getting a sense of how well your memory is working right now.

ERROR SCORES

CIS	A2a.	What year is it now? (Select 4 for any error).....	0	4
	A2b.	What month is it now? (Select 3 for any error).....	0	3
	Please repeat this phrase after me: John Brown, 42 Mark Street, Detroit. (No score - used for A2f)			
	A2c.	About what time is it? (Select 3 for any error).....	0	3
	A2d.	Please count backwards from 20 to 1. [20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1] (Select 2 for one error, 4 for 2 or more errors).....	0	2 4
	A2e.	Please say the days of the week in reverse order. [Sat, Fri, Thu, Wed, Tue, Mon, Sun] (Select 2 for one error, 4 for 2 or more errors).....	0	2 4
	A2f.	Please repeat the phrase I asked you to repeat before [John/ Brown/ 42/ Mark Street/ Detroit] (Select 2 for each subsection of /text/ missed).....	0 2 4 6 8	10
	A2g.	(Add up scores from a through f and record):	_ _	
	(If total is greater than 10, the individual is experiencing some degree of cognitive impairment. You can attempt again later if intoxication is suspected, or proceed and take into account when making the interpretation. If you do this section over, record the original score in A2h before revising.)			
	A2h.	(Original score):.....	_ _	

Several questions will ask you about things that have happened during the **past 12 months** or **past 90 days**. To help you remember these time periods, please look at the calendar. First, let's find today's date and circle it.

Next, count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about (DATE 90 DAYS AGO)?

(PROBE FOR SPECIFIC EVENT. **IF UNABLE TO RECALL:** Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A3a1. Record anchor for 90 days: v. _____

When we talk about things happening to you during the past 90 days, we are talking about things that have happened since about (NAME 90-DAY ANCHOR) .

Now, let's go back to a year ago and circle that date. Do you recall anything that was going on about (DATE 12 MONTHS AGO)?

(PROBE FOR SPECIFIC EVENT. **IF UNABLE TO RECALL:** Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 12 MONTHS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A3a2. Record anchor for 12 months: v. _____

When we talk about things happening to you during the past 12 months, we are talking about things that have happened since about (NAME 12-MONTH ANCHOR) .

Please answer the next questions using yes or no.

	<u>Yes</u>	<u>No</u>
A3b1. Do you have any problems reading English in something like a newspaper or magazine?	1	0
A3b2. Do you have any problems writing English in something like a job application or resume?	1	0
A3b3. Do you have any problems understanding what you read in English?.....	1	0
A3b4. Do you have any problems talking about your feelings or emotions in English?	1	0
A3b5. Are you better able to read, write, understand or talk about your emotions using a different language (besides English)? (Please describe).....	1	0
v. _____		
A3c. [Document your initial administration decision]		
Done orally because of literacy or client choice.....	0	[READ ORAL INST]
Staff chose in advance to administer	1	[READ ORAL INST]
Self-administered.....	2	[READ SA INST]
Other (Please describe).....	99	[READ SA INST]

v. _____

Additional Instructions for Oral Administration

Please keep this calendar handy and use it as we go through the interview to help you remember when different things happened.

As we go through the questionnaire, I will read the questions and record your answers. It is important that you try to answer each question if you can and are willing to. We know that you will not always know the exact answer, but we would like you to give us your best guess if you can. You can also tell us if you simply do not know or if you do not want to or refuse to answer any questions. I also have some cards here that we will use to help answer some of the questions.

Do you have any questions before we begin?

Optional Additional Instructions for Self-administration

There are four types of questions in this assessment: (1) questions that ask you to answer in your **own words**; (2) questions that ask you to **select one** answer in a list of answers; (3) questions that ask you to select all that are **MENTIONED**; and (4) questions that ask you **how many** days or times something happened. Answers in **your own words** do not need to be long, but try to write neatly so that we can read it. For questions that ask you to **select one**, please pick the one that fits best. Questions where you select all the responses mentioned should have a yes or no selected for each row. Questions that ask you **how many days or times** something happened should always be answered with a number. If the answer is no, none, never or 0, please print 0 in the open box.

Where we are giving you instructions, they will appear in **(bold and parentheses like this)**. After you answer some questions, there may be several more below it that do not apply to you. When this happens there will be a note between **[SQUARE BRACKETS WITH BOLD CAPITAL LETTERS LIKE THIS]**. It will tell you to go to the next question that does apply to you. **Never** skip farther than the next question number. Can you show me how this works in the example below?

Example

	<u>Yes</u>	<u>No</u>	
S6. Have you ever attended Alcoholics Anonymous (AA), Cocaine Anonymous (CA), Narcotics Anonymous (NA), Social Recovery (SR), or another self-help group for your alcohol or other drug use?	1	0	[IF NO, GO TO S6b]
S6a. During the past 90 days , on how many days have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use?	_ _		[IF 0, GO TO S6b]
	Days		

There will also be several boxes marked "For Staff Use Only." You can skip any questions in them unless the staff marks them and asks you to do them.

If you are not sure about an answer, please try to give us your best guess. If you change your mind, please cross through the old answer and select the new answer. If you simply do not know, write "DK" to the right of the question. You may want to decline or refuse to answer any question simply by writing "RF" next to any question you do not want to answer. It is important that you either answer the question or write "DK" or "RF." Otherwise, we will think you just missed the answer by mistake and will ask you about it again. If you do not understand a question or word and want to go over it with a staff person, put a "?" to the right side. If you need a break, write the time you stopped working on the survey on the page you have reached. After your break, write the time you started up again on that same page.

You will notice some abbreviations in the left column. These are to help staff when reading this instrument.

Do you have any questions?

A4. Presenting Concerns

A4a. In a few words, can you tell me why you are here today? (What is your main reason for coming to treatment?) (Do not ask "Any others")

v1. _____

(Clarify and code)

Drug availability (difficulties obtaining drugs or "good" drugs)..... 1
 Financial (can't afford to stay on drugs, lost an income source) 2
 General personal motive ("habit out of control," "tired," "want to change," "improve lifestyle," "save self") 3
 Health reasons (too ill to continue; drugs or related diseases are hurting or threatening own health, unborn baby, to live) 4
 Pressure from family (parent, spouse, partner)..... 5
 Parenting issues (get or keep custody or become better parent)..... 6
 Pressure from criminal justice system (court mandate, probation officer, parole officer, attorney, etc.)..... 7
 Pressure from Department of Child and Family Services (DCFS) 8
 Pressure from school teacher, minister, coach, etc..... 9
 Desire for services (want housing or other benefit) 10
 School or job (to get, keep or improve situation)..... 11
 Other (**Please describe in A4a**) 99

A4b. What is the name of the person who referred you to treatment?

v. _____

A4c. What is this person's relationship to you?

v. _____

A4d. Referral Code (from below).....

Individuals		Agencies	
1 Self	10 Judge	21 Alcohol/Drug abuse program	41 State alcohol/drug abuse program
2 Mother	11 Teacher	22 Behavioral health provider	42 State mental health program
3 Father	12 Supervisor at work	23 Other health care provider	43 State DCFS or welfare program
4 Brother	13 Social Worker	24 Outreach, Advocacy or Prevention program	44 State health department
5 Sister	14 Lawyer	25 School	49 Other State Agency
6 Grandparent	15 Probation Officer	26 Employer	50 Out of State CJ program
7 Aunt	16 Parole Officer	27 Social Service Agency	59 Other out of State agency
8 Uncle	17 Public Aid Worker	28 Criminal Justice Agency	99 Other (please describe in A4c)
9 Other family	18 Priest/Minister	30 TASC or diversion program	
	19 Other individual	39 Other Agency	

B. Background and Treatment Arrangements

B1. What is your gender?

- Male 1
 Female 2
 Transgender (Male to Female) 4
 Transgender (Female to Male) 5
 Other (**Please describe**) 99

v. _____

B2. What is your date of birth? / /
Month Day Year

B2a. How old are you today? **[IF 18 OR OVER, GO TO B3a]**
Age

B2b. Who currently has **legal custody** of you? (Would you say...)

v. _____

(Clarify and code)

- Parents living together 1
 Parents who are separated but share custody 2
 One parent (even if living with stepparent) 3
 Other family members 4
 Legally emancipated minor living on your own 5
 Runaway/on own (without legal emancipation) 6
 County/State (foster home or protective services) 7
 Juvenile or correctional institution 8
 Other (**Please describe in B2bv**) 99

Please answer the next questions using the number of days.

B2c. **During the past 90 days**, on how many **days** were you in foster care?
 (**Use 0 for none**)
Days

B2d. **During the past 90 days**, on how many **days** were you in any other kind
 of group home or child care institution? (**Use 0 for none**)
Days

Please answer the next questions using yes or no.

PAI	B2.	During the past 12 months , have you done any of the following things with your (biological, foster, adopted or step) parents?	<u>Yes</u>	<u>No</u>
	e.	Spent 30 minutes or more playing or doing fun things with them	1	0
	f.	Gone with them to an organized activity or event.....	1	0
	g.	Had them read to you, or talked to them about a book, magazine or newspaper	1	0
	h.	Gotten help from them with your homework (reading, writing or math).....	1	0
	j.	Had them meet with a teacher, social worker, lawyer, court official or police officer about you.....	1	0
			<u>Yes</u>	<u>No</u>

TBD Do you consider yourself to be Hispanic, Latino, or Chicano? 1 0

B3a. What do you consider to be your race? **(Please record and select all that apply)**

Please select at least one race.

MENTIONED		
	<u>Yes</u>	<u>No</u>
TBD Alaska Native	1	0
TBD American Indian	1	0
TBD Asian.....	1	0
TBD Black/African American.....	1	0
TBD Native Hawaiian	1	0
TBD Pacific Islander	1	0
TBD White/Caucasian.....	1	0

Please answer the next questions using yes or no.

TxPI	B4.	Are you currently under pressure to come to or stay in treatment from...	<u>Yes</u>	<u>No</u>	
	a.	an employer, school or training program?	1	0	
	b.	your lawyer?	1	0	
	c.	a court, parole or probation officer, or other part of the criminal justice system?	1	0	
	d.	a housing or other community agency?	1	0	
	e.	your church or close friend?	1	0	
	f.	your spouse, partner or family?	1	0	
	g.	Department of Children and Family Services?	1	0	
	h.	any other source (Please describe)?	1	0	
	v.	_____			
	B4j.	Have you been required or mandated to go to treatment?	1	0	[IF NO, GO TO B5]
		By whom?			
	v.	_____			
	B5.	Are your medical expenses covered by any type of insurance, court or health program?	1	0	[IF NO, GO TO B6]
	B5a.	What is the name of your insurance company or provider?			
	v.	_____			
	B5b.	Is your insurance publicly funded, privately funded, or mixed?			
		Public (Medicare, Medicaid, publicly funded, VA, CHAMPUS, correctional authority)	1		
		Private (HMO, BCBS, from employer, employee assistance program)	2		
		Mixed (both public and private, public purchase of HMO)	3		

<i>For Staff Use Only</i>

B5c. Detailed Insurance Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

B6. How long (or how much longer) do you think you are going to need to be in treatment?

(Clarify and code)

Do not need any (more) treatment	0
1 to 2 days	1
3 to 7 days	2
1 to 4 weeks	3
1 to 3 months	4
4 to 12 months	5
More than 12 months	6

B7. How do you **plan** to get to this treatment program in the **next** 90 days?

(Clarify and code)

Do not plan to be in treatment 0
 Will be living there 1
 Walking there 2
 Driving there 3
 Getting a ride from a family member or friend 4
 Taxi 5
 Bus, subway or other public transportation 6
 Other (**Please describe**) 99

v. _____

B7a. How many **minutes** does it take you to get here from home?
 Minutes

Please answer the next questions using yes or no.

Yes No

B8. Have you **ever** had a driver's license? 1 0 [IF NO, GO TO B9a]

B8_1. Is your license currently...

(Select one)

valid? 1
 expired? 2
 suspended? 3
 revoked? 4
 under an alias or forged? 5

B8a. What is your driver's license number?

B8b. What state (or country) is it from? or v. _____
 State Country

Please answer the next questions using yes or no.

B9a. Do you **currently** want (more) help with the following situations in order to come into and stay in treatment?

	<u>Yes</u>	<u>No</u>
1. Making transportation arrangements	1	0
2. Making child care arrangements.....	1	0
3. Scheduling around work, school or family responsibilities	1	0
4. Paying for treatment	1	0
5. Language, religious, ethnic or cultural issues.....	1	0
6. Clothing	1	0
7. Food.....	1	0

B9a99. Are there any other issues we need to address for you to be able to come to treatment? **(Please describe)**..... 1 0

v. _____

(If you are doing this on your own, please tell the staff person that you have finished the first section.)

<i>For Staff Use Only</i>	
AGUR	B10. Urgency Rating [BUR]: NO <input type="checkbox"/> ₀ ALREADY <input type="checkbox"/> ₁ GT 3 MO <input type="checkbox"/> ₂ 0-3 MO <input type="checkbox"/> ₃ NOW <input type="checkbox"/> ₄
AGDM	B11. DM Rating [BDM]: NONE <input type="checkbox"/> ₀ SOME <input type="checkbox"/> ₁ MISUNDER <input type="checkbox"/> ₂ DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄

S. Substance Use (Alcohol, Marijuana and Other Drugs)

The next questions are about your use of alcohol and other drugs. Alcohol includes beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks. "Other drugs" include a) marijuana, b) other street drugs like crack, heroin, PCP, or poppers, c) inhalants like glue or gasoline and d) any **non-medical** use of prescription-type drugs. Please do not include any prescription drugs you use or used under the direction of a doctor.

S1. Between alcohol, marijuana, cocaine, heroin and any other drugs...

a. which do you like to use the most?

v. _____

For Staff Use

1. | | | | |

b. for which ones do you most need treatment?

v1. _____

v2. _____

v3. _____

For Staff Use

1. | | | | |

2. | | | | |

3. | | | | |

<i>Detailed Drug Codes</i>			
0 None/no others	6 Inhalants	9 Sedative, Hypnotic, or Anxiolytic	9H Other barbiturates (Alurate, amobarbital, Amytal, aprobarbital, butabarbital, butalbital, Butisol, Fiorinal, Fioricet, Lotunate, Luminal, Mebaral, mephobarbital, Nembutal, pentobarbital, phenobarbital, secobarbital, Seconal, Tuinal, talbutal)
1 Alcohol	6A Correction fluids	9A Methaqualone (Parest, Quaaludes, Sopor)	
1A Beer	6B Gasoline	9B GHB/GBL	
1B Wine	6C Glue	9C Diazepam (DPAM, ProPAM, Valium)	
1C Hard alcohol (e.g., gin, rum, scotch, tequila, whiskey, or mixed drinks)	6D Lighters	9D Meprobamate (Deprol, Equanil, Miltown)	
	6E Spray paint	9E Flunitrazepam (Rohypnol)	
	6F Paint thinner	9G Other benzodiazepine tranquilizers (alprazolam, Ativan, Benzotran, bromazepam, chlordiazepoxide, clonazepam, clorazepate, Dalmane, Dormonox, estazolam, Euhypnos, flurazepam, halazepam, Halcion, Hypam, Insoma, ketazolam, Klonopin, Lexotan, Librium, lorazepam, loprazolam, Mogadon, Nitrados, nitrazepam, Normison, Novapam, oxazepam, Rivotril, Serax, Serapax, Serenid, Sompam, temazepam, Tranxene, trazepam, triazolam, Tricam, tuazepam, Xanax)	
	6Z Other inhalants		
2 Amphetamines	7 Opioids		9Z Other Sed./Hyp./Anx. (doriden, ethchlorvynol, glutethemide, Placidyl)
2A Methamphetamine (Desoxyn, methedrine)	7A Heroin		
2B Methylphenidate (Adderall, Concerta, Ritalin)	7B Speedball (heroin and cocaine)		99 Other
2C Ecstasy/MDMA (methylenedioxy-methamphetamine)	7C Karachi (heroin and barbiturates)		99A Amyl nitrate
2Z Other amphetamines (Benzedrine, Biphedamine, Dexedrine)	7D Heroin with other drugs		99B Cough syrup (Coricidin, DXM, Robitussin, triple C's)
	7E Street methadone		99C Nitrous oxide
	7F Morphine		99D NyQuil
	7G Opium		99E Poppers
	7H Codeine		99F Ephedrine/pseudoephedrine
	7J Tylenol w/codeine		99G Steroids
	7K Hydrocodone (Lorcet, Lortab, Vicodin)		99Z Other
3 Cannabis	7M Oxycodone (OxyContin, Percocet, Percodan)		
3A Marijuana	7N Hydrocodeine or Nicodine		100 Tobacco
3B Hashish	7Y Other opiates or opioids (Demerol, Dilaudid, hydromorphone, meperidine, pentazocine, Talwin)		
3C Blunts (marijuana-filled cigar)	7Z Other analgesics (Darvocet, Darvon, propoxyphene)		
3D Marijuana with other drugs			
3Z Other cannabis			
4 Cocaine			
4A Inhaled cocaine			
4B Injected cocaine			
4C Crack			
4D Freebase			
4Z Other cocaine			
5 Hallucinogens	8 PCP (angel dust, phencyclidine)		
5A LSD (lysergic acid diethylamide)			
5B Mushrooms			
5C Mescaline			
5D Peyote			
5E Psilocybin			
5F Ketamine (Ketalar, special K)			
5Z Other hallucinogens			

SFS

S2. The next questions are about the last time, if ever, you used alcohol or other drugs. Using Card A and answering whether it was within the past two days, 3 to 7 days ago, 1 to 4 weeks ago, 1 to 3 months ago, 4 to 12 months ago, more than 12 months ago, or never...	1-2 days	3-7 days	1-4 weeks	1-3 months	4-12 months	1+ years	Never
When was the last time, if ever, you used...							
a. any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)? [IF 0, GO TO S2c]	6	5	4	3	2	1	0
b. alcohol until you were drunk (or had 5 or more drinks)?	6	5	4	3	2	1	0
c. marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)?	6	5	4	3	2	1	0
d. crack, smoked rock or freebase cocaine?	6	5	4	3	2	1	0
e. other forms of cocaine?	6	5	4	3	2	1	0
f. inhalants or huffed (such as correction fluids, gasoline, glue, lighters, spray paints, or paint thinner)?	6	5	4	3	2	1	0
g. heroin or heroin mixed with other drugs?	6	5	4	3	2	1	0
h. nonprescription or street methadone?	6	5	4	3	2	1	0
j. painkillers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine)?	6	5	4	3	2	1	0
k. PCP or angel dust (phencyclidine)?	6	5	4	3	2	1	0
m. acid, LSD, ketamine, special K, mushrooms, or other hallucinogens (such as mescaline, peyote, psilocybin, or shrooms)?	6	5	4	3	2	1	0
n. anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Equanil, Diazepam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax)?	6	5	4	3	2	1	0
pa. methamphetamine, crystal, ice, glass, or other forms of methedrine (such as Desoxyn)?	6	5	4	3	2	1	0
pb. speed, uppers, amphetamines, ecstasy, MDMA or other stimulants (such as Biphedamine, Benzedrine, Dexedrine or Ritalin)?	6	5	4	3	2	1	0
q. downers, sleeping pills, barbiturates or other sedatives (such as Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone, Placidyl, Quaalude, Secobarbital, Seconal, Rohypnol or Tuinal)?	6	5	4	3	2	1	0
r. any other drug that has not been mentioned (such as amyl nitrate, cough syrup, nitrous oxide, NyQuil, poppers or Robitussin)? (Please describe)	6	5	4	3	2	1	0
v. _____							

[IF NO USE IN THE PAST 90 DAYS, GO TO S2s TO CONFIRM]

SFS/
BAC

S2. Substance Use Frequency Grid (Read from left to right for those substances used <i>in the past 90 days.</i>) (If this is a self-administered assessment, please ask for staff assistance in completing the following questions.)	1. During the past 90 days, on how many days have you...	2. What was the most (drinks/joints/etc.) you had in one day?	3. Over how many hours did you do this?	4. With how many other people (if any) were you sharing?
a. used any kind of alcohol?		drinks		
b. gotten drunk or had 5 or more drinks?		X	X	X
c. used marijuana, hashish, blunts or THC?		joints		
d. used crack, smoked rock or freebase?		rocks		
e. used other forms of cocaine?		quarters		
f. used inhalants or huffed?		huffs		
g. used heroin (alone or mixed)?		dimes		
h. used nonprescription or street methadone?		X	X	X
j. used painkillers, opiates, or other analgesics?		5v. What did you use?		
k. used PCP or angel dust (phencyclidine)?		X	X	X
m. used acid, LSD, ketamine, special K, mushrooms, or other hallucinogens?		5v. What did you use?		
n. used anti-anxiety drugs or tranquilizers?		5v. What did you use?		
pa. used methamphetamine, crystal, ice, glass, or other forms of methedrine?		X		
pb. used speed, uppers, amphetamines, ecstasy, MDMA or other stimulants?		5v. What did you use?		
q. used downers, sleeping pills, barbiturates or other sedatives?		5v. What did you use?		
r. used any other drug?		5v. What did you use?		

For 5v: Use codes from S1 or spell out

Common Conversions and Norms (0 to 90th percentile of users)

a. standard drink units=1 beer=1 glass wine=1 mixed drink=1 shot; 40 ounces beer=4 drinks; Fifth=up to 26 drinks; (1-20 norm)

c. ounce=25-30 joints; dime=4-5 joints; nickel=2-3 joints; 1 blunt=2-6 joints; 1 gram=1-2 joints; 1 bowl=1 joint; 10 1-hit pipes=1 joint; (1-20 norm)

d. 8 ball=32 rocks; teen=16 rocks; gram=10 rocks; dime=1 rock; nickel=1 hit=1/2 rock (Round to nearest whole number); (1-20 norm)

e. gram=4 quarter grams; (5-10 lines=1 quarter gram); (1-10 norm)

f. (1-10 norm)

g. gram=10 dime bags; (1-10 norm)

Detailed Insurance Date and Quantity of Last Use Grid (If this is a self-administered assessment, please ask for staff assistance in completing the following information.)		
S2. Continued <i>(Read from left to right for those substances used in the past 90 days.)</i>	5. On what date did you last use... (mm/dd/yyyy)	6. About how much did you use? <i>(Record specific substance [e.g., LSD], amount and unit [e.g., drinks, joints, bags, grams])</i>
a. any kind of alcohol?	___/___/20__	v. _____
X	X	X
c. marijuana, hashish, blunts or THC?	___/___/20__	v. _____
d. crack, smoked rock or freebase?	___/___/20__	v. _____
e. other forms of cocaine?	___/___/20__	v. _____
f. inhalants or huffed?	___/___/20__	v. _____
g. heroin (alone or mixed)?	___/___/20__	v. _____
h. nonprescription or street methadone?	___/___/20__	v. _____
j. painkillers, opiates, or other analgesics?	___/___/20__	v. _____
k. PCP or angel dust (phencyclidine)?	___/___/20__	v. _____
m. acid, LSD, ketamine, special K, mushrooms, or other hallucinogens?	___/___/20__	v. _____
n. anti-anxiety drugs or tranquilizers?	___/___/20__	v. _____
pa. methamphetamine, crystal, ice, glass, or other forms of methedrine?	___/___/20__	v. _____
pb. speed, uppers, amphetamines, ecstasy, MDMA or other stimulants?	___/___/20__	v. _____
q. downers, sleeping pills, barbiturates or other sedatives?	___/___/20__	v. _____
r. any other drug?	___/___/20__	v. _____

NOTE: Not necessary to convert to standard units

The next questions are about your use of alcohol, marijuana, cocaine, heroin and other drugs.

Please answer the next questions using the number of days.

SFS S2s. **During the past 90 days... (Remember, write in 0 for none)**

1a. on how many **days** did you go **without using any** alcohol,
marijuana or other drugs? [IF 90, GO TO S2x]
Days

2. on how many **days** did you get drunk **at all** or were you high for
most of the day?
Days

3. on how many **days** did alcohol or other drug use problems keep
you from meeting your responsibilities at work, school or home?
Days

4. what is the **most days** you have gone **in a row** without using
alcohol, marijuana or other drugs?
Days

Please answer the next questions using yes or no.

S2t. **During the past 90 days, did you use alcohol or other drugs...** Yes No

1. at home? 1 0

2. at someone else's home? 1 0

3. at a party or a bar? 1 0

4. at work? 1 0

5. at school? 1 0

6. at a dealer's place or shooting gallery? 1 0

7. outdoors? 1 0

8. in a car? 1 0

99. somewhere else? (**Please describe**) 1 0

v. _____

S2u.	During the past 90 days, did you use alcohol or other drugs...	<u>Yes</u>	<u>No</u>
1.	alone?	1	0
2.	with your spouse or sexual partner?	1	0
3.	with family?	1	0
4.	with friends?	1	0
5.	with a club or gang?	1	0
6.	with coworkers?	1	0
7.	with classmates?	1	0
8.	with someone you regularly drink or use other drugs with (a running partner)?	1	0
9.	with a drug dealer or pusher?	1	0
10.	with a stranger?	1	0
99.	with someone else? (Please describe)	1	0

v. _____

S2v.	During the past 90 days, have you taken alcohol or other drugs by...	<u>Yes</u>	<u>No</u>
1.	drinking, eating or taking pills (orally)?	1	0
2.	smoking?	1	0
3.	inhaling, huffing, sniffing, or snorting?	1	0
4.	injecting into skin or muscle (intramuscular)?	1	0
5.	injecting into a blood vein or artery (intravenous)?	1	0
99.	any other way? (Please describe)	1	0

v. _____

S2w.	During the past 90 days, did you use alcohol or other drugs while or within an hour prior to...	<u>Yes</u>	<u>No</u>
1.	playing sports or recreating (e.g., skiing, biking, swimming, skateboarding, roller-blading, etc.)?	1	0
2.	taking care of children?	1	0
3.	being in training or school?	1	0
4.	being at a paid job or work?	1	0
5.	driving a vehicle (car, motorcycle, snowmobile, jet ski, boat, etc.)? ..	1	0
6.	using knives, guns, potentially dangerous equipment, or heavy machinery (such as a lawn mower, saw, stove, backhoe, front-end loader, apple picker, etc.)?	1	0

Please answer the next question using the number of days.

SFS	S2x.	During the past 90 days, on how many days have you been in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs? (Use 0 for none)	<u> </u> <u> </u>	[IF 0-12, GO TO S3a]
			Days	

Pre-Controlled Environment Use

(If this is a self-administered assessment, please ask for staff assistance in completing the following information.)

To help you remember the time period for the next set of questions, let's get out the calendar like we did earlier and mark out the last 90 days when you spent fewer than 13 days in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs. Do you recall anything that was going on about (DATE 90 DAYS BEFORE PARTICIPANT ENTERED CONTROLLED ENVIRONMENT)?
(PROBE FOR SPECIFIC EVENT AS BEFORE)

Record anchor: v. _____

When we talk about things happening to you during "the past 90 days," we are talking about things that have happened since about (PRE-CONTROLLED ENVIRONMENT ANCHOR)

Please answer the next questions using the number of days. (Use 0 for none)

- S2x. In those 90 days in the community... Days
1. on how many **days** did you go **without using any** alcohol, marijuana or other drugs? [IF 90, GO TO S3a]
 2. on how many **days** did you get drunk **at all** or were you high for most of the day?
 3. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?
 4. what is the **most days** you have gone **in a row** without using alcohol, marijuana or other drugs?

[IF NO LIFETIME SUBSTANCE USE IN S2a-r, SKIP THE RESPECTIVE ROW IN S2ya-r]

- S2y. In those 90 days in the community, on how many **days** did you use... Days
- a. any kind of alcohol?
 - b. alcohol until you were drunk (or had 5+ drinks in one sitting)?
 - c. any kind of marijuana, hashish, blunts or other forms of THC?
 - d. any kind of crack, smoked rock or freebase cocaine?
 - e. any other forms of cocaine?
 - f. inhalants or huffed?
 - g. heroin or heroin mixed with other drugs?
 - h. nonprescription or street methadone?
 - j. any painkillers, opioids or other analgesics?
 - k. PCP or angel dust?
 - m. acid, LSD, ketamine, special K, mushrooms, or other hallucinogens?
 - n. anti-anxiety drugs or tranquilizers?
 - pa. methamphetamine, crystal, ice, glass, or other forms of methedrine?
 - pb. speed, uppers, amphetamines, ecstasy, MDMA or other stimulants?
 - q. downers, sleeping pills, barbiturates or other sedatives?
 - r. any other kind of drug? (**Please describe**)

v. _____

Now we're going to go back to the original 90-day and 12-month timeframes for the rest of the interview.

Please answer the next questions using yes or no.

	<u>Yes</u>	<u>No</u>
S3a. Have you ever had shaky hands, delirium tremens (d.t.'s), convulsions or seizures when you tried to stop, cut down or control your use of alcohol or other drugs?	1	0

[IF NO PAST-WEEK USE, CODE NO FOR S3b]

S3b. During the past week did you stop, try to stop, cut down or try to limit your use of alcohol or other drugs?	1	0	[IF NO, GO TO S4]
--	---	---	-------------------

CWS	S3c. When you did this, did you have any of the following withdrawal symptoms or problems? Withdrawal symptoms are a group of physical or emotional symptoms that happen when a person who regularly uses alcohol or other drugs stops using them, tries to stop using them, or cuts down on their use during the past week.	<u>Yes</u>	<u>No</u>
	1. Move and talk much slower than usual	1	0
	2. Yawn more than usual	1	0
	3. Feel tired	1	0
	4. Have bad dreams that seemed real	1	0
	5. Have trouble sleeping, including sleeping too much or not being able to sleep	1	0
	6. Feel sad, tense or angry	1	0
	7. Feel really nervous	1	0
	8. Fidget, pace, wring your hands or have trouble sitting still	1	0
	9. Have shaky hands	1	0
	10. Have convulsions or seizures	1	0
	11. Feel hungrier than usual	1	0
	12. Throw up or feel like throwing up	1	0
	13. Have diarrhea.....	1	0
	14. Have muscle aches.....	1	0
	15. Have a runny nose or eyes watering more than usual	1	0
	16. Sweat more than usual, have your heart race or get goose bumps	1	0
	17. Have a fever.....	1	0
	18. See, feel or hear things that are not real	1	0
	19. Forget a lot of things or have problems remembering.....	1	0
	99. Some other withdrawal-related problem (Please describe).....	1	0

v. _____

[IF NONE REPORTED IN S3c1-99, GO TO S4]

	<u>Yes</u>	<u>No</u>
S3c20. Have any of these withdrawal problems kept you from doing social, family, job or other activities?	1	0

S3c21. Have you used the same or another drug to stop or avoid having any of these withdrawal problems? 1 0

The next questions are about **treatment** for alcohol or other drug use. Do not count any treatment that you received today or that was **only** for physical health or psychological problems.

Yes No

S4. Before today, have you **ever** had a breathalyzer or urine test to check for your alcohol or other drug use? 1 0 [IF NO, GO TO S5]

Please answer the next questions using the number of times or days.

S4a. **During the past 90 days**, how many **times** have you been given a breathalyzer or urine test to check for your alcohol or other drug use? (Do not count any today)
Times

S5. **How many times in your life** have you been admitted to a detoxification program for your alcohol or other drug use? [IF 0, ENTER 0 IN S5a]
Times

S5a. **During the past 90 days**, on how many **days** have you been in a detoxification program to help you through withdrawal?
Days

NOTE: Detoxification programs are places with professional help and often medication to help you through severe withdrawal; typically these are part of or affiliated with a larger agency or hospital.

S5b. **How many times in your life** have you been treated in an **emergency room** for your alcohol or other drug use problems? [IF 0, GO TO S6]
Times

S5c. **During the past 90 days** how many times did you go to an **emergency room** for your alcohol or other drug use problems?
Times

Yes No

S6. Have you **ever** attended Alcoholics Anonymous (AA), Cocaine Anonymous (CA), Narcotics Anonymous (NA), Social Recovery (SR), or another self-help group for your alcohol or other drug use? 1 0 [IF NO, GO TO S6b]

NOTE: Self-help groups are groups of consumers that meet together to provide social support, mutual aid and guidance; while typically part of a large association, they are generally NOT run by professionals.

S6a. **During the past 90 days**, on how many **days** have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use? [IF 0, GO TO S6b]
Days

Please answer the next question using yes or no. If something does not apply, please answer no.

S6a. In the past 90 days, have you...	<u>Yes</u>	<u>No</u>	
1. spoken up (shared) during a self-help meeting?	1	0	
2. had a sponsor?	1	0	[IF NO, GO TO S6a4]
3. talked to your sponsor at a meeting?	1	0	
4. talked to your sponsor or other members outside of a meeting?	1	0	
5. asked for help from your sponsor or another member?	1	0	
6. read the Twelve Steps and Twelve Traditions or other recovery-related readings?	1	0	
7. actively worked the 12 steps?	1	0	
8. prayed or meditated for help from your Higher Power?	1	0	
9. felt that other people in the meeting understood you and your problems?	1	0	
9a. felt that you understood other people in the meeting and their problems?	1	0	
10. gotten advice or ideas about how to handle your problems better from a meeting or meeting members?	1	0	[IF NO, GO TO S6a11]
10a. agreed with the advice you were given?	1	0	
11. considered yourself a member of a home group (what is the specific name of the group)?	1	0	
v. _____			
12. helped someone else from a meeting?	1	0	
13. sponsored someone else?	1	0	
14. performed a service like setting up for meetings, serving as meeting chairperson, treasurer, or literature person?	1	0	
14a. participated in conferences, dances, picnics, or other social activities sponsored by a self-help group?	1	0	
15. had a spiritual awakening through meeting, working the steps, or reading 12 step related literature?	1	0	
16. considered participation in self-help meetings an important part of your life?	1	0	

S6a17. Do you consider yourself to be a "regular attendee or member" of any specific 12 step fellowships, faith-based, secular or other recovery groups? (Which groups?)
(Any other groups?)

MENTIONED

	<u>Yes</u>	<u>No</u>	
a. Alcoholics Anonymous (AA)	1	0	
b. Cocaine Anonymous (CA)	1	0	
c. Dual Diagnosis Anonymous (DDA)	1	0	
d. LifeRing Secular Recovery	1	0	
e. Narcotics Anonymous (NA)	1	0	
f. Secular Organization for Sobriety (SOS)	1	0	
g. Social Recovery (SR)	1	0	
h. Women for Sobriety (WFS)	1	0	
j. Adult Children of Alcoholics (ACOA)	1	0	
w. Other 12 step recovery group (Please describe)	1	0	
v. _____			
x. Other faith-based recovery group (Please describe)	1	0	
v. _____			
y. Other secular recovery group (Please describe)	1	0	
v. _____			
z. Other recovery group (Please describe)	1	0	
v. _____			
S6b. Have you ever stayed overnight in a recovery home or sanctuary?	1	0	[IF NO, GO TO S7]
S6c. During the past 90 days , on how many nights have you stayed in a recovery home or sanctuary?			<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Nights

NOTE: Recovery homes and sanctuaries are groups of consumers or a cooperative that rent a home or apartment to provide a safe, inexpensive environment that is alcohol and other drug free; while typically part of a large association, they often do not have professional staff working around the clock.

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(IF AN INTAKE INTERVIEW: DO NOT COUNT THE CURRENT TREATMENT EPISODE WHEN ANSWERING THE NEXT QUESTIONS.)

Please answer the next question using the number of episodes.

- S7. How many **times in your life** have you been **admitted** to treatment or counseling for your use of alcohol or any other drugs?..... [IF 0, GO TO S8]
Episodes

Detailed Treatment History Grid (If this is a self-administered assessment, please ask for staff assistance in completing the following information.)							
Next we need to fill out this form for all of the times you have been in outpatient, intensive outpatient, residential or other forms of formal substance abuse treatment, from the first to the most recent treatment episode. If you changed levels of care or were readmitted to treatment, please count each episode separately. Please do not include any detoxification, self-help or recovery programs (which were just reported). What was the first (next) treatment program you went to? (Attach prior grids if available and update)							
S7_	b. What is the name of the treatment program?	b1. Program Code	c. What type of treatment was this? (Use codes from next page)	d. On about what date did you start? (mm/dd/yyyy)	d1. Are you still in treatment? (If yes, skip e & g) Y N	e. On about what date did you leave? (mm/dd/yyyy)	g. About how many days were you there?
1.					1 0		
2.					1 0		
3.					1 0		
4.					1 0		
5.					1 0		
6.					1 0		
7.					1 0		
8.					1 0		
9.					1 0		
10.					1 0		
11.					1 0		
12.					1 0		
13.					1 0		
14.					1 0		
15.					1 0		
99.	For staff use only. Record row number of the index treatment episode that current GAIN-I interview is related to						

<i>Summary of Treatment History and Directions and Codes</i>	
<ul style="list-style-type: none"> • Please do not list detox, self-help groups, recovery homes, or sanctuaries. • Start with the earliest admission at the top and continue down to the most recent. • If the participant is still in treatment, leave the discharge date blank. • If you re-interview a participant, please attach and update the previous grid. • If still in treatment, enter 1 or "Yes" in d1 and skip items e and g, else put "No." • If you have the admission and discharge date (start and end date), skip question g (how long). • If you are missing the admission date or discharge date, ask how long and note the answer in days. 	
Common Local Program Codes (b1) and Names (b) (Insert text or consult study-specific appendix)	General Level of Care Codes (c)
	0 Not assigned yet 10 Outpatient (OP) 15 Methadone Maintenance 20 Intensive Outpatient (OR) 30 Inpatient/Residential/Halfway house (ST/LT/HH) 99 Other
	Date Guidelines (d/e) Use the following rules if the participant is unsure of the exact date: Day Use the 5th for the beginning of the month, 15th for the middle of the month, and 25th for the end of the month. Month Use March for early in the year, July for middle of the year, and October for later in the year, but try to make it so the number of weeks is about right. Year Make best approximation based on age or other information. If the participant is still in treatment, leave the discharge date blank (so that it can be filled in later).

Please answer the next questions using the number of episodes.

(If available, use treatment history grid to help)

S7a. How many of these times were you...

2. admitted for at least one night to a residential, inpatient, or hospital program for your alcohol or other drug use problems?
Episodes
3. admitted to an intensive outpatient or day program for your alcohol or other drug use problems?
Episodes
4. admitted to a regular (1-8 hours per week) outpatient program for your alcohol or other drug use problems?
Episodes
5. given medication like **methadone or Antabuse** to help with withdrawal or cravings?.....
Episodes
99. in any **other** kind of treatment program or working with some other kind of case manager about your alcohol or other drug use problems (**Please describe**)?
Episodes

v. _____

S7b. What substances did you receive treatment or counseling for? (Any others?)

MENTIONED

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Use of any kind of alcohol..... | 1 | 0 |
| 2. Use of any kind of marijuana or hashish | 1 | 0 |
| 3. Use of any kind of crack, freebase or other forms of cocaine | 1 | 0 |
| 4. Use of any kind of heroin or other opioid | 1 | 0 |
| 99. Use of any other kind of drug.
(Please use codes from S1 or describe) | 1 | 0 |

v. _____

S7c. Are you currently taking medication for alcohol or other drug problems?
(**Please describe**).....

Yes No

1 0 [IF NO, GO TO S7d]

v. _____

S7c1. Are you currently taking methadone? (**Code if reported in S7cv**) 1 0

(IF AN INTAKE INTERVIEW: DO NOT COUNT THE CURRENT TREATMENT EPISODE WHEN ANSWERING THE NEXT QUESTIONS.)Using **Card A...**

S7d. When was the **last** time you received treatment, counseling, medication, case management or aftercare for your use of alcohol or **any other** drug?

(Select one)

- Within the past two days 6
 3 to 7 days ago 5
 1 to 4 weeks ago 4
 1 to 3 months ago 3
 4 to 12 months ago 2 [GO TO S8]
 More than 12 months ago 1 [GO TO S8]
 Never 0 [GO TO S8]

Please answer the next questions using the number of times, nights, or days.

(If no lifetime service use in S7a, skip the respective row in S7e.)SATI S7e. **During the past 90 days**, how many...

2. **nights** were you in a halfway house, **residential**, inpatient, or hospital program for your alcohol or other drug use problems?
 Nights
3. **days** were you in an **intensive outpatient** or day program for your alcohol or other drug use problems?
 Days
4. **times** did you go to a regular (1-8 hours per week) **outpatient** program for your alcohol or other drug use problems?
 Times
5. **days** did you take medication like **methadone** or **Antabuse** to help with withdrawal or cravings?
 Days
99. **days** did you go to any **other** kind of treatment program or work with some other kind of case manager for your alcohol or other drug use problems? (**Please describe**)
 Days

v. _____

Yes No

S7f. Are you currently being treated **regularly** for alcohol or other drug problems? (**Where do you go?**) 1 0 [IF NO, GO TO S7g1]

v. _____

TxRS S7g. How long have you been treated **regularly**? + + +
 Years Months Weeks Days

The next questions are about all of the kinds of substance abuse treatment you have received in the past 90 days.

Please answer the next questions using yes or no.

TxRS	S7g.	As part of the alcohol and other drug abuse treatment, counseling, case management or aftercare you received in the past 90 days, did anyone... (If not applicable, select No)	<u>Yes</u>	<u>No</u>
		1. work with you at your home?	1	0
		2. call you on the phone between appointments?	1	0
		3. ask you what you thought were the benefits of being drug-free?	1	0
		4. teach or review relapse prevention procedures with you?	1	0
		5. ask you to talk about the fun things you could do without alcohol or other drugs?	1	0
		6. talk about different ways to solve problems?	1	0
		7. meet with family members of yours more than one time?	1	0
		8. work with members of your family on communication?	1	0
		9. talk with you about your friends?	1	0
		10. require you to take urine tests?	1	0
		11. talk with you about probation?	1	0
		12. talk with your probation officer?	1	0
		13. talk with a counselor, teacher, or other adult at school?	1	0
		14. hook you up with other services?	1	0
		15. hook your family up with services?	1	0
		16. encourage you to attend appointments?	1	0
		17. ask if you went to appointments?	1	0
		18. provide you with transportation to appointments?	1	0
		19. help you figure out agency procedures or to understand your rights?	1	0
		99. Other than the treatment you've told us about or the services just mentioned, were there other services you received? (Please describe)	1	0

V. _____

(If more than one type of treatment in S7e, include all in answering the next questions.)

The next questions are about how you feel about the staff in the programs where you have received treatment or case management in the past 90 days.

Please answer the next questions using yes or no.

TxSS	S7jj.	Are you satisfied that the staff in (this program/these programs)...	<u>Yes</u>	<u>No</u>	
	1.	did a good job?	1	0	
	2.	were fair with clients or patients?	1	0	
	3.	explained the rules of the program?	1	0	
	4.	had the time to see you?	1	0	
	5.	respected clients or patients?	1	0	
	6.	(staff) and you agreed on what your problems were?	1	0	
	7.	explained what your treatment was supposed to accomplish?	1	0	
	8.	asked for your opinions about your problems and how to solve them?	1	0	
	9.	(staff) and you agreed on what to do about your alcohol and other drug use?	1	0	
	10.	helped you do something about your alcohol and other drug use?	1	0	
	11.	(staff) and you agreed on what to do about your other problems?	1	0	
	12.	helped you do something about your other problems?	1	0	
	13.	were sensitive to your cultural background?	1	0	
	14.	gave you enough help for now?	1	0	
			<u>Yes</u>	<u>No</u>	
	S7k.	In the past 90 days, did you attend one or more group treatment sessions?	1	0	[IF NO, GO TO S7m]

Please answer the next questions about **group treatment** using yes or no.

GES	S7kk.	Thinking about the group treatment you attended in the past 90 days...	<u>Yes</u>	<u>No</u>	
	1.	Did you like the other group members?	1	0	
	2.	Did you get to talk about your own problems?	1	0	
	3.	Did you like having the group rules?	1	0	
	4.	Did the other group members dislike you?	1	0	
	5.	Did a group member threaten to harm you?	1	0	
	6.	Did a group member offer you alcohol or other drugs?	1	0	
	7.	Did other group members not follow the rules?	1	0	
	8.	Did the counselor do a good job of running the group?	1	0	
	9.	Did the counselor do a good job of explaining the main subjects of the session?	1	0	
	10.	Did the counselor like other people in the group better than you?	1	0	

Please answer the next questions about **family nights** using yes or no.

			<u>Yes</u>	<u>No</u>	
	S7m.	In the past 90 days, did you attend one or more family nights?	1	0	[IF NO, GO TO S8]

FNEI	S7m.	Thinking about the family nights you attended in the past 90 days...	<u>Yes</u>	<u>No</u>
		1. Did you like the other family members?	1	0
		2. Did you get to talk about your family's problems?.....	1	0
		3. Did you like having the group rules?.....	1	0
		4. Did the other group members dislike you or your family?.....	1	0
		5. Did a group member threaten to harm you or your family?	1	0
		6. Did a group member offer you alcohol or other drugs?	1	0
		7. Did other group members not follow the rules?	1	0
		8. Did the counselor do a good job of running the group?	1	0
		9. Did the counselor do a good job of explaining the main subjects of the session?	1	0
		10. Did the counselor like other people in the group better than you or your family?.....	1	0

The next questions are about your current treatment and use.

Please answer the next questions using yes or no. If any questions do not apply to you at this time, please answer "no."

TRI	S8.	Do you currently feel that...	<u>Yes</u>	<u>No</u>	
	a.	being in a treatment program is too demanding?	1	0	
	b.	you have too many other responsibilities now to be in a treatment program?	1	0	
	c.	it will be hard for you to resist alcohol or other drugs where you currently live, work or go to school?	1	0	
	d.	your old friends may try to get you to drink or use drugs again?	1	0	
TMI	S8.	Do you currently feel that...	<u>Yes</u>	<u>No</u>	
	e.	there is a lot of pressure for you to be in alcohol or other drug treatment?	1	0	
	f.	you can get the help you need in an alcohol or other drug treatment program?	1	0	
	g.	you need to be in treatment for at least a month?	1	0	
	h.	you will probably need to come back to treatment again one or more times during your lifetime?	1	0	
	j.	you need support from friends and relatives to deal with your alcohol or other drug use?	1	0	
SES	S8.	Do you currently think you...	<u>Yes</u>	<u>No</u>	
	k.	spend a lot of time thinking about alcohol or other drugs?	1	0	
	m.	could avoid using alcohol or other drugs at home ?	1	0	
	n.	could avoid using alcohol or other drugs at work or school ?	1	0	
	p.	could avoid using alcohol or other drugs with your friends ?	1	0	
	q.	could avoid using alcohol or other drugs when people around you were using them ?	1	0	
POS	S8.	Do you currently think...	<u>Yes</u>	<u>No</u>	
	r.	you have any problems related to alcohol or other drug use, including those things we just talked about?	1	0	[IF NO, GO TO S9ab1]
	s.	you have a good understanding of how alcohol and other drug use is related to your problems?	1	0	
	t.	your problems can and will go away?	1	0	
	u.	you know the course most of your problems will follow?	1	0	
	v.	your problems are out of control?	1	0	
	w.	your problems can be solved?	1	0	

Below are some reasons that some people give for wanting to quit using alcohol or other drugs (including marijuana, cocaine, heroin, and other drugs you mentioned).

Please answer the next questions using yes or no. Please use "no" for any that do not apply to you.

RFQ/ PMS	S9ab. You want to quit using alcohol and other drugs at this time...		
		<u>Yes</u>	<u>No</u>
	1. so that you will be able to think more clearly.....	1	0
	2. because you will like yourself better if you quit.	1	0
	3. because your memory will improve.	1	0
	4. so that you can get more things done during the day.	1	0
	5. because you want to have more energy.	1	0
	6. because you are concerned that using alcohol or other drugs will shorten your life.....	1	0
	7. so that your hair and clothes won't smell.....	1	0
	8. so that you can feel in control of your life.....	1	0
	9. because you have noticed that alcohol or other drug use is hurting your health.	1	0
	10. so that you won't burn holes in clothes or furniture.	1	0
	11. because you are concerned that you will have health problems if you don't quit.	1	0
	12. because alcohol or other drug use does not fit with your image.	1	0
	13. to prove to yourself that you're not addicted.	1	0
	14. because alcohol or other drug use is becoming less cool or socially acceptable.	1	0
	15. because you won't have to leave social functions or other people's houses to drink, smoke or use.....	1	0
	16. because you have known other people with health problems that were caused by alcohol or other drug use.....	1	0
	17. to show yourself that you can quit if you really want to.	1	0
	18. because you want to save the money that you spend on alcohol or other drug use.	1	0
	19. for spiritual or religious reasons.	1	0
	20. because you want to do better in life.	1	0

RFQ/ IMS	S9ac.	You want to quit using alcohol and other drugs at this time...	<u>Yes</u>	<u>No</u>
			1	0
	1.	so that you can get a lot of praise from people you are close to.....	1	0
	2.	because people you are close to will be upset with you if you don't quit.....	1	0
	3.	because you don't want to embarrass your family.....	1	0
	4.	because your parents, girlfriend, boyfriend or other person you are close to will stop nagging you if you quit.	1	0
	5.	because someone has told you to quit or else.....	1	0
	6.	because you will receive a special gift if you quit.....	1	0
	7.	because there is an alcohol or other drug testing policy in detention, probation, parole or school.	1	0
	8.	because of legal problems related to your alcohol or other drug use.	1	0
	9.	because you want to get a job.....	1	0
	10.	to keep a job.....	1	0
	11.	because (you are/ your partner is) pregnant.....	1	0
	12.	because you have children.....	1	0
	13.	to get your children back.	1	0

S9ad. What is your main or most important reason for wanting to quit now?
(Do not ask "Any others")

v1. _____

		<u>Yes</u>	<u>No</u>	
S9b.	Have you quit yet?	1	0	[IF NO, GO TO S9b2]

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "entirely ready"...

S9b1. How ready are you **right now** to remain abstinent from (not use) alcohol, marijuana, cocaine, heroin and other drugs? [GO TO S9c]

0%-----20%-----40%-----60%-----80%-----100%

not ready
to remain
abstinent

ready to
remain
abstinent

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "entirely ready"...

S9b2. How ready are you **right now** to stop using alcohol, marijuana, cocaine, heroin and other drugs? [GO TO S9c]

0%-----20%-----40%-----60%-----80%-----100%

not ready
to quit

ready to
quit

Next we want to go over a list of common problems related to alcohol or other drug use. After each of the following questions, we would like you to tell us the **last** time you had this problem.

Using **Card B** and answering whether it was in the past month, 2 to 12 months ago, 1 or more years ago, or never...

		Past Month	2-12 months	1+ years	Never
S9. When was the last time that...					
SPS/O	c. you tried to hide that you were using alcohol or other drugs?	3	2	1	0
	d. your parents, family, partner, co-workers, classmates or friends complained about your alcohol or other drug use?	3	2	1	0
	e. you used alcohol or other drugs weekly or more often?	3	2	1	0
	f. your alcohol or other drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems?	3	2	1	0
	g. your alcohol or other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease, or any other health problems?	3	2	1	0

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Using Card B...

		Past Month	2-12 months	1+ years	Never
S9. When was the last time that...					
SPS/A	h. you kept using alcohol or other drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home?	3	2	1	0
	j. you repeatedly used alcohol or other drugs when it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or when you might have been forced into sex or hurt?	3	2	1	0
	k. your alcohol or other drug use caused you to have repeated problems with the law?	3	2	1	0
	m. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	3	2	1	0
SPS/D	n. you needed more alcohol or other drugs to get the same high or found that the same amount did not get you as high as it used to?.....	3	2	1	0
	p. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	3	2	1	0
	q. you used alcohol or other drugs in larger amounts, more often or for a longer time than you meant to?.....	3	2	1	0
	r. you were unable to cut down on or stop using alcohol or other drugs?	3	2	1	0
	s. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs (high, sick)?.....	3	2	1	0
	t. your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	3	2	1	0
	u. you kept using alcohol or other drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having?	3	2	1	0
	v. How old were you when you first got drunk or used any drugs?	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>			
		Age			

(FOR EACH "NEVER" RESPONSE IN S9h-u, SKIP THE CORRESPONDING ROW ON THE S9 GRID)

*NOTE: **Withdrawal Problems** are a group of physical or emotional symptoms that happen when a person who regularly uses alcohol or other drugs stops using them, tries to stop using them, or cuts down on their use.*

S9. Detailed Substance Use Disorder Worksheet (If this is a self-administered assessment, please ask for staff assistance in completing the following information.)	For Staff Use Only									
	1	2	3	4	5	6	7	8	9	99
For each of the problems endorsed in S9h-u, ask: <ul style="list-style-type: none"> • Can you tell me which substance...(Read from below)? • About when did that happen? (Using Card B) • Have you ever had this problem with any other substance(s)? • Repeat for each Sx in S9 until no more are reported. Record time code (3=past month, 2=2-12 months ago, 1=1+ years ago, 0 or blank means never).	Amphetamine									
	Alcohol									
		Cannabis								
			Cocaine							
				Inhalant						
					Opioid					
						PCP				
								Sed		
									Other	
DSM-IV Abuse Criteria										
h. repeatedly caused you not to meet your responsibilities?										
j. you repeatedly used in unsafe situations?										
k. caused you to have repeated problems with the law?										
m. did you keep using even though it was leading to fights or getting you into trouble with other people?										
DSM-IV Dependence Criteria										
n. you have needed more of to get high?										
p. you have had withdrawal problems from?										
q. you have used more of or longer than you meant to?										
r. you have been unable to cut down on or stop using?										
s. you spent a lot of time getting or using?										
t. caused you to give up activities or caused problems?										
u. you kept using despite medical or psychological problems?										
Clinical Significance (for each drug with 1+ Abuse/Dependence criteria ask...)										
v. At what age did you first use...(for alcohol, read "At what age did you first get drunk")?										
w. How do you usually take... (1-oral, 2-smoking, 3-inhalation, 4-intramuscular, 5-intravenous, 6-NA, 7-other)?										

See manual for scoring Polysubstance Dependence.

For consistency, at least one timeframe reported for each line of the S9 grid has to match the timeframe reported for the corresponding item in S9h-u. No timeframe for a line on this grid can be earlier than the timeframe reported for the corresponding item in S9h-u.

Using **Card E** and answering "right away," "in the next 3 months," "more than three months from now," "getting the help I need already" or "do not need any help"...

S10. How **soon** if at all do you need (more) help with your **current** alcohol or other drug situation? (Would you say...)

(Select one)

- Right away 4
 In the next 3 months 3
 More than 3 months from now 2
 Getting the help I need already 1 [GO TO S11]
 Do not need any help 0 [GO TO S11]

Please answer the next questions using yes or no.

- | S10a. | Do you currently want (more) help with issues related to... | Yes | No |
|-------|---|-----|----|
| 1. | your alcohol or other drug use? | 1 | 0 |
| 2. | your family's alcohol or other drug use? | 1 | 0 |
| 3. | your situation at home, work or school?..... | 1 | 0 |
| 4. | AA, NA, CA, or other self-help and support groups? | 1 | 0 |
| 5. | detoxification? | 1 | 0 |
| 6. | getting treatment? | 1 | 0 |
| 7. | getting methadone (Methadose), Antabuse, or other medication (disulfiram, LAAM) for alcohol or other drug withdrawal or cravings? | 1 | 0 |
| 99. | anything else related to your alcohol or other drug use? (Please describe)..... | 1 | 0 |

v. _____

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AGUR	S11. Urgency Rating [SUR]: NO <input type="checkbox"/> 0 ALREADY <input type="checkbox"/> 1 GT 3 MO <input type="checkbox"/> 2 0-3 MO <input type="checkbox"/> 3 NOW <input type="checkbox"/> 4
AGDM	S12. DM Rating [SDM]: NONE <input type="checkbox"/> 0 SOME <input type="checkbox"/> 1 MISUNDER <input type="checkbox"/> 2 DENIAL <input type="checkbox"/> 3 MISREP <input type="checkbox"/> 4

P. Physical Health

The next questions are about your health and how you have been feeling physically.

BAC P1. About how **tall** are you in feet and inches?
Feet Inches

P2. About how much do you **weigh** without shoes?.....
Pounds

HDS P3. **During the past 12 months** would you say your health in general was...
(Select one)

Excellent	0
Very good	1
Good	2
Fair	3
Poor.....	4

Please answer the next questions using yes or no.

P3. **During the past 12 months** has your health **limited** your ability to do... Yes No

a. vigorous activities like running, lifting heavy objects or active sports?	1	0	[IF NO, GO TO P3d]
b. moderate activities like moving a table, carrying groceries or light sports?	1	0	[IF NO, GO TO P3d]
c. light activities like bending, lifting or stooping?	1	0	

P3. **During the past 12 months** have you... Yes No

d. lost or gained 10 or more pounds when you were not trying to?	1	0
e. had a lot of physical pain or discomfort ?	1	0
f. been worried about your health or behaviors?	1	0
g. had health problems that kept you from meeting your responsibilities at work, school or home?	1	0
h. had lung or breathing problems?	1	0
j. had pain when you urinated?	1	0
k. coughed up or urinated blood?	1	0

The next questions are about any physical limitations you may have. Please include problems that have been corrected by things such as wearing prescription glasses or contacts, a hearing aid, artificial limbs, or other mobility aids.

Yes No

P4. Do you have any physical problems with your vision, hearing, limbs or any other problems communicating or getting around? (Any other issues?)..... 1 0 [IF NO, GO TO P5_1]

P4. What problems do you have? (Any other issues?)

v. _____

MENTIONED

	<u>Yes</u>	<u>No</u>
3. Deaf	1	0
4. Limited hearing or other hearing problems	1	0
5. Legally blind.....	1	0
6. Limited vision or other vision problems	1	0
7. Lost limbs	1	0
8. Other difficulties moving hands, feet or body	1	0
99. Other physical impairments (Please describe in P4v)	1	0
P5_1. Have you ever (been/gotten someone) pregnant?	1	0 [IF NO, GO TO P6a]

P5a1. About when did (your/the) **last** pregnancy begin?

(Clarify and code)

During the past 90 days	1
4 to 6 months ago.....	2
7 to 9 months ago.....	3
10 to 12 months ago.....	4
More than a year ago	5

P5b1. What happened (or is happening) during that pregnancy?

(Clarify and code)

Carried the baby to term—live birth.....	1 [GO TO P5c1]
Miscarriage	2 [GO TO P6a]
Abortion.....	3 [GO TO P6a]
Uncertain	4 [GO TO P6a]
Currently pregnant.....	5 [GO TO P6a]
Other (Please describe).....	6 [GO TO P6a]

v. _____

P5c1. How much did the baby **weigh** at birth?.....|_|_| |_|_|
Pounds Ounces

P5d. What was the baby's date of birth?|_|_| / |_|_| / |_|_|_|_|
Month Day Year

Using **Card B...**

	Past Month	2-12 months	1+ years	Never
P6. When was the last time, if ever, you were told by a doctor or nurse that you have...				
a. Hepatitis , yellow jaundice, or cirrhosis of the liver?.....	3	2	1	0
b. Tuberculosis or TB?	3	2	1	0
c. the Human Immunodeficiency Virus, HIV or AIDS? (In Illinois, record answer to P6c in separate secure record)	3	2	1	0
d. other sexually transmitted diseases or infections , such as syphilis, gonorrhea, or chlamydia?	3	2	1	0
e1. been tested for these or other infectious diseases or illnesses?	3	2	1	0
e2. other infectious diseases or illnesses? (Please describe)	3	2	1	0

v. _____

[IF NONE REPORTED IN P6a-e2, GO TO P7a]

Please answer the next questions using yes or no.

	Yes	No
P6f. Are you currently receiving treatment for any of these diseases?	1	0
P7. Have you ever had the following childhood illnesses?	Yes	No
a. Rubella.....	1	0
b. Chicken pox.....	1	0
c. Mumps.....	1	0
d. Rheumatic fever.....	1	0
e. Measles	1	0
f. Whooping cough	1	0
g. Polio.....	1	0
h. Other childhood illness (Please describe)	1	0

v. _____

<i>Useful Definitions</i>
<u>Rubella</u> or German measles is a viral infection marked by fever and skin rash <u>Chicken pox</u> is a viral infection marked by multiple small, blister-like swellings <u>Mumps</u> is a viral infection marked by swollen salivary glands <u>Rheumatic fever</u> is an inflammatory disease marked by joint pain and inflammation of areas of the heart <u>Measles</u> is a viral infection marked by a skin rash <u>Whooping cough</u> is a bacterial infection marked by severe coughing fits <u>Polio</u> is a viral infection of the nervous system that can cause flu-like symptoms and, in rare cases, paralysis

P7j. Did you have all the vaccinations required to attend school? Yes No
1 0

P8. When was your **last** tetanus shot?

(Clarify and code)

During the past year 5
1 to 2 years ago 4
3 to 7 years ago 3
8 to 10 years ago 2
More than 10 years ago 1
Never 0

The next questions are about any health or medical problems including those we have talked about as well as other common problems such as colds, the flu, asthma, allergies, your period, and other physical problems you may have been treated for.

Using **Card A...**

HPS P9. When was the **last** time, if ever, that you were bothered by any health or medical problems or that they kept you from meeting your responsibilities at work, school or home?

(Select one)

Within the past two days 6
3 to 7 days ago 5
1 to 4 weeks ago 4
1 to 3 months ago 3
4 to 12 months ago 2 [GO TO P10]
More than 12 months ago 1 [GO TO P10]
Never 0 [GO TO P10]

Please answer the next questions using the number of days.

P9a. **During the past 90 days**, on how many **days** were you bothered by **any** health or medical problems?
Days

P9b. **During the past 90 days**, on how many **days** have medical problems kept you from meeting your responsibilities at work, school or home?
Days

P9c. What is the problem you have been having?

v1. _____

Please answer the next questions using yes or no.

	<u>Yes</u>	<u>No</u>
P10. Do you need any medical attention in order to attend treatment? (Please describe).....	1	0
v1.		
.....		
.....		

Please answer the next questions using yes or no.

PHPI	P10.	Have you ever been treated or told by a health professional that you have...	<u>Yes</u>	<u>No</u>
	a.	allergies to specific medicines, foods, pollen or other things? (Please describe)	1	0
	v.	_____		
	b.	major or untreated dental problems (such as gum disease or teeth that need to be removed)?.....	1	0
	c.	physical injuries or unhealed wounds (such as a broken bone, knife or gun wound, or a cut/bruise that would not go away)?	1	0
	d.	convulsions, migraines, or nervous system problems (such as epilepsy, seizures, strokes or blackouts)?	1	0
	e.	heart, blood, or circulatory problems (such as high or low blood pressure, endocarditis, irregular heart beats, angina, heart attacks, blood diseases, abnormal bleeding or bruising)?.....	1	0
	f.	asthma, shortness of breath, hoarseness, coughing up blood or phlegm, or other respiratory problems (such as bronchitis, pneumonia, emphysema, or wheezing)?.....	1	0
	g.	tumors, cancer, or unusual lumps under your skin (lung, blood, leukemia, breast, testicle, colon, neoplasms, skin, or Kaposi's sarcoma)?.....	1	0
	h.	diabetes, thyroid or other problems with how your body controls itself (low or high blood sugar, control of growth, weight, fluids, early or late body development, gland or hormone problems)?	1	0
	j.	vitamin deficiencies, fluid buildup, anemia, or problems with how your body stores things.....	1	0
	k.	stomach or digestive system problems (such as ulcers or colitis, nausea, vomiting, persistent diarrhea or constipation, or heartburn)?	1	0
	m.	sexual or fertility problems (such as pain during intercourse, coming too soon or being unable to, impotence or the inability to have children)?	1	0
	n.	[IF MALE, GO TO P10p] female problems (such as a yeast infection, problems with your menstrual period, bad cramps, pain urinating, unusual discharge, urinary tract or vaginal infections, cysts or breast cancer)?.....	1	0
	p.	[IF FEMALE, GO TO P10q] male problems (such as jock itch, pain urinating, abnormal discharge, urinary tract infections, cancer of the testicles, prostate problems or cancer)?.....	1	0
	q.	bone, muscle, or foot problems (such as arthritis, bunions, bursitis, chronic back pain, paralysis, permanent stiffness, scoliosis, or swelling)?	1	0
	r.	skin problems (such as skin ulcers or cancer, rashes, lesions or other skin infections)?	1	0
	s.	any other major medical problems or conditions other than those just mentioned? (Please describe)	1	0
	v.	_____		

[IF MALE, SELECT 0 IN P10u1 AND GO TO P11]

Using **Card A...**

HPI P10u1. When did you **start** your last menstrual period?

(Select one)

- Within the past two days 6
 3 to 7 days ago 5
 1 to 4 weeks ago 4
 1 to 3 months ago 3
 4 to 12 months ago 2
 More than 12 months ago 1
 Never 0 [GO TO P11]

P10u2. How old were you when you had your first period?
 Age

The next questions are about treatment for injuries or physical health problems (including pregnancy and giving birth). Do not count counseling or treatment that was only for alcohol or other drug use or psychological problems here. **(Record 0 for none)**

Please answer the next questions using the number of times.

P11. How many **times in your life** have you...

- a. been treated in an emergency room for health problems?
 Times
 b. been admitted for at least one night to a hospital for health
 problems?
 Times
 c. received any outpatient surgical procedures for health problems?.....
 Times

Please answer the next question using yes or no.

- d. Are you currently taking medication for allergies or health
 problems? **(Please describe)** Yes No
 1 0

v. _____

Using **Card A...**

P11e. When was the **last** time you saw a doctor or nurse about a health problem or took prescribed medication for one?

(Select one)

Within the past two days 6
 3 to 7 days ago 5
 1 to 4 weeks ago 4
 1 to 3 months ago 3
 4 to 12 months ago 2 [GO TO P12]
 More than 12 months ago 1 [GO TO P12]
 Never 0 [GO TO P12]

Please answer the next questions using the number of times, nights or days.

[IF NO LIFETIME SERVICE IN P11a-c, SKIP THE RESPECTIVE ROW BELOW]

P11. **During the past 90 days**, how many...

PHTI f. **times** have you had to go to the **emergency room** for a health problem?
 Times
 g. **nights** total did you spend in the **hospital** for a health problem?
 Nights
 h. **times** did you have an outpatient **surgical procedure** for a health problem?
 Times
 j. **times** did you see a doctor or nurse in an **office or outpatient clinic** for a health problem?
 Times
 j1. **days** did you take prescribed **medication** for a health problem?
 Days
 Yes No

P11k. Are you currently being treated for a health problem? (**Where do you go?**) 1 0 [IF NO, GO TO P12]

v. _____

TxRS P11m. How long have you been treated **regularly**? + + +
 Years Months Weeks Days

The next questions are about blood relatives. This includes your children, brothers, sisters, parents, aunts, uncles and grandparents. **(Please write "DK" if you don't know.)**

Please answer the next questions using yes or no.

P12.	Have any of your blood relatives ever had...	<u>Yes</u>	<u>No</u>
a.	problems with alcohol use?	1	0
b.	problems with drug use?	1	0
c.	heart or blood problems?	1	0
d.	diabetes, thyroid or other problems with how your body controls itself (low or high blood sugar, control of growth, weight, fluids, early or late body development, gland or hormone problems)?	1	0
e.	emotional, mental or psychological problems?	1	0
f.	other problems that caused them to be sick or in treatment a lot (such as cancer or other serious illnesses)? (Please describe)	1	0
v.	_____		

P12g. Are you adopted? 1 0

Using **Card E**...

AGHS P13. How **soon**, if at all, do you need (more) help with your **current** physical health?
(Would you say...)

	(Select one)
Right away	4
In the next 3 months	3
More than 3 months from now	2
Getting the help I need already	1 [GO TO P14]
Do not need any help	0 [GO TO P14]

Please answer the next questions using yes or no.

P13a.	Do you currently want (more) help with...	<u>Yes</u>	<u>No</u>
1.	getting dental treatment?	1	0
2.	pregnancy, postpartum or family planning?	1	0
3.	testing, counseling or education on hepatitis, TB, HIV or STDs?	1	0
4.	help with sexual or fertility problems?	1	0
5.	getting health care treatment?	1	0
6.	coping with your current medical problems?	1	0
7.	paying for health care treatment?	1	0
8.	physical handicap or physical therapy?	1	0
99.	anything else related to your health situation? (Please describe)	1	0
v.	_____		

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AGUR

P14. Urgency Rating [PUR]: NO ☐_0 ALREADY ☐_1 GT 3 MO ☐_2 0-3 MO ☐_3 NOW ☐_4

AGDM

P15. DM Rating [PDM]: NONE ☐_0 SOME ☐_1 MISUNDER ☐_2 DENIAL ☐_3 MISREP ☐_4

R. Risk Behaviors and Disease Prevention

Next, we would like to ask a few personal questions about behaviors that may have affected your risk of getting or spreading infectious diseases. Please remember that all of your answers are protected.

The first questions are about the use of a needle to inject you with drugs or medication. Do **not** include shots given by a doctor or nurse, but do include if you were injected by someone besides a doctor or nurse or if you injected prescribed medication.

Using **Card A...**

NFS	R1.	When was the last time, if ever, that you used a needle to inject drugs or medication ? Please include medication prescribed by a doctor.	
			(Select one)
		Within the past two days	6
		3 to 7 days ago	5
		1 to 4 weeks ago	4
		1 to 3 months ago.....	3
		4 to 12 months ago.....	2
		More than 12 months ago	1 [GO TO R2]
		Never	0 [GO TO R2]

Please answer the next questions using yes or no.

NPS	R1.	During the past 12 months , did you...	<u>Yes</u>	<u>No</u>
	a.	use a needle to shoot up drugs?	1	0
	b.	reuse a needle that you had used before?	1	0
	c.	reuse a needle without cleaning it with bleach or boiling water first ?	1	0
	d.	use a needle that you knew or suspected someone else had used before?	1	0
	e.	use someone else's rinse water, cooker or cotton after they did?	1	0
	f.	ever skip cleaning your needle with bleach or boiling water after you were done?	1	0
	g.	let someone else use a needle after you used it?	1	0
	h.	let someone else use the rinse water, cooker or cotton after you did?	1	0
	j.	allow someone else to inject you with drugs?	1	0

[IF 4 TO 12 MONTHS REPORTED IN R1, GO TO R2]

Please answer the next questions using the number of days or number of people.

- NFS R1k. **During the past 90 days**, on how many **days** did you use a needle to inject any kind of drug or medication? [IF 0, GO TO R2]
Days
- R1m. **During the past 90 days**, with how many **people** have you shared needles or works? [IF 0, GO TO R2]
People
- R1n. **During the past 90 days**, on how many **days** did you share needles with other people?.....
Days

The next questions are about having sex. When we refer to sex it includes vaginal, oral and anal sex with anyone. (Vaginal sex is when a man puts his penis into a woman's vagina. Oral sex is when one person puts his or her mouth onto the other person's penis or vagina. Anal sex is when a man puts his penis into another person's anus or butt.)

Using **Card A...**

R2. When was the **last** time, if ever, that you **had any kind of vaginal, oral or anal sex** with another person?

(Select one)

- | | | |
|--------------------------------|---|-------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago..... | 3 | |
| 4 to 12 months ago..... | 2 | |
| More than 12 months ago | 1 | [GO TO R3a] |
| Never | 0 | [GO TO R3a] |

Please answer the next questions using yes or no.

- | SxRS | R2. | During the past 12 months, did you... | Yes | No |
|------|-----|---|-----|----|
| | a. | have sex while you or your partner was high on alcohol or other drugs? | 1 | 0 |
| | b. | have sex with someone who was an injection drug user? | 1 | 0 |
| | c. | have sex involving anal intercourse (penis to butt)? | 1 | 0 |
| | d. | have sex with a man who might have had sex with other men? | 1 | 0 |
| | e. | trade sex to get drugs, gifts or money?..... | 1 | 0 |
| | f. | use drugs, gifts or money to purchase or get sex?..... | 1 | 0 |
| | f1. | have sex with someone who you thought might have HIV or AIDS? | 1 | 0 |
| | g. | have two or more different sex partners (not necessarily at the same time)?..... | 1 | 0 |
| | h. | have sex with a male partner? | 1 | 0 |
| | j. | have sex with a female partner? | 1 | 0 |
| | k. | have sex without using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy? | 1 | 0 |
| | m. | have a lot of pain during sex or after having had sex?..... | 1 | 0 |
| | n. | use alcohol or other drugs to make sex last longer or hurt less? | 1 | 0 |

[IF 4 TO 12 MONTHS AGO REPORTED IN R2, GO TO R3a]

[IF NO PAST-YEAR MALE PARTNERS, SKIP R2p]

[IF NO PAST-YEAR FEMALE PARTNERS, SKIP R2q]

Please answer the next questions using the number of partners or times.

R2. During the past 90 days...

p. how many sex partners did you have who were male?

Partners

q. how many sex partners did you have who were female?

Partners

SPR r. how many times did you have any kind of vaginal, oral, or anal sex
with another person? **[IF 0, GO TO R3a]**
Times

[IF NO PAST-YEAR BEHAVIOR REPORTED FOR R2a-b OR R2d-f, SKIP THE CORRESPONDING ITEMS]

R2. During the past 90 days when you had sex, how many times...

s. did you have sex with **any kind of condom, dental dam or other barrier** to protect you and your partner from diseases or pregnancy?
Times

t. did you have sex while you or your partner were **high on alcohol or other drugs?**
Times

u. did you have sex with someone who was an **injection drug user?** ...
Times

v. did you have sex with a man who might have had **sex with other men?**
Times

w. did you **trade sex** for drugs, gifts or money?
Times

x. did you have sex with someone who you thought might have **HIV or AIDS?**
Times

R3a. What forms of contraception do you or your partner try to use, if at all, to avoid pregnancy or sexually transmitted diseases? (Any other methods?)

MENTIONED

	<u>Yes</u>	<u>No</u>
1. Do not regularly use contraceptives	1	0
2. Following (your/your partner's) period or cycle.....	1	0
3. Pulling out before (you/your partner) comes.....	1	0
4. A douche, foam or suppository	1	0
5. A birth control pill	1	0
6. An intrauterine device (IUD).....	1	0
7. A condom or other barrier	1	0
8. Not having intercourse	1	0
9. Sterile, tubes tied, vasectomy or infertile	1	0
99. Something else (Please describe)	1	0

v. _____

Using **Card A...**

R4. When was the **last** time you smoked or used any kind of tobacco? Please include cigarettes, cigars, chewing tobacco and pipes.

(Select one)

- Within the past two days 6
 3 to 7 days ago 5
 1 to 4 weeks ago 4
 1 to 3 months ago 3
 4 to 12 months ago 2 [GO TO R4c]
 More than 12 months ago 1 [GO TO R4c]
 Never 0 [GO TO R5]

Please answer the next questions using the number of days or times.

R4a. **During the past 90 days**, on how many **days** have you smoked or used any kind of tobacco? [IF 0, GO TO R4c]
 Days

R4b. On those days, **how many times per day** did you usually smoke or use any kind of tobacco? (**NOTE:** A pack of cigarettes would be about 20 times.)
 Times

R4c. How old were you when you first smoked or used any kind of tobacco? ...
 Age

Next we want to go over a list of common problems related to tobacco use. After each of the next questions, we would like you to tell us the **last** time you had this problem.

Using **Card B...**

TDS

	Past Month	2-12 months	1+ years	Never
R4c. When was the last time that...				
n. you needed more tobacco to get the same effect?	3	2	1	0
p. you had headaches or other withdrawal symptoms when you tried to stop or cut down on your tobacco use?	3	2	1	0
q. you used more tobacco or used it longer than you meant to?	3	2	1	0
r. you were unable to cut down on or stop using tobacco?	3	2	1	0
s. you spent a lot of time using or getting tobacco?	3	2	1	0
t. tobacco caused you to give up activities or caused problems?	3	2	1	0
u. you kept using tobacco despite medical or psychological problems?	3	2	1	0

Please answer the next questions using the number of days.

R5. **During the past 90 days**, on how many **days** have you...

a. gone without eating or thrown up much of what you did eat?

Days

b. exercised for at least 20 minutes per day?

Days

Please answer the next questions using the number of times.

R6. **During the past 90 days**, how many **times** have you attended classes or sessions on the following topics?

a. Diet or nutrition

Times

b. Exercise

Times

c. Relaxation

Times

d. HIV/AIDS prevention or education

Times

e. Testing or counseling for HIV/AIDS or other health services

Times

f. How to stop smoking

Times

g. Other health education or prevention classes **(Please describe)**

Times

v. _____

Using **Card E...**

AGHS R7. How **soon**, if at all, do you need (more) help with changing your pattern of dieting, exercise, needle use, sexual activity, smoking, or other health risks?

(Select one)

- Right away 4
 In the next 3 months 3
 More than 3 months from now 2
 Getting the help I need already 1 [GO TO R8]
 Do not need any help 0 [GO TO R8]

Please answer the next questions using yes or no.

- R7a. Do you **currently** want (more) help with... Yes No
1. changing your pattern of needle use? 1 0
 2. changing your pattern of sexual behavior? 1 0
 3. getting information about health or prevention? 1 0
 4. diet, exercise or relaxation programs? 1 0
 5. quitting or cutting back on your smoking? 1 0
 99. anything else related to your risk behaviors? (**Please describe**) 1 0

v. _____

<i>For Staff Use Only</i>	
AGUR	R8. Urgency Rating [RUR]: NO <input type="checkbox"/> 0 ALREADY <input type="checkbox"/> 1 GT 3 MO <input type="checkbox"/> 2 0-3 MO <input type="checkbox"/> 3 NOW <input type="checkbox"/> 4
AGDM	R9. DM Rating [RDM]: NONE <input type="checkbox"/> 0 SOME <input type="checkbox"/> 1 MISUNDER <input type="checkbox"/> 2 DENIAL <input type="checkbox"/> 3 MISREP <input type="checkbox"/> 4

M. Mental and Emotional Health

The next questions are about common nerve, mental or psychological problems that many people have. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities or when they make you feel like you cannot go on.

Please answer the next questions using yes or no.

IMDS/ M1a. **During the past 12 months**, have you had **significant** problems with...

GMDS/
SSI

	<u>Yes</u>	<u>No</u>
1. headaches, faintness, dizziness, tingling, numbness, sweating, or hot or cold spells?	1	0
2. sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?	1	0
3. having dry mouth, loose bowel movements, constipation, trouble controlling your bladder, or related itching?	1	0
4. pain or heavy feeling in your heart, chest, lower back, arms, legs or other muscles?	1	0

IMDS/ M1b. **During the past 12 months**, have you had **significant** problems with...

GMDS/
DSS

	<u>Yes</u>	<u>No</u>
1. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	1	0
3. remembering, concentrating, making decisions, or having your mind go blank?	1	0
4. feeling very shy, self-conscious or uneasy about what people thought or were saying about you?	1	0
5. thoughts that other people did not understand you or appreciate your situation?	1	0
6. feeling easily annoyed, irritated, or having trouble controlling your temper?	1	0
7. feeling tired, having no energy, or feeling like you could not get things done?	1	0
8. losing interest or pleasure in work, school, friends, sex or other things you cared about?	1	0
9. losing or gaining 10 or more pounds when you were not trying to? ..	1	0
10. moving and talking much slower than usual?	1	0

IMDS/ M1c. **During the past 12 months, have you...**

GMDS/

HSTS

	<u>Yes</u>	<u>No</u>	
1. thought about killing or hurting someone else?.....	1	0	
2. thought about ending your life or committing suicide?.....	1	0	[IF 0, GO TO M1d]
3. had a plan to commit suicide?	1	0	
4. gotten a gun, pills or other things to carry out your plan?.....	1	0	
5. attempted to commit suicide?	1	0	

M1c6. **During the past week have you thought about ending your life or committing suicide?.....**

1 0

IMDS/ M1d. **During the past 12 months, have you had **significant** problems with...**

GMDS/

AFSS

	<u>Yes</u>	<u>No</u>	
1. feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	1	0	
2. having to repeat an action over and over, or having thoughts that kept running over in your mind?	1	0	
3. trembling, having your heart race, or feeling so restless that you could not sit still?.....	1	0	
4. getting into a lot of arguments and feeling the urge to shout, throw things, beat, injure or harm someone?	1	0	
5. feeling very afraid of open spaces, leaving your home, having to travel or being in a crowd?	1	0	
6. avoiding snakes, the dark, being alone, elevators or other things because they frightened you?	1	0	
7. thoughts that other people were taking advantage of you, not giving you enough credit, or causing you problems?	1	0	
8. thoughts that someone was watching you, following you or out to get you?	1	0	
9. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	1	0	
10. thoughts that you should be punished for thinking about sex or other things too much?	1	0	
11. having a lot of tension or muscle aches because you were worried? .	1	0	
12. being unable or finding it difficult to control your worries?	1	0	

The next questions are about all the different kinds of nerve, mental or psychological problems just mentioned.

Using **Card A...**

- EPS M1e. When was the **last** time, if ever, your life was **significantly** disturbed by nerve, mental or psychological problems or that you felt you could not go on, **including** those things we just talked about?
- (Select one)
- | | |
|--------------------------------|---------------|
| Within the past two days | 6 |
| 3 to 7 days ago | 5 |
| 1 to 4 weeks ago | 4 |
| 1 to 3 months ago..... | 3 |
| 4 to 12 months ago..... | 2 [GO TO M1j] |
| More than 12 months ago | 1 [GO TO M1j] |
| Never | 0 [GO TO M2] |

Please answer the next questions using the number of days.

- M1f. **During the past 90 days**, on how many **days** were you bothered by any nerve, mental, or psychological problems?
- Days

- M1g. **During the past 90 days**, on how many **days** did these problems keep you from meeting your responsibilities at work, school or home, or make you feel like you could not go on?.....
- Days

The next questions are about whether and how these problems have interacted with your drug and alcohol use.

Please answer the next questions using yes or no.

- | M1j. Do these psychological problems... | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. go away when you use alcohol or other drugs? | 1 | 0 |
| 2. get worse when or after you have been using alcohol or other drugs? | 1 | 0 |
| 3. happen only when or after you have been using alcohol or other drugs? | 1 | 0 |
| 4. happen even when you have not been using alcohol or other drugs? | 1 | 0 |

- M1k. How **old** were you when you **first** started having these kinds of psychological problems?
- Age

The next set of questions is about any upsetting **memories** or **feelings** that keep bothering you from times when **you** or **someone close to you** was in danger of being hurt, was actually hurt, or died. This includes memories related to emotional, physical or sexual abuse; serious illness; accidents or disasters; violence in your community; war; or other traumatic events.

Using **Card A...**

- EPS M2. When was the **last** time, if ever, your life was disturbed by **memories** or **feelings** of something you did, something you saw, something that happened to you, or something you heard about happening to someone else?

(Select one)

- Within the past two days 6
 3 to 7 days ago 5
 1 to 4 weeks ago 4
 1 to 3 months ago 3
 4 to 12 months ago 2
 More than 12 months ago 1 [GO TO M3]
 Never 0 [GO TO M3]

Please answer the next questions using yes or no.

- IMDS/ M2. **During the past 12 months**, have the following situations happened to
 TSS you?
- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. When something reminded you of the past, you became very distressed and upset | 1 | 0 |
| b. You had nightmares about things in your past that really happened.. | 1 | 0 |
| c. When you thought of things you had done, you wished you were dead..... | 1 | 0 |
| d. It seemed as if you had no feelings..... | 1 | 0 |
| e. Your dreams at night were so real that you awoke in a cold sweat and forced yourself to stay awake | 1 | 0 |
| f. You felt like you could not go on | 1 | 0 |
| g. You were frightened by your urges | 1 | 0 |
| h. You used alcohol or other drugs to help yourself sleep or forget about things that happened in the past..... | 1 | 0 |
| j. You lost your cool and exploded over minor, everyday things..... | 1 | 0 |
| k. You were afraid to go to sleep at night..... | 1 | 0 |
| m. You had a hard time expressing your feelings, even to the people you cared about..... | 1 | 0 |
| n. You felt guilty about things that happened because you felt like you should have done something to prevent them | 1 | 0 |

[IF NONE REPORTED IN M2a-n, GO TO M2q]

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| M2p. Have you ever had any of the problems just mentioned for three or more months? | 1 | 0 |

[IF 4 TO 12 MONTHS AGO REPORTED IN M2, GO TO M3]

Please answer the next question using the number of days.

EPS M2q. **During the past 90 days**, on how many **days** have you been disturbed by memories of things from the past that you did, saw or had happen to you?.....
Days

Using **Card A...**

EPS M3. When was the **last** time, if ever, you had any problems paying attention, controlling your behavior, or broke rules you were supposed to follow?
(Select one)

Within the past two days	6
3 to 7 days ago	5
1 to 4 weeks ago	4
1 to 3 months ago.....	3
4 to 12 months ago.....	2
More than 12 months ago	1 [GO TO M4]
Never	0 [GO TO M4]

Please answer the next questions using yes or no.

BCS/ IDS	M3a. During the past 12 months , have you done the following things two or more times ?	<u>Yes</u>	<u>No</u>
	1. Made mistakes because you were not paying attention.....	1	0
	2. Had a hard time paying attention at school, work or home.....	1	0
	3. Had a hard time listening to instructions at school, work or home. ...	1	0
	4. Not followed instructions or not finished your assignments.	1	0
	5. Had a hard time staying organized or getting everything done.....	1	0
	6. Avoided things that took too much effort, like school work or paperwork.....	1	0
	7. Lost things that you needed for school, work or home.	1	0
	8. Been unable to pay attention when other things were going on.....	1	0
	9. Been forgetful or absentminded.	1	0
BCS/ HIS	10. Fidgeted or had a hard time keeping your hands or feet still when you were supposed to.	1	0
	11. Been unable to stay in a seat or where you were supposed to stay. ...	1	0
	12. Felt restless or the need to run around or climb on things.....	1	0
	13. Gotten in trouble for being too loud when you were playing or relaxing.	1	0
	14. Felt like you were always on the go or driven by a motor.	1	0
	15. Talked too much or had others complain that you talked too much...	1	0
	16. Gave answers before the other person finished asking the question. .	1	0
	17. Had a hard time waiting for your turn.	1	0
	18. Interrupted or butted into other people's conversations or games.	1	0

[IF NONE REPORTED IN M3a1-18, GO TO M3b]

Yes No

M3a19. Have you ever had any of the problems just mentioned for six or more months in your lifetime? 1 0

M3a20. How **old** were you when you **first** started having problems with paying attention or controlling your behavior?
Age

Please answer the next questions using yes or no.

BCS/ CDS	M3b.	During the past 12 months , have you done the following things two or more times ?	<u>Yes</u> <u>No</u>
	1.	Been a bully or threatened other people.	1 0
	2.	Started physical fights with other people.	1 0
	3.	Used a weapon in fights.	1 0
	4.	Been physically cruel to other people.....	1 0
	5.	Been physically cruel to animals.	1 0
	6.	Taken a purse, money or other things from another person by force.	1 0
	7.	Forced someone to have sex with you when they did not want to.	1 0
	8.	Set fires.	1 0
	9.	Broken windows or destroyed property.....	1 0
	10.	Taken money or things from a house, building or car.	1 0
	11.	Lied or conned to get things you wanted or to avoid having to do something.	1 0
	12.	Taken things from a store or written bad checks to buy things.	1 0
	13.	Stayed out at night later than your parents or partner wanted.	1 0
	14.	Run away from home (partner) for at least one night.....	1 0
	15.	Skipped work or school.	1 0

M3b17. **Before you were 18**, did you ever run away for 2 or more days or two or more times? 1 0

M3b.	Before you were 13 years old , did you...	<u>Yes</u> <u>No</u>
	18. often stay out at night later than your parents wanted?	1 0
	19. skip school or work many times?	1 0

[IF NONE REPORTED IN M3b1-19, GO TO M3c]

M3b20. Have you ever had any of the problems just mentioned for six or more months? 1 0

M3b21. How **old** were you when you **first** started having these problems with other people, animals, property or breaking rules?
Age

[IF 4 TO 12 MONTHS AGO REPORTED IN M3, GO TO M4]

[NOTE: The next questions include behaviors reported in M3a and M3b.]

Please answer the next question using the number of days.

EPS M3c. **During the past 90 days**, on how many **days** have you had any problems paying attention, controlling your behavior, or broke rules you were supposed to follow?
Days

Please answer the next questions using yes or no.

		M4. Do each of the next statements describe you during the past 12 months?		<u>Yes</u>	<u>No</u>
PCSS/ CPI	a.	You could not really trust people.		1	0
	b.	Rather than get mad, you wanted to get even.		1	0
	c.	You daydreamed or tried to space out the world a lot.		1	0
	d.	You did not care to be around other people much.		1	0
	e.	You were not very emotional about other people or things.		1	0
	f.	You were afraid that you were crazy.		1	0
PCSS/ IPI	g.	You often did not pay bills or live up to your commitments.		1	0
	h.	You lied often and easily.		1	0
	j.	You got bored easily or hated routines.		1	0
	k.	You often acted before thinking about the trouble you might get into.		1	0
	m.	You were a very moody person or had your feelings toward others change drastically.		1	0
	n.	You did not like being told by others what you should be doing.		1	0
PCSS/ WPI	p.	You could usually get people to do things your way.		1	0
	q.	Other people think your problems are worse than they really are.		1	0
	r.	You spent a lot of time trying to think through your problems or decide what to do.		1	0
	s.	You got mad at yourself a lot because you did not do a good enough job.		1	0
	t.	You felt like you could not make it through life.		1	0
	u.	You had a hard time deciding what to do.		1	0
	v.	You had a hard time changing the way you did things.		1	0
	w.	You often felt critical of others or picked on them.		1	0
	x.	You were very concerned about your health and other things that happened to you.		1	0

M4z.	During the past 12 months , have you...	<u>Yes</u>	<u>No</u>	
1.	cut, burned or hurt yourself on purpose?	1	0	[IF NO, GO TO M5a]
2.	needed medical treatment after you cut, burned or hurt yourself on purpose?	1	0	
3.	felt like you could not stop yourself from cutting, burning or hurting yourself?	1	0	

Please answer the next questions using the number of days.

M4z4. **During the past 90 days**, on how many **days** have you cut, burned or hurt yourself on purpose?
Days

The next questions are about **treatment** for mental, emotional, behavioral or psychological problems. This includes taking medication like Ritalin that a regular doctor may have given you to help you focus or calm down. Do not count treatment that was **only** for substance use or health problems.

M5a. Has a doctor, nurse or counselor **ever** told you that you have a mental, emotional or psychological problem, or told you the name of a particular condition you have or had? 1 0 [IF NO, GO TO M5b]

M5a. What did they say? (**Please record and select all that apply**)

v1. _____

MENTIONED

	Yes	No
1. Alcohol or drug dependence	1	0
2. Attention-deficit/hyperactivity disorder	1	0
3. Antisocial personality disorder	1	0
4. Anxiety or phobia disorder	1	0
5. Borderline personality	1	0
6. Conduct disorder	1	0
7. Major depression	1	0
8. Other depression, dysthymia, bipolar or mood disorder	1	0
9. Mental retardation, developmental or other communication disorder	1	0
10. Oppositional defiant disorder	1	0
11. Pathological gambling	1	0
12. Post or acute traumatic stress disorder	1	0
13. Somatoform, pain, sleep, eating or body disorder	1	0
14. Other cognitive disorder (like delirium, dementia, amnesic)	1	0
15. Other mental breakdown, nerves or stress	1	0
16. Other personality disorder (like avoidant, dependent, histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid or schizotypal)	1	0
17. Other schizophrenia or psychotic disorder	1	0
99. Other (Please describe in M5av1)	1	0

Please answer the next questions using the number of times.

M5. How many **times in your life** have you...

b. been treated in an emergency room for mental, emotional, behavioral or psychological problems?
 Times

c. been admitted for at least one night to a hospital for mental, emotional, behavioral or psychological problems?
 Times

Yes No

M5d. Are you currently taking medication for mental, emotional, behavioral or psychological problems? **(Please describe)** 1 0

v. _____

Using **Card A...**

MHTI M5e. When was the **last** time, if ever, you were treated for a mental, emotional, behavioral or psychological problem by a mental health specialist or in an emergency room, hospital or outpatient mental health facility, or with prescribed medication?

(Select one)

Within the past two days 6

3 to 7 days ago 5

1 to 4 weeks ago 4

1 to 3 months ago 3

4 to 12 months ago 2 [GO TO M6]

More than 12 months ago 1 [GO TO M6]

Never 0 [GO TO M6]

Please answer the next questions using the number of times, nights or days.

[IF NO LIFETIME SERVICE USE IN M5b OR M5c, SKIP THE RESPECTIVE ROW IN M5f AND M5g]

MHTI M5. **During the past 90 days**, how many...

f. **times** have you had to go to the **emergency room** for mental, emotional, behavioral or psychological problems?
Times

g. **nights** total did you spend in the **hospital** for mental, emotional, behavioral or psychological problems?
Nights

h. **times** did you see a mental health doctor in an **office or outpatient clinic** for mental, emotional, behavioral or psychological problems?
Times

h1. **days** did you take prescribed **medication** for mental, emotional, behavioral or psychological problems?
Days

Yes No

M5j. Are you currently being treated for a mental, emotional, behavioral or psychological problem? **(Where do you go?)** 1 0 [IF NO, GO TO M6]

v. _____

M5k. How long have you been treated **regularly**? + + +
Years Months Weeks Days

Using **Card E...**

AGHS M6. How **soon**, if at all, do you need (more) help with your **current** mental, emotional, behavioral or psychological problems?

(Select one)

- Right away 4
 In the next 3 months 3
 More than 3 months from now 2
 Getting the help I need already 1 [GO TO M7]
 Do not need any help 0 [GO TO M7]

Please answer the next questions using yes or no.

- | M6a. Do you currently want (more) help with... | | Yes | No |
|---|--|-----|----|
| 1. | how you have been feeling emotionally? | 1 | 0 |
| 2. | how your mind or body seem to be working? | 1 | 0 |
| 3. | how you control your mind or behavior? | 1 | 0 |
| 4. | concerns about suicide? | 1 | 0 |
| 5. | memories that disturb you? | 1 | 0 |
| 6. | getting medication to help control yourself? | 1 | 0 |
| 99. | anything else related to your emotional or mental situation? (Please describe)..... | 1 | 0 |

v. _____

<i>For Staff Use Only</i>	
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AGUR	M7. Urgency Rating [MUR]: NO <input type="checkbox"/> ALREADY <input type="checkbox"/> GT 3 MO <input type="checkbox"/> 0-3 MO <input type="checkbox"/> NOW <input type="checkbox"/>
------	--

AGDM	M8. DM Rating [MDM]: NONE <input type="checkbox"/> SOME <input type="checkbox"/> MISUNDER <input type="checkbox"/> DENIAL <input type="checkbox"/> MISREP <input type="checkbox"/>
------	--

E. Environment and Living Situation

The next questions are about places where you spend most of your time and the people you spend your time with. First we would like to ask some questions about where you live.

E1. What kind of housing do you **currently** live in?

(Clarify and code)

- A house, apartment or room you, your spouse, your partner, or your
parents rent or own 1
- A foster home 2
- A public housing or rent-subsidized apartment or house registered in
your or your family's name 3
- A friend or relative's house, apartment or room 4
- An unsupervised dormitory or quarters, such as at college, religious or
military quarters or agriculture or other workers' quarters 5
- A nursing home or any other kind of group home 6
- Any kind of hospital, inpatient or residential facility for medical,
mental, alcohol or drug-related problems 7
- A jail, detention center, correctional halfway house or other
correctional institution 8
- Temporary or emergency shelter for people who are homeless,
runaways, neglected or abused 9
- Vacant buildings, public or commercial facilities, parks, cars or on the
street because you do not have a place to stay 10
- Any other housing situation (**Please describe**) 99

v. _____

E1a. How **long** have you been living there? + + +
Years Months Weeks Days

Using **Card A...**

RERI E1b. When was the **last** time, if ever, that you considered yourself to be homeless?

(Select one)

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago 3
- 4 to 12 months ago 2
- More than 12 months ago 1
- Never 0

Yes No

E1c. Can you continue to stay where you are now? 1 0

Please answer the next questions using the number of days.

E1d. **During the past 90 days**, on how many **days** have you been homeless or had to stay with someone else to avoid being homeless?
Days

E2. **During the past 90 days**, on how many **days** have you lived someplace...

a. where **you** paid any rent or mortgage or money to stay there?
Days

b. where any part of the rent was paid for by public housing or a public housing voucher?
Days

c. that would be considered a homeless shelter or emergency housing?
Days

The next two questions are about alcohol and other drug use at home or where you are living.

RERI E2. **During the past 90 days**, on how many **days** did...

d. **other people** use alcohol **where you were living**?
Days

e. **other people** use drugs **where you were living**?
Days

RERI E2f. **During the past 90 days**, on how many **days** did you live someplace where you were not free to come and go as you please - such as jail, an inpatient program, or a hospital?
Days

RERI E3. **During the past 90 days**, on how many **days** have you gotten into trouble at home or with your family for any reason?
Days

Please answer the next questions using yes or no.

E3a1. **During the past 12 months**, have you lived with anyone other than yourself? Yes No
1 0 [IF NO, GO TO E3b1]

E3a. Who have you lived with? (Code or say, "Have you lived with"...) (Anyone else?)

MENTIONED

	<u>Yes</u>	<u>No</u>
2. Spouse, significant companion or other sexual partner	1	0
3. Parents	1	0
3a. Stepparent	1	0
4. Your biological or adopted children age 12 or less	1	0
5. Your biological or adopted children over the age of 12	1	0
6. Your brothers or sisters age 12 or less	1	0
7. Your brothers or sisters over the age of 12	1	0
8. Other relatives	1	0
9. Other children age 12 or less	1	0
10. Other children over the age of 12	1	0
11. Other adult roommates	1	0
12. Foster parents	1	0
13. Institutional staff	1	0
99. Other (Please describe)	1	0

v. _____

	<u>Yes</u>	<u>No</u>	
E3b1. Have you ever been married or lived as married with someone?	1	0	[IF NO, SELECT 8 IN E3b2 AND GO TO E3c]

E3b2. What is your **current** marital status?

(Clarify and code)

Married	1
Remarried	2
Living with someone as married	3
Married but living apart	4
Divorced	5
Legally separated	6
Widowed	7
Never married and not living as married	8

E3c. Do you currently have significant sexual or romantic attractions mostly to...

(Select one)

- the opposite sex? 1
 the same sex? 2
 both males and females? 3
 neither males or females? 5
 not sure? 6
 or something else? **(Please describe)** 99

v. _____

E3d. Which of the following labels best fits how you would describe your sexual orientation identity?

(Select one)

- Non-sexual or asexual 1
 Heterosexual or straight 2
 Homosexual, gay or lesbian 3
 Bisexual 5
 Questioning or curious 6
 Not sure 7
 Other **(Please describe)** 99

v. _____

E4. How many children, if any, do you have under the age of 21? **[IF 0, GO TO E5]**
 Children

E4a. **During the past 12 months**, who has had legal custody of the children (Anyone else during the past 12 months)?

MENTIONED

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. You | 1 | 0 |
| 2. Your spouse or child's other parent | 1 | 0 |
| 3. Other relative | 1 | 0 |
| 4. Department of Children and Family Services (DCFS) or a court | 1 | 0 |
| 5. The children ran away | 1 | 0 |
| 6. The children were adopted | 1 | 0 |
| 7. The children legally live on their own | 1 | 0 |
| 99. Some other situation (Please describe) | 1 | 0 |

v. _____

E4b. Do you still **have or want** legal custody of **any** of your children? Yes No
 1 0 **[IF NO, GO TO E5]**

Please answer the next questions using the number of children or days.

E4b1. For how many of the children living with you are you the primary caregiver?.....
Children

E4c. **During the past 90 days**, how many children under 21 do you have who have been in foster care?..... [IF 0, GO TO E4e]
Children

E4d. **During the past 90 days**, on how many **days** were they in foster care? (Use the average if more than one child).....
Days

E4e. **During the past 90 days**, how many children under 21 do you have who have been in a group home or child care institution? [IF 0, GO TO E4g]
Children

E4f. **During the past 90 days**, on how many days were they in a group home or child care institution? (Use average if more than one child).....
Days

E4g. **During the past 90 days**, how many children under 21 do you have who have been living with someone else?.....
Children

E4h. What is the **age** of the **youngest** child whom you have custody of (or are trying to get custody of)?.....
Age

Please answer the next questions for all your children under age 21 using yes or no.

CAS	E4.	During the past 12 months , have you done any of the following things with these children?	<u>Yes</u>	<u>No</u>
	j.	Spent 30 minutes or more playing with them.....	1	0
	k.	Taken them to an organized activity or event.....	1	0
	m.	Read a book to them	1	0
	n.	Worked with them on homework or taught them to read, write, or do math	1	0
	p.	Met with a teacher, social worker, lawyer, court official or police officer about them.....	1	0

CFS	E4q.	During the past 12 months, (has this child/have these children) been doing well in terms of...	<u>Yes</u>	<u>No</u>
	1.	doing schoolwork and learning?	1	0
	2.	avoiding alcohol and drugs?	1	0
	3.	avoiding illegal activities?	1	0
	4.	getting along with other people?	1	0
	5.	getting to places on time?	1	0
	6.	health?	1	0

For the following questions, please do not count people **just** because they are in the same building (e.g., jail, detention, school), or because you only see them a few times.

Using number of people...

- E5. **During the past 12 months**, how many people would you say you have **regularly lived with**, including your parents and family? [IF 0, GO TO E6]
People

Using **Card C**...

LRI/ ERS	E5.	Of the people you have regularly lived with , would you say that none, a few, some, most or all of them...	<u>None</u>	<u>A Few</u>	<u>Some</u>	<u>Most</u>	<u>All</u>
	a.	were employed or in school or training full time ?..	4	3	2	1	0
	b.	were involved in illegal activity?.....	0	1	2	3	4
	c.	weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
	d.	used any drugs during the past 90 days ?	0	1	2	3	4
	e.	shout, argue and fight most weeks?.....	0	1	2	3	4
	f.	have ever been in drug or alcohol treatment?.....	4	3	2	1	0
	g.	would describe themselves as being in recovery? ...	4	3	2	1	0

Using number of people...

- E6. **During the past 12 months**, how many people would you say you spend most of your time with at work, a training program or school? [IF 0, GO TO E7]
People

Using **Card C**...

VRI/ ERS	E6.	Of the people you have regularly worked or gone to school with , would you say that none, a few, some, most or all of them	<u>None</u>	<u>A Few</u>	<u>Some</u>	<u>Most</u>	<u>All</u>
	a.	were employed or in school or training full time ?..	4	3	2	1	0
	b.	were involved in illegal activity?.....	0	1	2	3	4
	c.	weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
	d.	used any drugs during the past 90 days ?	0	1	2	3	4
	e.	shout, argue and fight most weeks?.....	0	1	2	3	4
	f.	have ever been in drug or alcohol treatment?.....	4	3	2	1	0
	g.	would describe themselves as being in recovery? ...	4	3	2	1	0

Using number of people...

- E7. **During the past 12 months**, how many people would you say you spend most of your free time with or hang out with? [IF 0, GO TO E8]
People

Using **Card C...**

SRI/ ERS	E7.	Of the people you have regularly socialized with , would you say that none, a few, some, most or all of them...	<u>None</u>	<u>A Few</u>	<u>Some</u>	<u>Most</u>	<u>All</u>
	a.	were employed or in school or training full time ?..	4	3	2	1	0
	b.	were involved in illegal activity?.....	0	1	2	3	4
	c.	weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
	d.	used any drugs during the past 90 days ?	0	1	2	3	4
	e.	shout, argue and fight most weeks?.....	0	1	2	3	4
	f.	have ever been in drug or alcohol treatment?.....	4	3	2	1	0
	g.	would describe themselves as being in recovery? ...	4	3	2	1	0

No matter how hard people try, they sometimes have conflicts or disagreements. Next is a list of various ways people try to settle their differences. The first set of questions is about what you may have done.

Using **Card A...**

- RERI E8. When was the **last** time, if ever, that during an argument with someone else **you** swore, cursed, threatened them, threw something, or pushed or hit them in any way?
- (Select one)
- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago..... 3
- 4 to 12 months ago..... 2
- More than 12 months ago 1 [GO TO E9]
- Never 0 [GO TO E9]

Please answer the next questions using yes or no.

GCTS	E8.	During the past 12 months , have you had a disagreement in which you...	<u>Yes</u>	<u>No</u>
	a.	discussed it calmly and settled the disagreement?.....	1	0
	b.	left the room or area rather than argue?.....	1	0
	c.	insulted, swore or cursed at someone?	1	0
	d.	threatened to hit or throw something at another person?.....	1	0
	e.	actually threw something at someone?.....	1	0
	f.	pushed, grabbed or shoved someone?	1	0
	g.	slapped another person?.....	1	0
	h.	kicked, bit or hit someone?.....	1	0
	j.	hit or tried to hit anyone with something (an object)?.....	1	0
	k.	beat up someone?	1	0
	m.	threatened anyone with a knife or gun?.....	1	0
	n.	actually used a knife or gun on another person?	1	0

[IF 4 TO 12 MONTHS AGO REPORTED IN E8, GO TO E9]

Please answer the next question using the number of days.

RERI	E8p.	During the past 90 days , on how many days did you have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way?	<u> </u> <u> </u> <u> </u>
			Days

The next questions are about things that other people may have done to **you**.

Please answer the next questions using yes or no.

GVS	E9.	Has anyone ever ...	<u>Yes</u>	<u>No</u>
	a.	attacked you with a gun, knife, stick, bottle or other weapon?	1	0
	b.	hurt you by striking or beating you to the point that you had bruises, cuts, or broken bones or otherwise physically abused you? .	1	0
	c.	pressured or forced you to participate in sexual acts against your will, including your regular sex partner, a family member or friend?	1	0
	d.	abused you emotionally ; that is, did or said things to make you feel very bad about yourself or your life?.....	1	0

[IF ALL OF E9a-d ARE NO, GO TO E9n]

E9e.	About how old were you the first time any of these things happened to you?.....	<u> </u> <u> </u> <u> </u>
		Age

		<u>Yes</u>	<u>No</u>
E9e18.	[IS E9e UNDER 18?]	1	0

Please answer the next questions using yes or no.

- | | | <u>Yes</u> | <u>No</u> |
|-----|--|------------|-----------|
| E9. | Did any of the previous things happen... | | |
| f. | several times or over a long period of time? | 1 | 0 |
| g. | with more than one person involved in hurting you? | 1 | 0 |
| h. | where one or more of the people involved was a family member,
close family friend, professional or someone else you had trusted? .. | 1 | 0 |
| j. | to the point that you were afraid for your life or afraid that you
might be seriously injured? | 1 | 0 |
| k. | and result in oral, vaginal or anal sex? | 1 | 0 |
| m. | and people you told did not believe or help you? | 1 | 0 |
| E9. | Are you currently worried that someone might... | <u>Yes</u> | <u>No</u> |
| n. | attack you with a gun, knife, stick, bottle or other weapon? | 1 | 0 |
| p. | hurt you by striking or beating , or otherwise physically abuse
you? | 1 | 0 |
| q. | pressure or force you to participate in sexual acts against your
will? | 1 | 0 |
| r. | abuse you emotionally ? | 1 | 0 |

[IF E9a-d AND E9f-r ARE ALL NO, GO TO E9t]

- | | | <u>Yes</u> | <u>No</u> |
|------|--|------------|-----------|
| E9s. | Have you gotten the help you need to deal with these problems? | 1 | 0 |

Using **Card A...**

- | | | | |
|------|------|---|---------------|
| RERI | E9t. | When was the last time, if ever, you were attacked with a weapon, beaten,
sexually abused, or emotionally abused? | |
| | | | (Select one) |
| | | Within the past two days | 6 |
| | | 3 to 7 days ago | 5 |
| | | 1 to 4 weeks ago | 4 |
| | | 1 to 3 months ago | 3 |
| | | 4 to 12 months ago | 2 [GO TO E10] |
| | | More than 12 months ago | 1 [GO TO E10] |
| | | Never | 0 [GO TO E10] |

Please answer the next question using the number of days.

- | | | | |
|------|------|---|--|
| RERI | E9u. | During the past 90 days , on how many days were you attacked with a
weapon, beaten, sexually abused or emotionally abused? | <input type="text"/> <input type="text"/> <input type="text"/> |
| | | | Days |

Please answer the next questions using yes or no.

PSSI	E10.	During the past 12 months , have you been under stress for any of the following reasons related to your family, friends, classmates or coworkers?	<u>Yes</u>	<u>No</u>
	1.	Birth or adoption of a new family member.	1	0
	2.	Health problem of a family member or close friend.	1	0
	3.	Major change in relationships (marriage, divorce, separations).....	1	0
	4.	Death of a family member or close friend.	1	0
	5.	Fights with boss, teacher, coworkers or classmates.	1	0
	99.	Other changes or problems in family or primary support groups. (Please describe)	1	0

v. _____

OSSI	E11.	During the past 12 months , have you been under stress because of the following other kinds of demands on you?	<u>Yes</u>	<u>No</u>
	1.	Major change in housing or bad housing.	1	0
	2.	New job, position or school.	1	0
	3.	Hard work or school schedule.	1	0
	4.	Problems with transportation.	1	0
	5.	Discrimination in community, work, school or transportation.	1	0
	6.	Threat of losing current housing, job, school or transportation.....	1	0
	7.	Interruption or loss of housing, job, school or transportation.	1	0
	8.	Something you saw or that happened to someone close to you. (Please describe)	1	0

v. _____

99. Other environmental demands on you. **(Please describe)** 1 0

v. _____

Please answer the next questions using yes or no.

SSEI	E12a.	During the past 12 months , which of the following areas do you consider to be your strengths?	<u>Yes</u>	<u>No</u>
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0

E12b. What do you consider your most important **strengths** as a person?

v1. _____

Please answer the next questions using yes or no.

GSSI	E12c.	During the past 12 months , did you have the following kinds of social support ?	<u>Yes</u>	<u>No</u>
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0

E12d. Which people, agencies or things do you consider your most important sources of social support?

v1. _____

Please answer the next questions using yes or no.

	<u>Yes</u>	<u>No</u>
E13c2. Do you regularly attend services or ceremonies?	1	0

	<u>Yes</u>	<u>No</u>
E13d. Do you consider your religious or spiritual beliefs to...		
1. be very strong?	1	0
2. be very important to you?	1	0
3. often influence your decisions?	1	0
	<u>Yes</u>	<u>No</u>

E13e. Is it important for your friends to share your religious or spiritual beliefs?	1	0
--	---	---

Please answer the next questions using the number of days.

RERI E14. During the past 90 days , on how many days have you been to a formal activity where...	
a. no one was using alcohol or other drugs?.....	<input type="text"/> <input type="text"/> Days
b. people were using alcohol or other drugs?	<input type="text"/> <input type="text"/> Days

Please answer the next questions using yes or no.

	<u>Yes</u>	<u>No</u>
GSI E15a. Are you satisfied with		
1. where you are living?	1	0
2. your family relationships?	1	0
3. your sexual or marital relationships?	1	0
4. your school and work situations?	1	0
5. how you spend your free time?	1	0
6. the extent to which you are coping with or getting help with your problems?	1	0

Using **Card E...**

AGHS E16. How soon , if at all, do you need (more) help with issues related to your current environment, living situation or sexual orientation? (Would you say...)	
	(Select one)
Right away	4
In the next 3 months	3
More than 3 months from now	2
Getting the help I need already	1 [GO TO E17]
Do not need any help	0 [GO TO E17]

Please answer the next questions using yes or no.

E16a. Do you currently want (more) help with...	<u>Yes</u>	<u>No</u>
1. your housing?	1	0
2. parenting or children you are living with or see regularly?.....	1	0
3. people with whom you live, work, go to school or socialize?.....	1	0
4. how you spend your free time and get social support?.....	1	0
5. people you have been avoiding, or arguing or fighting with?	1	0
6. people who have or might attack or abuse you physically, sexually or emotionally?	1	0
7. how you handle arguments?	1	0
8. issues related to sexual orientation, attractions, or gender identity? ..	1	0
99. anything else related to your environment or social situation or coping? (Please describe)	1	0
v. _____		

<i>For Staff Use Only</i>	
AGUR	E17. Urgency Rating [EUR]: NO <input type="checkbox"/> _0 ALREADY <input type="checkbox"/> _1 GT 3 MO <input type="checkbox"/> _2 0-3 MO <input type="checkbox"/> _3 NOW <input type="checkbox"/> _4
AGDM	E18. DM Rating [EDM]: NONE <input type="checkbox"/> _0 SOME <input type="checkbox"/> _1 MISUNDER <input type="checkbox"/> _2 DENIAL <input type="checkbox"/> _3 MISREP <input type="checkbox"/> _4

L. Legal (Civil and Criminal)

This section deals with the legal system and behaviors that may get you into trouble or be against the law. Recall that your answers here are protected and will be used only for your treatment and to help us evaluate our program.

Please answer the next questions using yes or no.

- | | | | |
|--|---|------------|-----------|
| L1. Are you currently involved in any of the following kinds of civil proceedings ? | | <u>Yes</u> | <u>No</u> |
| 1. | Traffic court..... | 1 | 0 |
| 2. | A child custody case..... | 1 | 0 |
| 3. | Divorce proceedings..... | 1 | 0 |
| 4. | A lawsuit..... | 1 | 0 |
| 99. | Any other civil proceedings (Please describe)..... | 1 | 0 |
| v. _____ | | | |

[SELECT 0 IF NEVER MARRIED AND NO CHILDREN]

- L2. As a result of a divorce or child custody case, do you have **any** settlements or ongoing alimony or child support payments you are supposed to make?

(Clarify and code)

No	0 [GO TO L3]
Only alimony	1
Only child support	2
Both	3

- L2a. How much is either the total payment or payment per month? \$|_|_|_|_|,|_|_|_|_|
Total Still Due
\$|_|_|_|_|,|_|_|_|_|
Dollars Per Month

Yes No

- L2b. Are your payments up to date? 1 0

Using Card A...

- IAS L3. When was the **last** time you did anything you thought might get you in trouble or be against the law besides using alcohol or other drugs?

(Select one)

Within the past two days	6
3 to 7 days ago	5
1 to 4 weeks ago	4
1 to 3 months ago.....	3
4 to 12 months ago.....	2
More than 12 months ago	1 [GO TO L4]
Never	0 [GO TO L4]

Please answer the next questions using the number of times.

L3a. **During the past 12 months**, how many **times** have you...

GCS/
PCS

1. purposely damaged or destroyed property that did not belong to you?
Times
2. bought, received, possessed or sold any stolen goods?
Times
3. passed bad checks, forged or altered a prescription, or took money from an employer?
Times
4. taken something from a store without paying for it?
Times
5. other than from a store, taken money or property that didn't belong to you?
Times
6. broken into a house or building to steal something or just to look around?
Times
7. taken a car that didn't belong to you?
Times

GCS/
ICS

8. used a weapon, force, or strong-arm methods to get money or things from a person?
Times
9. hit someone or gotten into a physical fight?
Times
10. hurt someone badly enough they needed bandages or a doctor?
Times
11. used a knife or gun or some other thing, like a club, to get something from a person
Times
12. made someone have sex with you by force when they did not want to have sex?
Times
13. been involved in the death or murder of another person, including accidents?
Times
14. intentionally set a building, car or other property on fire?
Times

GCS/
DCS

15. driven a vehicle while under the influence of alcohol or illegal drugs?
Times
16. sold, distributed or helped to make illegal drugs?
Times
17. traded sex for food, drugs or money?
Times

L3a. **During the past 12 months**, how many **days** have you...

18. been a member of a gang?
Days

19. gambled illegally?
Days

99. done something else, other than drug use, that would have gotten you into trouble with the police if they had known about it? **(Please describe)**.....
Days

v. _____

[IF 4 TO 12 MONTHS AGO REPORTED IN L3, GO TO L4]

Please answer the next questions using the number of days.

IAS L3d. **During the past 90 days**, on how many **days** were you involved in any activities you thought might get you into trouble or be against the law, besides drug use? **[IF 0, GO TO L4]**
Days

L3. On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)...

e. in order to support yourself financially?.....
Days

f. in order to obtain alcohol or other drugs?.....
Days

g. while you were high or drunk?
Days

Please answer the next questions using the number of tickets or times.

L4. **In your lifetime**, about how many tickets have you gotten for minor traffic violations? Do not include any that led to an arrest.
Tickets

L4a. **In your lifetime**, about how many **times** have you been picked up by the police for status offenses such as running away or truancy?
Times

L5. **In your lifetime, how many times have you been arrested and charged with a crime?** Please include all the times this happened, even if you were then released or the charges were dropped. [IF 0, GO TO L6]
Times

L5a. What were the charges? (Were there any other charges?)
(If more than 5 arrests, ask all as: For which of the following offenses have you ever been arrested and charged with?)

MENTIONED

	Yes	No
1. Vandalism or property destruction	1	0
2. Receiving, possessing or selling stolen goods.....	1	0
3. Passing bad checks, forgery, or fraud.....	1	0
4. Shoplifting	1	0
5. Larceny or theft	1	0
6. Burglary or breaking and entering.....	1	0
7. Motor vehicle theft	1	0
8. Robbery	1	0
9. Simple assault or battery	1	0
10. Aggravated assault or battery	1	0
11. Forcible rape	1	0
12. Murder, homicide or non-negligent manslaughter	1	0
13. Arson	1	0
14. Driving under the influence.....	1	0
15. Drunkenness or other liquor law violation	1	0
16. Possession, dealing, distribution or sale of drugs.....	1	0
17. Prostitution, pimping, or commercialized sex	1	0
18. Probation or parole violations	1	0
19. Illegal gambling.....	1	0
99. Status or other offenses (curfew, truancy, graffiti, gang involvement/activity, runaway, domestic violence, disturbing the peace, disorderly conduct, paraphernalia) (Please describe).....	1	0

v.

L5ac. How many times were you found guilty and sentenced, including being adjudicated as an adolescent or convicted as an adult?
Times

L5ad. How old were you the first time you were adjudicated or convicted?
Age

L5ae. In your lifetime, how much total time have you spent in detention, jail or prison? + + +
Years Months Weeks Days

Using **Card A...**

L5b. When was the **last** time you were arrested and charged with a crime?

(Select one)

- | | |
|--------------------------------|--------------|
| Within the past two days | 6 |
| 3 to 7 days ago | 5 |
| 1 to 4 weeks ago | 4 |
| 1 to 3 months ago..... | 3 |
| 4 to 12 months ago..... | 2 [GO TO L6] |
| More than 12 months ago | 1 [GO TO L6] |
| Never | 0 [GO TO L6] |

Please answer the next questions using the number of times.

L5c. **During the past 90 days**, how many **times** have you been arrested and charged with breaking a law? (Please do not count minor traffic violations.) [IF 0, GO TO L6]
Times

L5d. What were you arrested for **in the past 90 days**? (How many times? Was there anything else you were arrested for? How many times?)

MENTIONED

- | | Times |
|--|--|
| 1. Vandalism or property destruction | <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. Receiving, possessing or selling stolen goods..... | <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. Passing bad checks, forgery, or fraud..... | <input type="text"/> <input type="text"/> <input type="text"/> |
| 4. Shoplifting | <input type="text"/> <input type="text"/> <input type="text"/> |
| 5. Larceny or theft | <input type="text"/> <input type="text"/> <input type="text"/> |
| 6. Burglary or breaking and entering..... | <input type="text"/> <input type="text"/> <input type="text"/> |
| 7. Motor vehicle theft | <input type="text"/> <input type="text"/> <input type="text"/> |
| 8. Robbery | <input type="text"/> <input type="text"/> <input type="text"/> |
| 9. Simple assault or battery | <input type="text"/> <input type="text"/> <input type="text"/> |
| 10. Aggravated assault or battery | <input type="text"/> <input type="text"/> <input type="text"/> |
| 11. Forcible rape | <input type="text"/> <input type="text"/> <input type="text"/> |
| 12. Murder, homicide or non-negligent manslaughter | <input type="text"/> <input type="text"/> <input type="text"/> |
| 13. Arson | <input type="text"/> <input type="text"/> <input type="text"/> |
| 14. Driving under the influence..... | <input type="text"/> <input type="text"/> <input type="text"/> |
| 15. Drunkenness or other liquor law violation | <input type="text"/> <input type="text"/> <input type="text"/> |
| 16. Possession, dealing, distribution or sale of drugs..... | <input type="text"/> <input type="text"/> <input type="text"/> |
| 17. Prostitution, pimping, or commercialized sex | <input type="text"/> <input type="text"/> <input type="text"/> |
| 18. Probation or parole violations | <input type="text"/> <input type="text"/> <input type="text"/> |
| 19. Illegal gambling..... | <input type="text"/> <input type="text"/> <input type="text"/> |
| 99. Status or other offenses (curfew, truancy, graffiti, gang involvement/activity, runaway, domestic violence, disturbing the peace, disorderly conduct, paraphernalia) (Please describe)..... | <input type="text"/> <input type="text"/> <input type="text"/> |

v. _____

Using **Card A...**

- CJSI L6. When was the **last** time you were on or in probation, parole, jail, detention, house arrest or electronic monitoring?

(Select one)

Within the past two days 6
 3 to 7 days ago 5
 1 to 4 weeks ago 4
 1 to 3 months ago 3
 4 to 12 months ago 2 [GO TO L7]
 More than 12 months ago 1 [GO TO L7]
 Never 0 [GO TO L7]

Please answer the next questions using the number of days.

- L6. **During the past 90 days**, how many **days** have you been...

a. on probation?
 Days
 b. on parole?
 Days
 c1. in juvenile detention?
 Days
 c2. in jail or prison?
 Days
 d. on house arrest?
 Days
 e. on electronic monitoring?
 Days

- L6g. How many of these **days** did you get into trouble with your probation officer or parole officer?

Days

Yes No

- L6h. Are you **currently** in jail, prison or detention? 1 0 [IF NO, GO TO L7]

- L6j. How much longer do you think you will be there?

[Use 99 years for rest of life] + + +
 Years Months Weeks Days

Please answer the next questions using yes or no.

- L7. Are you **currently** involved with the **criminal justice** system in any of the following ways?
- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Awaiting a trial | 1 | 0 |
| 2. Awaiting sentencing | 1 | 0 |
| 3. Out on bail or released on own recognizance (ROR) or word | 1 | 0 |
| 4. On probation | 1 | 0 |
| 5. In jail or prison | 1 | 0 |
| 6. On treatment release, work release, or school release | 1 | 0 |
| 7. On parole | 1 | 0 |
| 8. In detention | 1 | 0 |
| 9. Assigned to a sentencing alternative or treatment program (TASC).. | 1 | 0 |
| 10. Under house arrest | 1 | 0 |
| 11. Under other forms of court supervision | 1 | 0 |
| 12. Awaiting charges | 1 | 0 |
| 99. Any other involvement in the criminal justice system (Please describe) | 1 | 0 |

v. _____

Please answer the next question using the number of times.

- L7a. **During the past 10 years**, how many **times** have you had DUI offenses that led to convictions including those reduced to reckless driving, court ordered supervision, or your license being suspended? (**Record 0 if no prior arrests**)
- |_|_|_|
Times

Please answer the next questions using yes or no.

- | | <u>Yes</u> | <u>No</u> | |
|--|------------|-----------|--|
| L8. Are there currently any outstanding warrants for your arrest? | 1 | 0 | [IF NO, GO TO L9a] |
| L8a. Are you working with a lawyer or someone else to resolve these warrants? | 1 | 0 | |
| L9a. Do you have any outstanding fines or restitution you must pay as a result of a criminal, traffic, civil or administrative court ruling? | 1 | 0 | [IF NO, GO TO L10] |
| L9b. Are your payments up to date? | 1 | 0 | |
| L9c. What is the total still due? | | | \$ _ _ _ , _ _ _
Total Dollars Still Due |
| L9d. How much are you supposed to pay per month? | | | \$ _ _ _ , _ _ _
Dollars Per Month |

Using **Card E...**

AGHS L10. How **soon**, if at all, do you need (more) help with your **current** legal situation?
(Would you say...?)

(Select one)

- Right away 4
 In the next 3 months 3
 More than 3 months from now 2
 Getting the help I need already 1 [GO TO L11]
 Do not need any help 0 [GO TO L11]

Please answer the next questions using yes or no.

- | L10a. Do you currently want (more) help with | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. civil justice proceedings?..... | 1 | 0 |
| 2. being involved in illegal activities? | 1 | 0 |
| 3. criminal justice proceedings? | 1 | 0 |
| 4. making arrangements with a probation officer, parole officer, or
other officer of the court? | 1 | 0 |
| 5. child custody case? | 1 | 0 |
| 99. anything else related to your legal situation? (Please describe)..... | 1 | 0 |

v. _____

<i>For Staff Use Only</i>	
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AGUR	L11. Urgency Rating [LUR]: NO <input type="checkbox"/> _0 ALREADY <input type="checkbox"/> _1 GT 3 MO <input type="checkbox"/> _2 0-3 MO <input type="checkbox"/> _3 NOW <input type="checkbox"/> _4
------	--

AGDM	L12. DM Rating [LDM]: NONE <input type="checkbox"/> _0 SOME <input type="checkbox"/> _1 MISUNDER <input type="checkbox"/> _2 DENIAL <input type="checkbox"/> _3 MISREP <input type="checkbox"/> _4
------	--

V. Vocational (School, Work, Financial)

These next questions are about school, work and money.

V1. What is the **last** grade or year that you **completed in school**?

(NOTE: Use 12 for high school, 16 for a BA/BS, and 17 for graduate school or more than 4 years of college)

Grade

Yes No

V1a. Have you **ever** received any special education classes or services or gone to any alternative school programs?

1

0

[IF NO, GO TO V1b]

V1a. What kind of services or program did you go to?

v1.

V1b. During your **last** year in school, what was your **average** grade?

(Clarify and code)

As..... 4
 Bs..... 3
 Cs..... 2
 Ds..... 1
 Fs..... 0
 Mixed/Other **(Please describe)** 99

v.

V2. What kinds of diplomas, degrees, work-related certificates or licenses have you received? (Any others?)

MENTIONED

	<u>Yes</u>	<u>No</u>
1. High school diploma.....	1	0
2. Passed GED (general equivalency diploma)	1	0
3. Adult Basic Education (ABE) certificate	1	0
4. Junior college or associate's degree	1	0
5. Bachelor's degree.....	1	0
6. Advanced college degree (master's or doctorate)	1	0
7. Vocational or trade certificate	1	0
8. Trade license apprenticeship	1	0
9. Commercial driver's license	1	0
99. Other degrees or licenses (Please describe)	1	0

v.

Using **Card A...**TAS V3. When was the **last** time you were in any kind of school or training program?

(Select one)

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago 3
- 4 to 12 months ago 2
- More than 12 months ago 1 [GO TO V4]
- Never 0 [GO TO V4]

Please answer the next questions using yes or no.

- | TPS V3. During the past 12 months, have you... | | Yes | No |
|--|---|-----|----|
| a. | gotten bad grades or had your grades drop at school or training? | 1 | 0 |
| b. | come in late or left early from school or training? | 1 | 0 |
| c. | gotten sick at school or training? | 1 | 0 |
| d. | gotten hurt or injured at school or training? | 1 | 0 |
| e. | gotten into a fight or trouble at school or training? | 1 | 0 |
| f. | been absent 5 or more days from school or training for any reason? .. | 1 | 0 |
| h. | skipped or cut school or training just because you didn't want to be there? | 1 | 0 |
| j. | been suspended or expelled from school or training? | 1 | 0 |

[IF 4 TO 12 MONTHS AGO REPORTED IN V3, GO TO V4]

5 days per week in 90 days is equal to 64 days. Vacation days, holidays or other days when you were not required to be in school do not count for days in school or training or for days missed.

Please answer the next questions using the number of days or times.

- | TAS V3. During the past 90 days, how many... | |
|--|---|
| k. | days did you go to any kind of school or training? <input type="text"/> <input type="text"/> <input type="text"/> |
| Days | |
| m. | days did you go to school or training full time? <input type="text"/> <input type="text"/> <input type="text"/> |
| Days | |
| n. | days did you miss school or training? <input type="text"/> <input type="text"/> <input type="text"/> |
| Days | |
| p. | days did you get in trouble at school or training for any reason? <input type="text"/> <input type="text"/> <input type="text"/> |
| Days | |
| q. | days were you suspended from school or training for any reason? ... <input type="text"/> <input type="text"/> <input type="text"/> |
| Days | |
| r. | times did you get expelled from school or training? <input type="text"/> <input type="text"/> <input type="text"/> |
| Times | |

V3s. Where (do/did) you go to school?

v. _____

[IF UNDER 17, SELECT 0 AND GO TO V5]

V4. Have you **ever** been in the armed forces of the United States or another country?

(Select one)

No, never served in any armed forces 0 [GO TO V5]
 Yes, served in the United States armed forces 1
 Yes, served in the armed forces or military of another country (**Which country?**)..... 99

v. _____

Please answer the next questions using yes or no.

V4a. Were you **ever** in a combat zone? 1 0

V4b. What was your **highest** rank in the military?

v. _____

V4c. What is your military status or type of discharge?

(Clarify and code)

On active duty in the armed forces 1
 In a reserves component 2
 Retired, honorably or regularly discharged from either reserves or active duty..... 3
 Discharged because of alcohol, drug, mental, physical or other problems (**Please describe**)..... 4

v. _____

V5. **During the past 90 days**, how many **times** have you applied for a job? ...
 Times

V5a. Including time in the military, which of the following **best describes** your level of work experience? (**Read all**)

(Select one)

Five or more years with the same type of job or employer 1
 Five or more years with several different types of jobs or employers .. 2
 Two to five years of job experience 3
 Less than two years of job experience..... 4
 No job experience 5 [GO TO V6]

V5b. What was the last type of job you had?

v. _____

V5b. Select the option that best describes the type of job reported in V5b

(Select one)

- Professional and Technical** (accountant, architect, doctor, engineer, entertainer, judge, lawyer, registered nurse, scientist, social worker, teacher, writer) 1
- Manager and Administrator** (government official, office manager, sales manager, school administrator, small-business owner) 2
- Sales** (cashier, insurance agent, real estate broker, sales clerk, sales representative, telemarketing, or other sales person) 3
- Clerical or Office Worker** (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent) 4
- Craft and Kindred** (auto detailer, baker, carpenter, electrician, bricklayer, mechanic, machinist, music lessons, tool and die maker, telephone installer) 5
- Operative** (assembler, checker, gas station attendant, meat cutter, packer, laundry or dry-cleaning operative, miner operative, welder, garage worker) 6
- Transportation Equipment Operative** (bus driver, cab driver or chauffeur, truck driver, delivery person) 7
- Non-farm Laborer** (construction worker, dishwasher, forklift operator, freight handler, gardener at a nursery, high-level maintenance/fix things, newspaper route/paper delivery, paper handler, sanitation worker, stocker at a store) 8
- Private Household Worker** (babysitter, butler, cook, maid) 9
- Service Worker** (bagger at store, barber, beautician, bussing tables at restaurant, camp counselor, cook, customer service at store, dietary aide, fast food cashier, janitor, lawn mowing, lifeguard, maintenance-raking/cleanup, practical nurse, restaurant host/hostess, skate guard/rental, usher at theater/show, waiter/waitress).. 10
- Farm and Farm Manager** 11
- Farm Laborer** (foreman, picker) 12
- Military Service**..... 13
- Other (Please describe in V5b)** 99

Using **Card A...**EmAS V6. When was the **last** time you worked at a civilian job or were self-employed?

(Select one)

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago 3
- 4 to 12 months ago 2
- More than 12 months ago 1 [GO TO V7]
- Never 0 [GO TO V7]

Please answer the next questions using yes or no.

- | EmPS V6. | During the past 12 months, have you... | Yes | No |
|----------|---|-----|----|
| a. | done badly at work or done worse at work? | 1 | 0 |
| b. | come in late or left early from your work? | 1 | 0 |
| c. | gotten sick at work? | 1 | 0 |
| d. | gotten hurt or injured at work? | 1 | 0 |
| e. | gotten into a fight or trouble at work? | 1 | 0 |
| f. | been absent 5 or more days from work for any reason? | 1 | 0 |
| h. | skipped or cut your work just because you didn't want to be there? .. | 1 | 0 |
| j. | been fired, laid off, or told not to come in to work? | 1 | 0 |

[IF 4 TO 12 MONTHS AGO REPORTED IN V6, GO TO V7]

5 days per week in 90 days is equal to 64 working days. Vacation days, holidays or other days when you were not required to be at work do not count for days at work or for days missed.

Please answer the next questions using the number of days or times.

- | | | |
|----------|--|--|
| EmAS V6. | During the past 90 days, how many... | |
| k. | days did you work for money at a job or in a business? | <input type="text"/> <input type="text"/>
Days |
| m. | days did you work full time (7 or more hours per day)? | <input type="text"/> <input type="text"/>
Days |
| n. | days did you miss work? | <input type="text"/> <input type="text"/>
Days |
| p. | days did you get in trouble at work for any reason? | <input type="text"/> <input type="text"/>
Days |
| q. | days were you suspended from work for any reason? | <input type="text"/> <input type="text"/>
Days |
| r. | times did you get fired from work? | <input type="text"/> <input type="text"/>
Times |

V6s. Where (do/did) you go to work?

v. _____

- V7. Which one of the following statements best describes your **present** work or school situation?

(Clarify and code)

- Working full-time, 35 hours or more a week 1
- Working part-time, less than 35 hours a week 2
- Have a job, but not at work because of treatment, extended illness,
maternity leave, furlough or strike 3
- Have a job but not at work because it is seasonal work 4
- Unemployed or laid off **and** looking for work 5
- Unemployed or laid off and **not** looking for work 6
- Full-time homemaker 7
- In school or training..... 8
- In school or training, but not currently going to classes..... 9
- Retired 10
- In jail, prison or detention..... 11
- Too disabled for work (**Please describe disability**) 12
- v. _____
- In the military 13
- Doing volunteer work..... 14
- Some other work situation (**Please describe**) 99

v. _____

- V7a. How **long** have you been in this situation?..... + + +
Years Months Weeks Days

Using **Card A...**

- FIS V8. When was the **last** time, if ever, you had any money problems, including arguing about money or not having enough for food or housing?

(Select one)

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago..... 3
- 4 to 12 months ago..... 2
- More than 12 months ago 1 [GO TO V9]
- Never 0 [GO TO V9]

Please answer the next questions using yes or no.

FPS	V8.	During the past 12 months , have you...	<u>Yes</u>	<u>No</u>
	a.	run out of money for food or transportation?	1	0
	b.	run out of money for housing?	1	0
	c.	spent half or more of your income on housing and utilities?	1	0
	d.	not counting a home or car loan, owed people more than what you make in two months?	1	0
	e.	not had enough money to pay all your bills on time?	1	0
	f.	been 120 days or more behind on a bill?	1	0
	g.	spent money that was needed for bills on alcohol, drugs, gambling or some other way on yourself?	1	0
	h.	had to borrow money from another family member or close friend for food, rent or utilities?	1	0
	j.	had to use a food bank, soup kitchen or emergency shelter?	1	0
	k.	argued regularly with other people in your family or household about money?	1	0

[IF 4 TO 12 MONTHS AGO REPORTED IN V8, GO TO V9]

Please answer the next question using the number of days.

FIS	V8m.	During the past 90 days , on how many days have you had any money problems, including arguing about money or not having enough for food or housing?	<input type="text"/> <input type="text"/> <input type="text"/>
			Days

The next questions are about gambling. This includes betting on sports, playing the lottery, going to casinos, or betting for money, drugs, sex or other things.

Using **Card A...**

- FIS V9. When was the **last** time, if ever, you gambled for money, drugs, sex or other things?
- (Select one)
- | | |
|--------------------------------|---------------|
| Within the past two days | 6 |
| 3 to 7 days ago | 5 |
| 1 to 4 weeks ago | 4 |
| 1 to 3 months ago..... | 3 |
| 4 to 12 months ago..... | 2 |
| More than 12 months ago | 1 [GO TO V10] |
| Never | 0 [GO TO V10] |

Please answer the next questions using yes or no.

- PGS V9. **During the past 12 months**, have you...
- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. spent a lot of time thinking or talking about your gambling? | 1 | 0 |
| b. needed to gamble more often or in larger amounts to get the same enjoyment or high? | 1 | 0 |
| c. tried to cut back on your gambling? | 1 | 0 |
| d. had a hard time staying still or got mad when you could not gamble?..... | 1 | 0 |
| e. gambled to get away from your problems or to feel better?..... | 1 | 0 |
| f. tried to win back your losses by going back another day? | 1 | 0 |
| g. lied about how much time you spent gambling or about how much you lost?..... | 1 | 0 |
| h. paid for your gambling with bad checks, someone else's money, or with something that didn't belong to you?..... | 1 | 0 |
| j. lost or had problems at home, work, school, or with your friends because of your gambling? | 1 | 0 |
| k. borrowed or gotten money from others to pay for your gambling? ... | 1 | 0 |

[IF 4 TO 12 MONTHS AGO REPORTED IN V9, GO TO V10]

Please answer the next question using the number of days.

- FIS V9m. **During the past 90 days**, on how many **days** have you gambled for money, drugs, sex or other things?
- Days

V10. What is **your** primary source of income?

(Clarify and code)

None..... 0
 Wages or a salary from a legitimate job or business 1
 Social Security or Railroad Retirement payments..... 2
 Supplemental (Disability) Security Income (SSI or SSDI)..... 3
 Other public assistance or welfare payments from the state or local
 welfare office such as general assistance 4
 Temporary Assistance for Needy Families (TANF, formerly AFDC).. 5
 Interests, dividends, rent, royalties or inheritance 6
 Income from spouse, family or friends (include child support,
 allowance or alimony) 7
 Gambling (including a loss) 8
 Hustling, dealing or other illegal activities..... 9
 Unemployment compensation 10
 Some other source (**Please describe**)..... 99

v. _____

Using **Card A...**

V10a. When was the **last** time, if ever, you received Temporary Assistance for Needy Families (TANF, formerly AFDC)?

(Select one)

Within the past two days 6 [RECORD 1 in V10b]
 3 to 7 days ago 5 [RECORD 1 in V10b]
 1 to 4 weeks ago 4
 1 to 3 months ago..... 3
 4 to 12 months ago..... 2
 More than 12 months ago 1
 Never 0 [GO TO V11]

Yes No

V10b. Are you still receiving TANF benefits?..... 1 0 [IF YES, GO TO V11]

V10b1. Can you tell me why you stopped receiving benefits?

v. _____

<i>For Staff Use Only: Reason Code</i>			
V10b1. Benefits expired	1	Other change in eligibility	4
Got a job.....	2	Technical violation (missed appointment, paperwork).....	5
Change in custody	3	Other (Please describe in V10b1v)	99

Please answer the next questions using dollars.

V11. **During the past 90 days**, about how much did you receive all together from each of the following sources? **(Read all)**

[VERIFY THAT AMOUNT IS FOR PAST 90 DAYS. IF NONE, RECORD 0]

	90-Day Total
a. Wages or salary from a legitimate job or business.....	\$ _ _ _ _ , _ _ _ _
b. Spouse, family or friends.....	\$ _ _ _ _ , _ _ _ _
c. Alimony and child support.....	\$ _ _ _ _ , _ _ _ _
d. SSI - Supplemental Security Income (that you qualify for because of low income).....	\$ _ _ _ _ , _ _ _ _
e. Disability pay, such as SSDI, unemployment compensation of a work-related injury, or income from a private disability plan.....	\$ _ _ _ _ , _ _ _ _
f. Unemployment compensation because of layoff.....	\$ _ _ _ _ , _ _ _ _
g. Other retirement income, including military and private pensions. ...	\$ _ _ _ _ , _ _ _ _
h. Welfare or public assistance programs such as TANF (Temporary Assistance for Needy Families), food stamps, or housing assistance.	\$ _ _ _ _ , _ _ _ _
j. Department of Veterans Affairs.	\$ _ _ _ _ , _ _ _ _
k. Criminal or possibly illegal activities, including hustling or dealing.	\$ _ _ _ _ , _ _ _ _
m. Any other income not previously mentioned. (Please describe)	\$ _ _ _ _ , _ _ _ _
v. _____	

V11n. So overall, you received about (read amount) from all of these sources during the past 90 days? (Add up & correct)..... \$|_|_|_|_|,|_|_|_|_|

V11p. How much did you spend on alcohol?..... \$|_|_|_|_|,|_|_|_|_|

V11q. How much did you spend on drugs?..... \$|_|_|_|_|,|_|_|_|_|

The next two questions are about your family's household. This may include people with whom you share your income and expenses, such as husband, wife children, parents, relatives or sex partners.

PoPI V11r. How **many** people are there in your family household? |_|_|
People

The next question is about the income of everyone in your household together. We do NOT need an exact number. You can give your answer to the nearest hundreds or thousands of dollars if that is easier.

V11s. **During the past 90 days**, what was the total **family** income of everyone in your household together?..... \$|_|_|_|_|,|_|_|_|_|

Using **Card E...**

AGHS V12. How **soon**, if at all, do you need help with your school, work or financial situation? (Would you say...)

(Select one)

- Right away 4
 In the next 3 months 3
 More than 3 months from now 2
 Getting the help I need already 1 [GO TO V13]
 Do not need any help 0 [GO TO V13]

Please answer the next questions using yes or no.

- | V12a. Do you currently want (more) help with... | Yes | No |
|---|-----|----|
| 1. going to training or school? | 1 | 0 |
| 2. getting a school loan or getting out of default on a school loan? | 1 | 0 |
| 3. getting a (better) job? | 1 | 0 |
| 4. getting or keeping public or private benefits? | 1 | 0 |
| 5. managing your financial situation? | 1 | 0 |
| 6. gambling? | 1 | 0 |
| 7. identification (Social Security card)? | 1 | 0 |
| 8. childcare while in work or school? | 1 | 0 |
| 99. anything else related to your school, work or financial situation?
(Please describe) | 1 | 0 |

v. _____

<i>For Staff Use Only</i>	
AGUR	V13. Urgency Rating [VUR]: NO <input type="checkbox"/> ₀ ALREADY <input type="checkbox"/> ₁ GT 3 MO <input type="checkbox"/> ₂ 0-3 MO <input type="checkbox"/> ₃ NOW <input type="checkbox"/> ₄
AGDM	V14. DM Rating [VDM]: NONE <input type="checkbox"/> ₀ SOME <input type="checkbox"/> ₁ MISUNDER <input type="checkbox"/> ₂ DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄

Z. End

Thank you! That is all of the questions we have for you at this time.

(Please enter the current time in Z1. If you went straight through, we will figure out how many minutes you took. If you took any breaks, please make sure that you record about how many minutes total it took you to do the assessment without including the time for the breaks. If continuing interview on another day, record the time for the first day in Z1d and record the total time in XADMh1a-d.)

- Z1. What time is it now? |__| : |__|
 Time (HH:MM)
- b. Is it AM or PM |__|
 AM/PM
- c. How many breaks did you take today?..... |__|
 Breaks
- d. Not counting breaks, how long did it take you to finish this? |__|__|
 Minutes

- Z2. Are there any other special issues we need to know about to help you (or help you come to treatment)? Do you have any additional comments or questions?

v1. _____

You can now return this form to the person who gave it to you. This person will check it over to make sure everything is filled out and answer any questions you have.

<i>For Staff Use Only (Optional)</i>		
Z3. Once we have answered any of your questions and gone over the assessment with you, we will ask you to sign and date this form below.		
Person	Signature	Date (mm/dd/yyyy)
a. Client/Patient: _____	_____	_____
b. Counselor: _____	_____	_____
c. Clinical Supervisor: _____	_____	_____
d. Medical Staff: _____	_____	_____
e. Other: _____	_____	_____

<i>For Staff Use Only</i>			
XADM.Administration			
Please document the following aspects of how the interview was administered. If there are more detailed comments elsewhere in the document, please be sure to summarize them in the additional comments section in XADMj or at least say where we can find them.			
a1.	How were the questions administered?	<u>Yes</u>	<u>No</u>
a.	Self-Administered (SA)	1	0
b.	Orally Administered by staff (ORS)	1	0
c.	Orally Administered by others (ORA)	1	0
z.	Other (OTH) (Please describe)	1	0
v.		
a2.	What was the mode of administration?	<u>Yes</u>	<u>No</u>
a.	Done with Pen and Paper (PAP)	1	0
b.	Done on Computer (COMP)	1	0
c.	Done on Telephone (TEL)	1	0
z.	Other (OTH) (Please describe)	1	0
v.		
b.	What was the primary language in which it was conducted (LNG)?		
	English using the English GAIN	1	
	Spanish using the English GAIN	2	
	Spanish using the Spanish VGNI	3	
	Other combinations/languages (Please describe)	99	
v.		
c.	Were there any indications that the client might have learning disabilities that would interfere with his or her ability to respond or participate in treatment or, in general, indications of developmental disabilities (IDD) ?		
	No/none (NO)	0	
	Minimal (MIN)	1	
	Moderate (MOD)	2	
	Major (MAJ)	3	
d.	Was there any evidence that the person could not place himself or herself in place or time or, in general, any evidence of cognitive impairment or dementia (ECD) ?		
	No/none (NO)	0	
	Minimal (MIN)	1	
	Moderate (MOD)	2	
	Major (MAJ)	3	

<i>For Staff Use Only</i>			
e.	Was there any evidence of the following observed participant behaviors? (OPB)	<u>Yes</u>	<u>No</u>
1.	Depressed or withdrawn (DEP)	1	0
2.	Violent or hostile (VIO)	1	0
3.	Anxious or nervous (ANX)	1	0
4.	Bored or impatient (BOR)	1	0
5.	Intoxicated or high (INT)	1	0
6.	In withdrawal (WIT)	1	0
7.	Distracted (DIS)	1	0
8.	Cooperative (COP)	1	0
f.	Did the individual's appearance suggest ...(APP)		
	No problems/none (NO)	0	
	Poor hygiene? (PH)	1	
	Unkempt appearance? (UNK)	2	
	Inadequate clothing? (INA)	3	
	Non applicable? (NA)	4	
g.	What was the participant's location during the assessment? (LOC)		
	Treatment unit (Tx)	1	
	Specialized intake unit (INT)	2	
	Correctional setting (COR)	3	
	School (SCH)	4	
	Employment or work setting (EMP)	5	
	Home (HOM)	6	
	Probation or Parole Office (PPO)	7	
	Welfare or Child Protection Agency (WCP)	8	
	Research Office or Setting (RES)	11	
	Other (OTH) (Please describe)	99	
v.	_____		
g1-5.	Were there any problems providing a quiet, private environment? (PRI)	<u>Yes</u>	<u>No</u>
1.	Noise or other frequent distractions (DIS)	1	0
2.	Divided attention or frequent interruptions (DIV)	1	0
3.	Other people present or within earshot (EAR)	1	0
4.	Police, guards, social workers or other officials present (OFF)	1	0
5.	Speaker or telephone call monitoring (MON)	1	0

<i>For Staff Use Only</i>	
h.	What administration protocol was followed? Partial assessment, not completed to date (PAR) 5 Regular site protocol 6 Regular site protocol supplemented with additional questions..... 7 Other (OTH) (Please describe) 99 v. _____
h1.	<div style="text-align: right; margin-bottom: 5px;"> <u>Yes</u> <u>No</u> 1 0 </div> Was administration done over multiple days? (MUL)..... <div style="text-align: right; margin-top: 5px;"> [IF NO, GO TO XADMj] </div> <div style="margin-top: 5px;"> a. What is the final revision date (mm/dd/yyyy)? _ _ / _ _ / 20 _ _ <div style="text-align: right; margin-left: 100px;"> Month Day Year </div> </div> <div style="margin-top: 5px;"> b. What is the total number of breaks across all sessions and days? (Include "1" for break in between multiple sessions.)..... _ _ </div> <div style="margin-top: 5px;"> c. What is the total number of minutes spent doing the interview across all sessions and days? _ _ _ </div> <div style="margin-top: 5px;"> d. What is the Staff ID [XSID] of the person finishing the interview?. _ _ _ _ _ _ _ </div>
j.	Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment (AC)? Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented). v1. _____

<i>For Staff Use Only (Collateral Supplemental Information)</i>
--

	<u>Yes</u>	<u>No</u>	
CY0. Do you want to enter additional collateral information?	1	0	[IF NO, GO TO XDIAG]

We would like to ask you a few questions about a participant named _____.

CY1. What is your relationship with the participant?

- | | |
|--|----|
| Mother | 1 |
| Father | 2 |
| Brother | 3 |
| Sister | 4 |
| Other relative | 5 |
| Other legal guardian | 6 |
| Spouse..... | 7 |
| Living as married..... | 8 |
| Close friend..... | 9 |
| Professional working with participant..... | 10 |
| Other (Please describe)..... | 99 |

v. _____

	<u>Yes</u>	<u>No</u>	
CB5. Are the participant's medical expenses covered by any type of insurance, court or health program?	1	0	[IF NO, GO TO CV11r]

CB5a. What is the name of the participant's insurance company or provider?

v. _____

CB5b. Is the participant's insurance publicly funded, privately funded, or mixed?

- | | |
|---|---|
| Public (Medicare, Medicaid, publicly funded, VA, CHAMPUS, correctional authority) | 1 |
| Private (HMO, BCBS, from employer, employee assistance program) | 2 |
| Mixed (both public and private, public purchase of HMO) | 3 |

<i>For Staff Use Only</i>

CB5c. Detailed Insurance Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--

The next two questions are about the participant's family household size and income. This includes people with whom he/she shares his/her income and expenses, such as husband, wife, children, parents, relatives or sexual partners.

CV11r. How **many** people are there in the participant's family household?
People

For the next question, we do **not** need an exact number. You can give your answer to the nearest hundreds or thousands of dollars if that is easier.

CV11s. **During the past 90 days**, what was the total **family** income of everyone in his/her household together? \$|_|_|_|_|,|_|_|_|_|

Next we want to go over a list of common problems related to alcohol or other drug use. After each of the following questions, we would like you to tell us the **last** time the participant had this problem.

Using **Card B** and answering whether it was in the past month, 2 to 12 months ago, 1 or more years ago, or never...

		Past Month	2-12 months	1+ years	Never
CS9. When was the last time that...					
SPS/O	c. the participant tried to hide that he/she was using alcohol or other drugs?	3	2	1	0
	d. the participant's parents, family, partner, co-workers, classmates or friends complained about his/her alcohol or other drug use?	3	2	1	0
	e. the participant used alcohol or other drugs weekly or more often?	3	2	1	0
	f. the participant's alcohol or other drug use caused him/her to feel depressed, nervous, suspicious, uninterested in things, reduced his/her sexual desire or caused other psychological problems?	3	2	1	0
	g. the participant's alcohol or other drug use caused him/her to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease, or any other health problems?	3	2	1	0
SPS/A	h. the participant kept using alcohol or other drugs even though he/she knew it was keeping him/her from meeting his/her responsibilities at work, school or home?	3	2	1	0
	j. the participant repeatedly used alcohol or other drugs when it made the situation unsafe or dangerous for him/her, such as when he/she was driving a car, using a machine, or when he/she might have been forced into sex or hurt?	3	2	1	0
	k. the participant's alcohol or other drug use caused him/her to have repeated problems with the law?	3	2	1	0
	m. the participant kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting him/her into trouble with other people?	3	2	1	0

	Past Month	2-12 months	1+ years	Never
CS9. When was the last time that...				

SPS/D	n.	the participant needed more alcohol or other drugs to get the same high or found that the same amount did not get him/her as high as it used to?	3	2	1	0
	p.	the participant had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or he/she used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	3	2	1	0
	q.	the participant used alcohol or other drugs in larger amounts, more often or for a longer time than he/she meant to?	3	2	1	0
	r.	the participant was unable to cut down on or stop using alcohol or other drugs?	3	2	1	0
	s.	the participant spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs (high, sick)?	3	2	1	0
	t.	the participant's use of alcohol or other drugs caused him/her to give up, reduce or have problems at important activities at work, school, home or social events?	3	2	1	0
	u.	the participant kept using alcohol or other drugs even after he/she knew it was causing or adding to medical, psychological or emotional problems he/she was having?	3	2	1	0
	v.	How old was the participant when he/she first got drunk or used any drugs?	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 10px; height: 15px; border: 1px solid black;"></div> </div>			
			Age			

<i>For Staff Use Only (Optional Supplemental Diagnostic Impressions [XDIAG])</i>					
XDIAG. Do you want to enter additional diagnostic information?				<div style="display: flex; justify-content: space-around;"> Yes No </div> <div style="display: flex; justify-content: space-around;"> 1 0 </div>	
[IF NO, GO TO XAS]					
1. DSM Axis 1. Clinical Disorders/Focal Conditions					
DSM-IV Code	Spec.	Condition			
a. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
b. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
c. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
d. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
e. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
f. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
g. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
h. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
2. DSM Axis 2. Personality Disorders/Mental Retardation					
DSM-IV Code	Spec.	Condition			
a. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
b. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
c. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
d. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
3. DSM Axis 3. General Medical Conditions					
DSM-IV Code	Spec.	Condition			
a. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
b. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
c. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
d. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. _____			
4. DSM Axis 4. Psycho-social and Environmental Problems (Select all that apply)					
a. Primary Support Group:	Yes-1	No-0	f. Economic:	Yes-1	No-0
b. Social Environment:	Yes-1	No-0	g. Access to Treatment:	Yes-1	No-0
c. Educational:	Yes-1	No-0	h. Legal:	Yes-1	No-0
d. Occupational:	Yes-1	No-0	j. Victimization/Abuse:	Yes-1	No-0
e. Housing:	Yes-1	No-0	k. Other:(v.	Yes-1	No-0
5. DSM Axis 5. Axis 5. Functional Assessment Ratings (Select here if using CGAF in a/b) ..					
a. GAF Past Year Average:	<input type="text"/> <input type="text"/>	b. GAF Past 90 Day Average:	<input type="text"/> <input type="text"/>		
c. GARF Past Year Average:	<input type="text"/> <input type="text"/>	d. GARF Past 90 Day Average:	<input type="text"/> <input type="text"/>		
e. SOFAS Past Year Average:	<input type="text"/> <input type="text"/>	f. SOFAS Past 90 Day Average:	<input type="text"/> <input type="text"/>		
6. Additional Sources of Information Considered (will be reported as part of methods):					
v1. _____					
v2. _____					
v3. _____					

<i>For Staff Use Only (Optional Supplemental ASAM Impressions [XAS])</i>		
	<u>Yes</u> <u>No</u>	
XAS.	Do you want to enter additional placement information?	1 0
A1. Substance Use Disorder Diagnostic Severity: Comment: v1. _____		
B1. Acute Intoxication and Withdrawal: Comment: v1. _____		
B2. Biomedical Conditions and Complications: Comment: v1. _____		
B3. Emotional/Behavioral Conditions and Complications: Comment: v1. _____		
B4. Readiness for Change (formerly Treatment Acceptance/Resistance): Comment: v1. _____		
B5. Relapse Potential: Comment: v1. _____		
B6. Recovery Environment: Comment: v1. _____		
C. Level of Care Placement Recommendation: Comment: v1. _____ Comment: v2. _____ Comment: v3. _____		