

Form Approved
OMB NO. _____
Exp. Date _____

Global Appraisal of Individual Needs - Monitoring 90 Days (GAIN-M90)

Version [GVER]: 5.6.0

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**Global Appraisal of Individual Needs - Monitoring 90 Days (GAIN-M90) 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.: _____
First GAIN Assessment Date [XFRSTDT]:	____ / ____ / 20 ____
Check Digit (Gender/Race/Birth Yr) [XCHK]:	____
Observation [XOBS: 3,6,9,12]:	v. _____
Edit Staff ID [XEDSID]:	Edit Date [XEDDT]: ____ / ____ / 20 ____
Data Entry Staff ID [XDESID]:	Key Date [XDEDT]: ____ / ____ / 20 ____
Rekey Staff ID [XRKSID]:	Rekey Date [XRKDT]: ____ / ____ / 20 ____

Disclaimer, Acknowledgments & Copyright Notices

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)

A1e. Date of Last Assessment [XLSTDT]: |_|_| / |_|_| / 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 45-90 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?

B. Background and Treatment Arrangements

B2a. How old are you today? **[IF 18 OR OVER, GO TO B4]**
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 90 days , have you done any of the following things with your (biological, foster, adopted or step) parents?	Yes	No
	em.	Spent 30 minutes or more playing or doing fun things with them	1	0
	fm.	Gone with them to an organized activity or event.....	1	0
	gm.	Had them read to you, or talked to them about a book, magazine or newspaper	1	0
	hm.	Gotten help from them with your homework (reading, writing or math).....	1	0
	jm.	Had them meet with a teacher, social worker, lawyer, court official or police officer about you.....	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 B10]
		By whom?			
	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.

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 Biphetamine, 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 in the past 90 days.) (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)

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...	Yes	No
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...	Yes	No
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...	Yes	No
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)	<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;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 10px; height: 15px; border: 1px solid black;"></div> </div>
			Days

Please answer the next questions using the number of days.

Your last assessment was on _____ or about _____ days ago.

S2z. How many **days** after that did you go **before** you...

- | | |
|------------------------------------------------------|-------------------------------------------|
| 1. used any alcohol, marijuana or other drugs? | <input type="text"/> <input type="text"/> |
| | Days |
| 2. had a drink? | <input type="text"/> <input type="text"/> |
| | Days |
| 3. got drunk or had 5 or more drinks? | <input type="text"/> <input type="text"/> |
| | Days |
| 4. used marijuana? | <input type="text"/> <input type="text"/> |
| | Days |
| 5. used any other drug? | <input type="text"/> <input type="text"/> |
| | Days |

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 S4a] |
|--------------------------------------------------------------------------------------------------------------------------------|---|---|---------------------------|

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 S4a]

		<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.

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

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.

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

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 S6c]
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. _____		

S6c. **During the past 90 days**, on how many **nights** have you stayed in a recovery home or sanctuary?
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.

Your last assessment was on _____ or about _____ days ago. Please answer the following questions in terms of **times** since that assessment. Please include any treatment, medication or case management for substance use that you received since your last assessment.

S7_s. How many times **since your last assessment** have you been **admitted** to treatment or counseling for your use of alcohol or any other drugs? (If you have not been admitted since your last assessment, but have received treatment since then, enter at least 1.)..... [IF 0, GO TO S8]
Times

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-M90 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)

S7_s. 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. _____

Yes No

S7c. Are you currently taking medication for alcohol or other drug problems? (**Please describe**)..... 1 0 [IF NO, GO TO S7d]

v. _____

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

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 service use since last assessment in S7_s, 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?	<input type="text"/> <input type="text"/>
			Nights
	3.	days were you in an intensive outpatient or day program for your alcohol or other drug use problems?	<input type="text"/> <input type="text"/>
			Days
	4.	times did you go to a regular (1-8 hours per week) outpatient program for your alcohol or other drug use problems?	<input type="text"/> <input type="text"/>
			Times
	5.	days did you take medication like methadone or Antabuse to help with withdrawal or cravings?	<input type="text"/> <input type="text"/>
			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)	<input type="text"/> <input type="text"/>
			Days
	v.	_____	
			<u>Yes</u> <u>No</u>
S7f.		Are you currently being treated regularly for alcohol or other drug problems? (Where do you go?)	1 0
	v.	_____	

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 S9c]
	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	

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

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> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Age			

*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.*

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. _____

For Staff Use Only

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 P3m. **During the past 90 days** 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 90 days has your health limited your ability to do...	<u>Yes</u>	<u>No</u>	
am. vigorous activities like running, lifting heavy objects or active sports?	1	0	[IF NO, GO TO P3dm]
bm. moderate activities like moving a table, carrying groceries or light sports?	1	0	[IF NO, GO TO P3dm]
cm. light activities like bending, lifting or stooping?	1	0	

P3. During the past 90 days have you...	<u>Yes</u>	<u>No</u>
dm. lost or gained 10 or more pounds when you were not trying to?	1	0
em. had a lot of physical pain or discomfort ?	1	0
fm. been worried about your health or behaviors?	1	0
gm. had health problems that kept you from meeting your responsibilities at work, school or home?	1	0
hm. had lung or breathing problems?	1	0
jm. had pain when you urinated?	1	0
km. coughed up or urinated blood?	1	0

P5_1s. **Since your last assessment**, have you (been/gotten someone) pregnant?.. 1 0 [IF NO, GO TO P9]

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 [CONTINUE]
Miscarriage	2 [GO TO P9]
Abortion.....	3 [GO TO P9]
Uncertain	4 [GO TO P9]
Currently pregnant.....	5 [GO TO P9]
Other (Please describe).....	6 [GO TO P9]

v. _____

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

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

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 P11]
More than 12 months ago	1 [GO TO P11]
Never	0 [GO TO P11]

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? [IF 0, GO TO P11]
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. _____

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)**

Your last assessment was on _____ or about _____ days ago.

Please answer the following questions in terms of **times** since that assessment.

P11. **Since your last assessment**, how many **times** have you...

as. been treated in an emergency room for health problems?
Times

bs. been admitted for at least one night to a hospital for health problems?
Times

cs. received any outpatient surgical procedures for health problems?.....
Times

Please answer the next question using yes or no.

	<u>Yes</u>	<u>No</u>
d. Are you currently taking medication for allergies or health problems? (Please describe)	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 P13]
More than 12 months ago	1 [GO TO P13]
Never	0 [GO TO P13]

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

[IF NO SERVICE USE IN P11as-cs, SKIP THE RESPECTIVE ROW IN P11f-h]

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 P13]

v. _____

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

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... Yes No
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. _____

<i>For Staff Use Only</i>	
AGUR	P14. Urgency Rating [PUR]: 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	P15. DM Rating [PDM]: 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

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 [GO TO R2]
		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 90 days , did you...	<u>Yes</u>	<u>No</u>
	am.	use a needle to shoot up drugs?	1	0
	bm.	reuse a needle that you had used before?	1	0
	cm.	reuse a needle without cleaning it with bleach or boiling water first ?	1	0
	dm.	use a needle that you knew or suspected someone else had used before?	1	0
	em.	use someone else's rinse water, cooker or cotton after they did?	1	0
	fm.	ever skip cleaning your needle with bleach or boiling water after you were done?	1	0
	gm.	let someone else use a needle after you used it?	1	0
	hm.	let someone else use the rinse water, cooker or cotton after you did?	1	0
	jm.	allow someone else to inject you with drugs?	1	0

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 [GO TO R4]
More than 12 months ago	1 [GO TO R4]
Never	0 [GO TO R4]

Please answer the next questions using yes or no.

SxRS	R2.	During the past 90 days, did you...	Yes	No
	am.	have sex while you or your partner was high on alcohol or other drugs?	1	0
	bm.	have sex with someone who was an injection drug user?	1	0
	cm.	have sex involving anal intercourse (penis to butt)?	1	0
	dm.	have sex with a man who might have had sex with other men?	1	0
	em.	trade sex to get drugs, gifts or money?.....	1	0
	fm.	use drugs, gifts or money to purchase or get sex?.....	1	0
	f1m.	have sex with someone who you thought might have HIV or AIDS?	1	0
	gm.	have two or more different sex partners (not necessarily at the same time)?.....	1	0
	hm.	have sex with a male partner?	1	0
	jm.	have sex with a female partner?	1	0
	km.	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
	mm.	have a lot of pain during sex or after having had sex?.....	1	0
	nm.	use alcohol or other drugs to make sex last longer or hurt less?	1	0

[IF NO PAST-90 DAY MALE PARTNERS, SKIP R2p]

[IF NO PAST-90 DAY 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 R4]
Times

[IF NO PAST-90 DAY BEHAVIOR REPORTED FOR R2am-bm OR R2dm-fm, 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

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 R5]
More than 12 months ago	1 [GO TO R5]
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 R5]
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

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...
- | | <u>Yes</u> | <u>No</u> |
|----------------------------------------------------------------------------------|------------|-----------|
| 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. _____

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- | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGUR | R8. Urgency Rating [RUR]: NO <input type="text"/> ALREADY <input type="text"/> GT 3 MO <input type="text"/> 0-3 MO <input type="text"/> NOW <input type="text"/> |
| AGDM | R9. DM Rating [RDM]: NONE <input type="text"/> SOME <input type="text"/> MISUNDER <input type="text"/> DENIAL <input type="text"/> MISREP <input type="text"/> |

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/ M1am. **During the past 90 days**, 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/ M1bm. **During the past 90 days**, 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/ M1cm. **During the past 90 days**, 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 M1dm]
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	

M1cm6. **During the past week** have you thought about ending your life or committing suicide?

1 0

IMDS/ M1dm. **During the past 90 days**, 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 M2] |
| More than 12 months ago | 1 [GO TO M2] |
| 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 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 [GO TO M3] |
| 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. TSS	During the past 90 days , have the following situations happened to you?	<u>Yes</u>	<u>No</u>
am.	When something reminded you of the past, you became very distressed and upset	1	0
bm.	You had nightmares about things in your past that really happened..	1	0
cm.	When you thought of things you had done, you wished you were dead.....	1	0
dm.	It seemed as if you had no feelings.....	1	0
em.	Your dreams at night were so real that you awoke in a cold sweat and forced yourself to stay awake	1	0
fm.	You felt like you could not go on	1	0
gm.	You were frightened by your urges	1	0
hm.	You used alcohol or other drugs to help yourself sleep or forget about things that happened in the past.....	1	0
jm.	You lost your cool and exploded over minor, everyday things.....	1	0
km.	You were afraid to go to sleep at night.....	1	0
mm.	You had a hard time expressing your feelings, even to the people you cared about.....	1	0
nm.	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 M2am-nm, GO TO M2q]

		<u>Yes</u>	<u>No</u>
M2pm.	Have you ever had any of the problems just mentioned for three or more months?	1	0

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?.....	<input type="text"/> <input type="text"/> <input type="text"/>
			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 [GO TO M4z4]
		More than 12 months ago	1 [GO TO M4z4]
		Never	0 [GO TO M4z4]

Please answer the next questions using yes or no.

BCS/ IDS	M3am.	During the past 90 days, have you done the following things two or more times?	<u>Yes</u>	<u>No</u>
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
BCS/ HIS			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
			1	0
BCS/ CDS	M3bm.	During the past 90 days, have you done the following things two or more times?	<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
			1	0
			1	0
			1	0
			1	0

NOTE: The next questions include behaviors reported in M3am and M3bm.

Please answer the next questions 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
- 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.

Your last assessment was on _____ or about _____ days ago. Please answer the following questions in terms of **times** since that assessment.

M5. How many times **since your last assessment** have you...

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

cs. 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 SERVICE USE IN M5bs OR M5cs, 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>	
AGUR	M7. Urgency Rating [MUR]: 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	M8. DM Rating [MDM]: 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

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 question using yes or no.

E3am1. **During the past 90 days**, have you lived with anyone other than yourself? Yes No
1 0 [IF NO, GO TO E4]

E3am. 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. _____

E4. How many children, if any, do you have under the age of 21? [IF 0, GO TO E5m]
Children

E4am. **During the past 90 days**, 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? [IF 0, GO TO E5m]

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)?..... [IF OVER 20, GO TO E5m]
Age

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

CAS	E4.	During the past 90 Days, have you done any of the following things with these children?		
			Yes	No
	jm.	Spent 30 minutes or more playing with them.....	1	0
	km.	Taken them to an organized activity or event.....	1	0
	mm.	Read a book to them	1	0
	nm.	Worked with them on homework or taught them to read, write, or do math	1	0
	pm.	Met with a teacher, social worker, lawyer, court official or police officer about them.....	1	0

CAS	E4qm.	During the past 90 days , (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 the number of people...

E5m. **During the past 90 days**, how many people would you say you have **regularly lived with**, including your parents and family? [IF 0, GO TO E6m]
People

Using **Card C...**

LRI/ ERS	E5m.	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 the number of people...

E6m. **During the past 90 days**, how many people would you say you spend most of your time with at work, a training program or school? [IF 0, GO TO E7m]
People

Using **Card C...**

VRI/ ERS	E6m.	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 the number of people...

E7m. **During the past 90 days**, 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	E7m.	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			[GO TO E9n]	
		More than 12 months ago	1			[GO TO E9n]	
		Never	0			[GO TO E9n]	

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?
Days

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

Please answer the next question using yes or no.

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 E9n-r ARE ALL NO, SELECT NO FOR E9s]

E9s.	Have you gotten the help you need to deal with these problems?	<u>Yes</u>	<u>No</u>
		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 E10m]
		More than 12 months ago	1 [GO TO E10m]
		Never	0 [GO TO E10m]

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	E10m.	During the past 90 days , 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. _____

Please answer the next questions using yes or no.

OSSI	E11m.	During the past 90 days , 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	E12am.	During the past 90 days , which of the following areas do you consider to be your strengths?	<u>Yes</u>	<u>No</u>
	1.	Doing well at school or training.	1	0
	2.	Doing well at work.	1	0
	3.	Doing well with your family.	1	0
	4.	Doing well with your close friends.	1	0
	5.	Doing well at sports, exercise or other physical activity.	1	0
	6.	Doing well at music, dancing, acting or other performing arts.	1	0
	7.	Drawing, painting, design or other art activities.	1	0
	8.	Listening, caring, and communicating with others.	1	0
	9.	Problem solving and figuring things out.	1	0
	10.	Working or playing with computers.	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	E12cm. During the past 90 days , did you have the following kinds of social support ?	<u>Yes</u>	<u>No</u>
	1. A professional counselor or other health provider to talk to.	1	0
	2. Friends or colleagues from other companies or schools you could talk to without worry about things getting back to others at work or school	1	0
	3. People at work or school you could talk to about day-to-day things.	1	0
	4. People at work or school who could help you get your assignments done.	1	0
	5. Family members or close partners you could talk to and rely on.	1	0
	6. Friends you could just hang out with and not talk about work or family issues.	1	0
	7. A legal hobby or activity that you enjoyed and did for yourself.	1	0
	8. someone you felt like you could talk to about needs and emotions. ..	1	0
	9. Someone you felt could help you figure out how to cope with any problems you were having or might have.	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
E13d.	Do you consider your religious or spiritual beliefs to...	<u>Yes</u>	<u>No</u>
	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?.....	_____ Days
	b. people were using alcohol or other drugs?	_____ Days

Please answer the next questions using yes or no.

GSI	E15a.	Are you satisfied with	<u>Yes</u>	<u>No</u>
	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. _____

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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.

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 [GO TO L4m]
More than 12 months ago	1 [GO TO L4m]
Never	0 [GO TO L4m]

Please answer the next questions using the number of times.

L3am. **During the past 90 days**, how many **times** have you...

GCS/ PCS	1.	purposely damaged or destroyed property that did not belong to you?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Times
	2.	bought, received, possessed or sold any stolen goods?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Times
	3.	passed bad checks, forged or altered a prescription, or took money from an employer?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Times
	4.	taken something from a store without paying for it?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Times	
	5.	other than from a store, taken money or property that didn't belong to you?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Times
	6.	broken into a house or building to steal something or just to look around?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Times
	7.	taken a car that didn't belong to you?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			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?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Times
10.		hurt someone badly enough they needed bandages or a doctor?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Times
11.		used a knife or gun or some other thing, like a club, to get something from a person	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Times	
	12.	made someone have sex with you by force when they did not want to have sex?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Times
	13.	been involved in the death or murder of another person, including accidents?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Times
	14.	intentionally set a building, car or other property on fire?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			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?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Times	
	17.	traded sex for food, drugs or money?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Times	

Please answer the next questions using the number of days.

L3am. **During the past 90 days**, on 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. _____

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 L4m]
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.

L4m. **During the past 90 days**, about how many tickets have you gotten for minor traffic violations? Do not include any that led to an arrest.
Tickets

L4am. **During the past 90 days**, about how many **times** have you been picked up by the police for status offenses such as running away or truancy?
Times

Your last assessment was on _____ or about _____ days ago.

Please answer the next questions in terms of **times** since that assessment.

L5_s. **Since your last assessment**, 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.
Times

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. _____

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. _____

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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
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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
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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_s. **Since your last assessment**, 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 [GO TO V6]
- More than 12 months ago 1 [GO TO V6]
- Never 0 [GO TO V6]

Please answer the next questions using yes or no.

TPS	V3.	During the past 90 days, have you...	Yes	No
	am.	gotten bad grades or had your grades drop at school or training?	1	0
	bm.	come in late or left early from school or training?	1	0
	cm.	gotten sick at school or training?	1	0
	dm.	gotten hurt or injured at school or training?	1	0
	em.	gotten into a fight or trouble at school or training?	1	0
	fm.	been absent 5 or more days from school or training for any reason?	1	0
	hm.	skipped or cut school or training just because you didn't want to be there?	1	0
	jm.	been suspended or expelled from school or training?	1	0

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. _____

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 [GO TO V7]
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.		Yes	No
	During the past 90 days , have you...		
am.	done badly at work or done worse at work?	1	0
bm.	come in late or left early from your work?	1	0
cm.	gotten sick at work?	1	0
dm.	gotten hurt or injured at work?	1	0
em.	gotten into a fight or trouble at work?	1	0
fm.	been absent 5 or more days from work for any reason?	1	0
gm.	skipped or cut your work just because you didn't want to be there? ..	1	0
jm.	been fired, laid off, or told not to come in to work?	1	0

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 [GO TO V9]
- 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 90 days , have you...	<u>Yes</u>	<u>No</u>
	am.	run out of money for food or transportation?	1	0
	bm.	run out of money for housing?	1	0
	cm.	spent half or more of your income on housing and utilities?	1	0
	dm.	not counting a home or car loan, owed people more than what you make in two months?	1	0
	em.	not had enough money to pay all your bills on time?	1	0
	fm.	been 120 days or more behind on a bill?	1	0
	gm.	spent money that was needed for bills on alcohol, drugs, gambling or some other way on yourself?	1	0
	hm.	had to borrow money from another family member or close friend for food, rent or utilities?	1	0
	jm.	had to use a food bank, soup kitchen or emergency shelter?	1	0
	km.	argued regularly with other people in your family or household about money?	1	0

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 [GO TO V10]
 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 90 days, have you...	Yes	No
	am.	spent a lot of time thinking or talking about your gambling?	1	0
	bm.	needed to gamble more often or in larger amounts to get the same enjoyment or high?	1	0
	cm.	tried to cut back on your gambling?	1	0
	dm.	had a hard time staying still or got mad when you could not gamble?	1	0
	em.	gambled to get away from your problems or to feel better?	1	0
	fm.	tried to win back your losses by going back another day?	1	0
	gm.	lied about how much time you spent gambling or about how much you lost?	1	0
	hm.	paid for your gambling with bad checks, someone else's money, or with something that didn't belong to you?	1	0
	jm.	lost or had problems at home, work, school, or with your friends because of your gambling?	1	0
	km.	borrowed or gotten money from others to pay for your gambling? ...	1	0

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... | <u>Yes</u> | <u>No</u> |
|---------------------------------------------------------------------------------------------------|------------|-----------|
| 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>	
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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
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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.		
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.	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Yes</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>No</u></td> </tr> <tr> <td>Was administration done over multiple days? (MUL).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table> <p style="text-align: right; margin-right: 50px;">[IF NO, GO TO XADMj]</p> <p>a. What is the final revision date (mm/dd/yyyy)? _ _ / _ _ / 20 _ _ </p> <p style="text-align: right; margin-right: 50px;">Month Day Year</p> <p>b. What is the total number of breaks across all sessions and days? (Include "1" for break in between multiple sessions.)..... _ _ </p> <p>c. What is the total number of minutes spent doing the interview across all sessions and days? _ _ _ </p> <p>d. What is the Staff ID [XSID] of the person finishing the interview?. _ _ _ _ _ _ _ </p>		<u>Yes</u>	<u>No</u>	Was administration done over multiple days? (MUL).....	1	0
	<u>Yes</u>	<u>No</u>					
Was administration done over multiple days? (MUL).....	1	0					
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. _____						