

**GPRA ID**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Collection Site**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle One:** Baseline Data Six-Month Follow-Up Data

**The following questions ask you about your life, health and feelings. I will read each question to you, along with the response options. Please choose the answer that seems most appropriate. For each question, please provide the ONE response that best reflects your experiences in the past 30 days. I can repeat any question that you need to hear again.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very poor | Poor | Neither good nor poor | Good | Very Good |
| 1. | **How would you rate your quality of life?** |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very dissatisfied | Dissatisfied | Neither satisfied or dissatisfied | Satisfied | Very dissatisfied |
| 2. | **How satisfied are you with your health?** |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | A little | Moderately | Mostly | Completely |
| 3. | **Do you have enough energy for everyday life?** |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very dissatisfied | Dissatisfied | Neither satisfied or dissatisfied | Satisfied | Very dissatisfied |
| 4. | **How satisfied are you with your****ability to perform your daily activities?** |  |  |  |  |  |
| 5. | **How satisfied are you with yourself?** |  |  |  |  |  |
| 6. | **How satisfied are you with your****personal relationships?** |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | A little | Moderately | Mostly | Completely |
| 7. | **Have you enough money to meet your needs?** |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very dissatisfied | Dissatisfied | Neither satisfied or dissatisfied | Satisfied | Very dissatisfied |
| 8. | **How satisfied are you with the conditions of your living space?** |  |  |  |  |  |

9. **During the past 30 days, how many days have you used any alcohol?**

|  |  |  |
| --- | --- | --- |
| Number of Days | Don’t Know | Refused |
| \_\_\_\_\_\_\_\_\_\_\_ | ☐  | ☐   |

10. *Note: Ask this only if the number of reported drinks in Question #9 is greater than zero, and respondent is male:*

**During the past 30 days, how many days have you had four or more drinks in a day?** *[CLARIFY IF NEEDED: A standard drink =12 oz. beer, 5 oz. wine, 1.5 oz. liquor.*

|  |  |  |
| --- | --- | --- |
| Number of Days | Don’t Know | Refused |
| \_\_\_\_\_\_\_\_\_\_\_\_ | ☐  | ☐  |

*Note: Ask this only if the number of reported drinks in Question #9 is greater than zero, and respondent is female:*

**During the past 30 days, how many days have you had three or more drinks in a day?** *[CLARIFY IF NEEDED: A standard drink = 12 oz. beer, 5 oz. wine, 1.5 oz. liquor.*

|  |  |  |
| --- | --- | --- |
| Number of Days | Don’t Know | Refused |
| \_\_\_\_\_\_\_\_\_\_\_\_ | ☐  | ☐  |

11. **During the past 30 days, how many days did you use any illegal drugs, including prescription drugs that were taken for reasons or in doses other than prescribed?**

|  |  |  |
| --- | --- | --- |
| Number of Days | Don’t Know | Refused |
| \_\_\_\_\_\_\_\_\_\_\_\_ | ☐  | ☐  |

12. **The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | All of the time | Most of the time | Some of the time | A little of the time | None of the time | Refused | Don’t know |
| **Nervous?** |  |  |  |  |  |  |  |
| **Hopeless?** |  |  |  |  |  |  |  |
| **Restless or fidgety?** |  |  |  |  |  |  |  |
| **So depressed that nothing could cheer you up?** |  |  |  |  |  |  |  |
| **That everything was an effort?** |  |  |  |  |  |  |  |
| **Worthless?** |  |  |  |  |  |  |  |

13. **During the past 30 days, how much have you been bothered by these psychological or emotional problems?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Not at all | Slightly | Moderately | Considerably | Extremely | Refused | Don’t know |
|  |  |  |  |  |  |  |

14. **I have family or friends that are supportive of my recovery.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Strongly disagree | Disagree | Undecided | Agree | Strongly Agree | Refused | Don’t know |
|  |  |  |  |  |  |  |

15. **In a crisis, I would have the support I need from family or friends.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Strongly disagree | Disagree | Undecided | Agree | Strongly Agree | Refused | Don’t know |
|  |  |  |  |  |  |  |

16. **I feel I belong in my community.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Strongly disagree | Disagree | Undecided | Agree | Strongly Agree | Refused | Don’t know |
|  |  |  |  |  |  |  |

17. **I generally accomplish what I set out to do.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Agree | Strongly Agree | Don’t know |
|  |  |  |  |  |

18. Please select the one answer that most closely matches your situation.  **I feel capable of managing my health care needs:**

1. On my own most of the time
2. With support from others most of the time
3. On my own some of the time and with support from others some of the time
4. Rarely or never

19. **Are you currently employed?** *[Note: CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS MONTH, DETERMINING WHETHER CONSUMER WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.]*

☐ EMPLOYED FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)

☐ EMPLOYED PART TIME

☐ UNEMPLOYED, LOOKING FOR WORK

☐ UNEMPLOYED, DISABLED

☐ UNEMPLOYED, VOLUNTEER WORK

☐ UNEMPLOYED, RETIRED

☐ UNEMPLOYED, NOT LOOKING FOR WORK

☐ OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ REFUSED

☐ DON’T KNOW

20. **Are you enrolled in school or a job training program?**  *[If enrolled, is that full-time or part-time?]*

☐ NOT ENROLLED

☐ ENROLLED, FULL TIME

☐ ENROLLED, PART TIME

☐ OTHER (SPECIFY)

☐ REFUSED

☐ DON’T KNOW

21. **In the past 30 days, how many nights have you been homeless?**

|  |  |  |
| --- | --- | --- |
| Number of Nights/Times | Don’t Know | Refused |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐  | ☐  |