

COMMON DATA PLATFORM (CDP) REFERENCE GUIDE

PARTICIPANT ELEMENTS FOR DISCRETIONARY PROGRAMS

QUESTIONS FOR PREVENTION PROGRAMS: ADULT AND YOUTH INSTRUMENTS

September, 2014
Version 1

CSAP YOUTH AND ADULT INSTRUMENTS

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GENERAL OVERVIEW

This guide is a reference for collecting the Common Data Platform (CDP) measures for Discretionary Services Programs Providing Direct Services to CSAP programs. This manual provides additional information and detail on the CSAP CDP instrument and replaces instructions found in the Center for Substance Abuse Prevention (CSAP) Prevention Management Reporting and Training System (PMRTS).

SAMHSA grantees that provide direct services to participants are required to collect data from each participant who receives grant-funded services. Grantees collect data from individual participants using the CDP Data Collection Instrument.

KEY TERMS

- The **grantee**, also known as the "federal grant recipient," is the organization awarded a grant or cooperative agreement by SAMHSA. The grantee is legally responsible and accountable to SAMHSA for the performance and financial aspects of grant-supported projects or activities.
- A **participant** is defined as a person or consumer who is actively in treatment or recovery with a SAMHSA-funded program or who is receiving SAMHSA-funded services. A parent, guardian, or other responsible person may answer on behalf of children age 10 or younger.

GENERAL GUIDELINES FOR COLLECTING AND SUBMITTING CDP DATA

DATA COLLECTION GUIDELINES

The participant may refuse to participate in data collection. If this happens, data collection should not be conducted.

Before starting the data collection, consider using a calendar to mark off the past 30 calendar days or asking the participant if he or she keeps a calendar. Many questions in both the Adult Services and Youth Services instruments refer to events that occurred in the past 30 calendar days. Having a calendar present may help the participant recall events.

Reading the questions:

If the data is being collected in an interview format, or it is being proctored in a group setting, introduce the next set of questions, (e.g., "Now I'm going to ask you some questions about...").

If a participant has difficulty understanding a question it is acceptable to explain the question to him/her using the descriptions listed in this guide. However, do not change the wording of the question.

If the data is being collected in an interview format or it is being proctored, read response categories that appear in sentence-case lettering, which is a normal mix of upper-case and lower-case (e.g., Central American or Strongly Disagree).

Recording the answers:

DON'T KNOW/INFORMATION NOT AVAILABLE is an available response for appropriate items. The response option DON'T KNOW is provided for all items with the exception of questions in Section A: Demographics. If the participant does not know the answer to a question, check DON'T KNOW as applicable. If the caregiver or a staff member is responding and does not have the necessary information to answer the question, check DON'T KNOW.

NOT PERMITTED TO ASK is available for a limited number of items. In these cases, if a participant does not feel the question applies to them, choose NOT APPLICABLE as his or her response to that question.

DECLINED is an available response option for all items that are asked of the participant. If the participant refuses to answer a question, check DECLINED. The DECLINED response options are not available for items that are answered by the grantee organization.

DATA COLLECTION POINTS

The data collection points are presented in the following tables and summarized below.

Table 1. Data Collection Timeline.

INSTRUMENT	BASELINE (1 ST DATA COLLECTION POINT)	EXIT (2 ND DATA COLLECTION POINT)	FIRST FOLLOW-UP (3 RD DATA COLLECTION POINT)	SECOND FOLLOW-UP (4 TH DATA COLLECTION POINT)
Single Session Intervention	N/A	Immediately following the single session intervention	N/A	N/A
Multiple Session Brief Intervention	Within 30 days before intake and before program exposure or beginning of the sessions/encounters	Within 10 days after program exposure has ended	Not required	Not required
Multiple Session Long Intervention	Within 30 days before intake and before program exposure or beginning of the sessions/encounters	Within 10 days after program exposure has ended	Within 30 days of the planned follow-up which happens 3-6 months after program exit	Within 30 days of the second follow-up which happens 6-12months after program exit

¹ No baseline data collection is required for single-session interventions.

² This is the only data collection point for single-session interventions.

³ No follow-up data collection is required for single-session interventions.

If grantees have any questions about which follow-up data is required for your program, they should contact their Government Project Officer (GPO) for more information.

Summary of CDP Sections:

- **Section A: Record Management** is completed by grantee staff at each data collection point, regardless of whether any data was collected.
- **Section B: Facts About You** is asked of the participant only at baseline. If the grantee is unable to obtain demographic data directly from a participant, this information may be obtained administratively from other available grant data. If the information is not available from another source, code the information as DECLINED. If the participant has declined all data collection and your organization has a policy or IRB decision preventing you from obtaining this information from other records, then these items should be coded as DECLINED.
- **Section C: Attitudes and Knowledge, Section D1: Cigarettes, Alcohol, Drugs and Recovery, Section D2: Violence and Trauma, and Section E: Health and Health Care Services** are asked at baseline and follow-up data collections in both the Adult and Youth instruments. The questions should be addressed to the participant, but caregivers may answer the questions on behalf of the participant, for most questions.
- **Section F: HIV and Testing Services** is only asked in the Adult Services Tool. This section is only applicable to adults participating in an HIV program. Please ask your GPO if you are unsure whether you need to complete this section.

Data Collection Timelines and Definitions

Baseline:

The baseline collection date should be the date or up to 30 days prior to the date, when the participants began before program exposure. Grantees that collect baseline data after intake may be advantaged in the reporting of outcomes, since outcomes may begin to improve shortly after the initiation of services.

For participants who were already receiving services when your grant began using CDP, baseline data must be collected the next time your project has contact with the participant.

Each completed data collection must be entered into the CDP system within 30 calendar days of the date of data collection; all edits must be completed no later than the system lock date for the quarter in which the data was collected.

It may not be feasible to collect baseline data for participants who have recently experienced a crisis or traumatic event. If it is not possible to conduct the baseline data collection right away, you should collect the data as soon as possible but no longer than 30 calendar days after program intake.

If a participant is unable or unwilling to provide consent for the baseline data collection, grantee staff are required to enter administrative information into the CDP system within 7 calendar days of participant intake. All edits must be completed no later than the system lock date for the quarter in which the participant began receiving services.

Reassessment/Follow-up

Follow-up data collection should be completed according to the schedule outlined by your program. If you are unsure about when follow-up data collection is due for your grant, please contact your Government Project Officer (GPO).

The target follow-up rate for all follow-up data collection is 100%, meaning programs must attempt to conduct all follow-up data collection for all participants. The minimally acceptable follow-up completion rate is 80%.

Requirements for Collecting Administrative Reassessment Data

If follow-up data is not collected, you are still required to report some administrative data. If no data was collected, you should complete Section A: Records Management within 30 days of the participants' data collection due date.

For question 2 in Records Management, which asks whether the data was collected, select "NO" if no data was collected.

If administrative information is submitted in place of a data collection but you are then able to collect data before the system lock date, you will need to delete the administrative record prior to entering the data into CDP.

All edits must be completed no later than the system lock date for the quarter in which the data collection was due.

Data Submission Deadlines

Participant-level data should be entered into the CDP system within 30 days of the data collection date or data collection due date (for administrative data).

Sections

This Question-by-Question Reference Guide is organized by the sections of the CDP instruments. For each section there is an overview as well as definitions that apply to the items in that section. The following information about each item on the instrument is provided, as appropriate:

Intent	Describes the intent of the question.
Key Points/Definitions	Provides pertinent background information and definitions of key terms.
Coding Topics	Clarifies how to count or record certain responses. Please pay close attention to coding topics because they address questions that may produce vague answers.
Cross-Check Items	Alerts the user to items that should be related (if any), and answers that should be verified, if a contradiction occurs during the course of the data collection.

Skip patterns are indicated on the instrument and let the user know which items should be skipped and under what circumstances. There are certain questions that are irrelevant based on answers to previous questions.

A Spanish version of the paper Services tool will be available on the CDP website for download. In cases where a participant speaks a language other than English or Spanish, you should follow the same procedures for collecting the data as used to obtain any other information for that participant. Note that some foreign languages do not use capitalization. For these translations of the SAMHSA instrument, responses to questions within the tool that should not be read to the participant have been indicated by underlining.

QUESTIONS FOR PREVENTION PROGRAMS – ADULT AND YOUTH VERSIONS

QUESTION-BY-QUESTION GUIDE: GENERAL OVERVIEW

This section of the guide is a reference for the specific questions collected by the Common Data Platform (CDP) for prevention programs.

I. Instrument Administration Procedures

Administration Staff

The Center for Substance Abuse Prevention (CSAP) strongly recommends that grantees designate program or evaluation staff to conduct data collection. Program staff should not be responsible for administering questionnaires to participants to whom they provide direct services. Grantees may designate survey administrators (proctors) if this occurs or if data collection staff cannot administer the instruments.

Proctors should be present at the survey administration to explain the process of filling out the instruments and to answer any questions that may arise. Additional involvement of the proctor may be required for respondents with limited reading and/or English language ability.

Sections of the Instruments

The Adult and Youth Instruments are divided into the following sections:

1. Section A: Record Management
2. Section B: Facts About You
3. Section C: Attitudes and Knowledge
4. Section D1: Cigarettes, Alcohol, Drugs and Recovery
5. Section D2: Violence and Trauma
6. Section E: Health and Health Care Services
7. Section F: HIV and Testing Services (This section is only applicable for adults in HIV programs)

The number of sections an individual respondent is required to complete will depend on the services they are receiving. Each CSAP program will provide guidance to grantees regarding the specific requirements of their grants.

If you are unsure which sections of the instrument to administer, please ask the person in charge of data collection at your organization or your GPO.

QUESTIONS ABOUT PREVENTION PROGRAMS

SECTION A: RECORD MANAGEMENT

OVERVIEW

This section pertains to the collection of the participant's identification information for the CDP, the grantee information, and the participant's interview information. The Record Management information must be filled out for each CDP interview.

Question contained in Section A, Record Management are **not** addressed to the participant, but are filled in by project or grantee staff. The Record Management section must be filled in for each interview, regardless of whether an interview was conducted.

CODING TOPICS/DEFINITIONS

Participant ID

A unique participant identifier that is determined by the project. Each participant must have his/her own unique ID. It can be between 1 and 15 characters and can include both numerals and letters. This ID is designed to track a specific participant through his/her interviews (CDP intake, discharge, 3-month follow-up (if required), and 6-month follow-up, while maintaining the anonymity of the participant. The same unique ID is used at each interview, even if the participant has more than one episode of care. For confidentiality reasons, do not use any part of the participant's date of birth or Social Security Number in the Participant ID, except as indicated below.

Grant ID

The SAMHSA-assigned grant identification number for the project.

For **CSAP** programs, the assigned grant identification number begins with SP. This number is used to identify your grant. For example, a grant program may be H79 SP12345. For the purpose of the CDP, the identifying portion of the number is SP12345. A maximum of 10 digits may be used.

Data Collection Type

The type of assessment that is being completed. Please refer to your program representatives for more information about the timing of assessments.

Baseline. Baseline interviews are conducted when a participant begins receiving SAMHSA-funded services.

Exit. Exit data should be collected after the last session of the intervention.

First Follow-up after Exit. CSAP requires grantees to collect data following exit from an intervention. The first follow-up data should be collected between three and six months following exit from a program.

Second Follow-up after Exit. If required, programs collecting a second round of follow-up data should collect it between six and twelve months following exit from a program. Not every program requires a second follow-up after exit from a program. If you are unsure whether your program is required to collect this data, please contact your GPO.

Was the Data Collected?

Indicate whether data was collected from the participant. If data was not collected, no additional information is required.

Data Collection Date

Enter the date the CDP data collection was completed. The CDP intake/baseline data collection date will determine when subsequent follow-up data collections are due.

QUESTIONS ABOUT PREVENTION PROGRAMS

SECTION B: FACTS ABOUT YOU

OVERVIEW

This section collects demographic information about the participant. **These questions are only asked at baseline.** While the answers to some questions may seem apparent, each question should be asked of each participant. Do not complete a response based on the participant's appearance. You must ask the question and mark the response given by the participant. Caregivers or proxies may answer the questions on behalf of the participant.

Individual participant's responses answers will not be used to identify them. The answers will help us to understand how different groups (like men or women or people of similar ages) feel about substance abuse and HIV prevention.

QUESTIONS CONTAINED IN THIS SECTION

What is your date of birth?

		/			/				
Month			Day			Year			

Intent

The intent of this question is to record the participant's month and year of birth. It will be used to calculate the participant's age.

Key Points/Definitions

Enter date as mm/dd/yyyy. The system will only save the month and year. Day is not saved to maintain confidentiality. The information about birth date will not be used to identify participants.

If participants are confused about how to answer this question, instruct them to provide their best estimate. The 4-digit year of birth should be entered in the boxes.

What sex were you assigned at birth, meaning on your original birth certificate?

What is your current gender identity?

Intent

The intent of these questions is to determine the participant's sex and gender identity. The intent of the first question is to ascertain the participant's sex, as assigned on the original birth certificate. Ask the question open-ended and enter the participant's response, even if the participant's response does not match his/her obvious appearance.

Key Points/Definitions

Regardless of the response to the first question, ask the second.

The intent of the second question is to determine the participant's current gender identity. A two-step gender identity question avoids conflating gender identity and sex at birth by separating these response categories into two separate questions. (GenderQuestions) Again, ask the question in an open-ended manner and enter the participant's response, even if the participant's response does not match his/her obvious appearance.

If respondents are unsure about how to answer this question (especially for transgendered individuals), remind them that there are no right or wrong answers. Instruct respondents to base their response on the gender they most closely identify with.

If the participant does not understand or asks what is meant by gender, you may clarify the question by asking if they prefer to be seen/see themselves/be viewed as a man or male, woman or female, as a transgender, or other. If "other," have the participant specify their gender identity and write down the response.

Coding Topics

The coding options for the first question are: male, female, and declined.

The coding options for the second question are as follows:

- Male
- Female
- Transmale/Transman
- Transfemale/Transwoman
- Different Identity (Specify) _____
- DECLINED

- DON'T KNOW/INFORMATION NOT AVAILABLE

Which one of the following do you consider yourself to be?

Intent

The intent of this question is to determine the participant's sexual identity.

Key Points/Definitions

The SAMHSA Lesbian, Gay, Bisexual, Transgender (LGBT) Data Workgroup, including program and data representatives from each Center, has developed the recommended LGBT identity questions for standardized use in discretionary program monitoring, such as through the Common Data Platform. These data are being called for by Federal, state, and local governments and other organizations that currently serve, or would like to serve LGBT individuals.

One of the Healthy People 2020 Objectives is charged with tracking progress on increasing the number of Federal data sources collecting data on LGBT identity. A great deal of empirical work on appropriate questions has been accomplished. Please see the References Section for more information on this topic.

This represents a growing scientific consensus on how this question should be asked and how the results should be reported. Indeed, several HHS data systems have used or are currently using similar questions to collect data on LGBT identity, including the National Survey of Family Growth (NSFG), the Behavioral Risk Factor Surveillance System (BRFSS), and Youth Risk Behavior Surveillance (YRBS).

Adding this question supports the new Request for Applications disparities impact statement requirement, immediately enhance our ability to report on this service population at the grant, program, Center, and Agency level, and support the Secretary's goals for LGBT health.

Coding Topics

Ask the question in an open-ended manner and enter the participant's response, even if the participant's response does not match his/her obvious appearance.

If participants are uncomfortable answering this question or express confusion about which response option to choose, remind them that all answers will be kept private. Ask the participant to choose the response option that best describes them as an individual, there are no right or wrong answers.

The response options for this question as follows:

- Heterosexual, that is straight;
- Lesbian/gay;
- Bisexual;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

People are different in their sexual attraction to other people. Which statement best describes your feelings?

In the past 12 months, who have you had sex with?

Intent

The intent of these questions is to determine the participant's sexual identity and behavior.

Key Points/Definitions

These questions are only asked in the Adult Tool.

Note that these questions are about sexual identify or orientation. Record the participant's response even if the response does not match his/her obvious appearance.

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One of the Healthy People 2020 Objectives is charged with tracking progress on increasing the number of Federal data sources collecting data on LGBT identity. A great deal of empirical work on appropriate questions has been accomplished (see "References" section for more information). The recommended question represents a growing scientific consensus on how this question should be asked and how the results should be reported. Indeed, several HHS data systems (that have received OMB approval) have used or are currently using similar questions to collect data on LGBT identity, including the National Survey of Family Growth (NSFG), the Behavioral Risk Factor Surveillance System (BRFSS), and Youth Risk

Behavior Surveillance (YRBS).

Adding these questions support the new Request for Applications disparities impact statement requirement, immediately enhance our ability to report on this service population at the grant, program, Center, and Agency level, and support the Secretary’s goals for LGBT health (see the "References" section for more information on these topics).

Are you Hispanic, Latino/a, or Spanish origin?

Intent

The intent of this question is to ascertain whether the participant identifies as Hispanic or Latino, and, if they do, which ethnic group the participant considers him/herself.

Key Points/Definitions

Please note that this is a two-part question. Read the first question open-ended and record the response. If the participant responds that he/she is Hispanic or Latino, inquire about which ethnic group the participant considers him/herself.

The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations. (CLASStandards)

The principal standard is to “provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.”

Coding Topics

If the participant responds that he/she is not Hispanic or Latino, check “No” and continue with the next question. If the participant refuses to answer if he/she is Hispanic or Latino, check “DECLINED” and continue with the next question.

If the participant responds “Yes”, read the available response options to the participant and record his or her selection(s). The participant can select “Yes” to as many options as apply. If the participant identifies as a group that is not represented on the list, select “Other” and write in the name of the group.

Response options for this question are as follows:

- Yes, Mexican, Mexican American, Chicano/a;
- Yes, Puerto Rican;

- Yes, Cuban;
- Yes, another Hispanic, Latino, or Spanish origin;
- No, not of Hispanic, Latino/a, or Spanish origin;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

What is your race?

Intent

The intent of the question is to determine which race the participant considers himself or herself.

Key Points/Definitions

On Oct. 31, 2011, HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by [Section 4302 of the Affordable Care Act](#) (CLASStandards). The law requires that data collection standards for these measures be used, to the extent practicable, in all national population health surveys. They will apply to self-reported information only. The law also requires any data standards published by HHS comply with standards created by the Office of Management and Budget (OMB).

Coding Topics

Record the response given by the participant, not anyone else's opinion.

Response options for this question are as follows:

- White;
- Black or African American;
- American Indian;
- Alaska Native;
- Asian (specify);
- Asian Indian;
- Chinese;
- Filipino;
- Japanese;
- Korean;
- Vietnamese;
- Other Asian;
- Native Hawaiian;
- Guamanian or Chamorro;
- Samoan;
- Other Pacific Islander
- DECLINED
- DON'T KNOW/INFORMATION NOT AVAILABLE

Read each of the available response options (other than

DON'T KNOW and DECLINED) and allow the participant to answer “Yes” or “No” to each. Ask this question to all participants, even those who identified themselves as Hispanic or Latino.

The participant can choose “Yes” to as many as apply. If participants are multiracial, instruct them to mark the major racial groups that they feel describes them.

The participant may respond “No” to all races.

How well do you speak English?

Do you speak a language other than English at home?

If you speak a language other than English at home, what language do you speak?

Intent

The intent of these questions is to ascertain linguistic competency.

Key Points/Definitions

Requiring that grantees collect and report these data will support SAMHSA’s efforts in a variety of ways, including:

Disparities Impact Statement—currently, many racial/ethnic group are obscured within the standards. By having the language data, both SAMHSA and grantees will have a better sense at a population-level who is being served, and how differences in language may impact their access, use, and outcomes of grant funded services,

SAMHSA’s Language Access Plan—SAMHSA spent the past year working with the Office of Civil Rights to develop our language action plan, where Element 1 is as follows: “Assessment: Needs and Capacity: Each HHS Agency will establish mechanisms to regularly identify and assess the language assistance needs of current and potential customers as well as processes to assess agency infrastructure and capacity to meet these needs.” In order to comply with our plan, having detailed language preference data will help SAMHSA better understand the needs and capacity of our grantees.

Title VI—Access to this data will also support SAMHSA in complying with Title VI of the Civil Rights Act, as well as allow us to support our grantees with their compliance. Title VI compliance falls within Element 3 of the National CLAS Standards, which grantees are required to meet. The standard notes that health care organizations should ensure that staff at all levels and across all

disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

On October 31, 2011, HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by [Section 4302 of the Affordable Care Act](#). See the References Section for more information on ACA.

The law requires that data collection standards for these measures be used, to the extent practicable, in all national population health surveys. They will apply to self-reported information only. The law also requires any data standards published by HHS comply with standards created by the Office of Management and Budget (OMB).

Coding Topics

The response options for this first question (How well do you speak English?) are as follows:

- Very well;
- Well;
- Not well;
- Not at all;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

The response options for the second question (Do you speak a language other than English at home?) are as follows:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

The response options to the third question (If you speak a language other than English at home, what language do you speak?) are as follows:

- Spanish;
- Other Language (Identify);
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

If a respondent selects the “Other Language” response, please ask them to specify the language and record their response in the space provided.

If respondents indicate that they speak more than one language and are unsure how to respond, ask them to indicate the language they are most comfortable with, or the language they speak or read most often.

If the participant responds “Yes” to the question asking whether they speak a language other than English at home, ask them to identify the language in the next question.

Otherwise, if an individual reports that they do not speak another language at home, the next question (What is this language?) should be skipped.

Are you deaf or do you have serious difficulty hearing?

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Do you have serious difficulty walking or climbing stairs?

Do you have difficulty dressing or bathing?

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older only)

Intent

The intent of this set of questions is to determine information about the participant’s recent functioning.

Key Point/Definitions

The last question in this section: “Because of a physical mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?” should only be answered by participants 15 years or older. All other respondents should select “Not Applicable”.

On Oct. 31, 2011, HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by [Section 4302 of the Affordable Care Act](#) (CLASstandards). The law requires that data collection standards for these measures be used, to the extent practicable, in all national population health surveys. They will apply to self-reported information only. The law also requires any data standards published by HHS comply with standards created by the Office of Management and Budget (OMB).

Coding Topics

Record the response given by the participant or caregiver.

The response categories for these questions are:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

In addition, the last question in this section: “Because of a physical mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?” has “Not Applicable” as an available response option.

What is the highest level of education you have finished, whether or not you received a degree?

Intent

The intent of this question is to record basic information about the participant’s formal education.

Key Points/Definitions

This question is only asked in the Adult Instrument.

Check the appropriate response to indicate the grade or year of school that the participant has *completed*. Education can include schooling received while incarcerated.

Coding Topics

Determining the level for those who dropped out of school— If the participant dropped out of high school in the middle of his/her junior year (11th grade), and he/she has not completed any other education programs, you would enter 10 as the highest level of education completed.

Continued education following dropping out— Whether or not the participant received a regular high school diploma or general equivalency diploma (GED) if he/she completed additional years in school, select the response associated with the highest year in school completed.

For example, if the participant dropped out of school after completing his/her 10th-grade year and subsequently returned to school as an adult and received a bachelor’s degree, you

would check the response option “bachelor’s degree (BA or BS) or higher.”

Distance learning—If the participant completed additional years of education via distance learning probe to obtain the grade level

If the data is being collected in an interview format, read the question in an open-ended manner and check the appropriate response to indicate the grade or year of school that the participant has *completed*.

Response options for this question are as follows:

- *Preschool - The participant completed a preschool program.*
- *Kindergarten- The participant completed kindergarten.*
- *1st grade completed – 11th grade completed— Choose the response that corresponds with the grade level or year in school that the participant has completed.*
- *12th grade completed/high school diploma/equivalent—The participant has completed 12th grade, graduated from high school, or completed a general equivalence degree.*
- *Some college or university —The participant has completed at least one full year of college or university coursework. This typically corresponds with completing between at least 30 credit hours of college or university coursework. This category includes participants who completed 2 years of college or university coursework and/or has received an Associate’s degree (e.g. A.A, A.S.).*
- *Bachelor’s degree (BA, BS) or higher -- The participant has graduated from a college or university with a BA, BS degree or higher. This category includes participants with advanced degrees (e.g., MS, Ph.D.)*
- *Voc/Tech diploma -- The participant received his/her vocational or technical diploma training after high school. A technical program is a training for which the participant received a certificate, license, or passed a test upon completion.*

If a participant does not know what grade to select, note that we are interested in the highest grade (or year of school) completed. If it is in the middle of the school year, have participants mark the grade level they were last year. If the participant is homeschooled, the participant should select the grade level that is equivalent to the highest level the participant completed.

Intent

The intent of this question is to determine the participant's current employment status.

Key Points/Definitions

This question is only asked in the Adult Instrument.

Focus on the status during most of the previous week to determine whether the participant worked at all or had a regular job but was off work. Only legal employment (i.e., the job activity is legal) is counted as employment.

Note that this is a two-part question. First determine whether or not the participant is employed, then determine his/her status. If the participant indicates that he/she is employed you must then determine whether it is full- or part-time. If the participant indicates that he/she is unemployed, you must then determine the current status as it relates to unemployment.

Coding Topics/Definitions

If the participant responds "employed," ask if the job is full- or part-time.

If the participant responds "unemployed," ask how long he/she has been unemployed and what prompted the unemployment. You may read the response categories as a probe. Check off the appropriate category.

Gambling, even if it is in a legal casino, is not counted as employment unless the participant is an employee of the casino as a dealer or in some other capacity.

If a participant is incarcerated and has a job through the jail but no other outside work, record unemployed, not looking for work.

Four or more days is considered most of the previous week. Clarify by focusing on status during most of the previous week, determining whether the participant worked at all or if he/she had a regular job but was off work.

Employment—Employment includes work performed even if the participant is paid "under the table" or is working without a permit (in the case of undocumented persons) *as long as the work would be considered legal otherwise*. Employment includes those who are self-employed and those who are receiving services in exchange for their work (e.g., housing, schooling, or care).

Employed full-time— If the participant works 35 hours or more a week, regardless of how many jobs make up this time, count as employed full-time. Day work or day labor for 35 or more hours per week should be counted as full-time employment. “Or would have been” means that the participant usually works 35 hours or more per week but in the past 30 days, he/she may have taken time off due to illness or a vacation. In this situation, the participant should be intending to continue to work 35 hours or more per week.

Employed part-time—If the participant works 1 to 34 hours per week, count as employed part-time. Day work or day labor for fewer than 35 hours per week should be counted as part-time employment.

Unemployed—If the participant indicates that he/she is unemployed, ask if he/she is currently looking for employment. If necessary, read all unemployed response options. Record the response in the appropriate unemployed category.

Other—If the participant is involved in active military service, count as “other” and write in “military service.” If the participant is working for assistance money, check “other” and put “work fair” or the type of assistance program for which he/she works. If the participant’s work status covers more than one category, (e.g., is retired, disabled, and does volunteer work) code “other” and write in the categories. If you are collecting data from an adolescent who is working and being paid by Job Corps, count it as “other” and write in “Job Corps.”

Students who are employed should be coded as full- or part-time. Students who are not working and *not* looking for work should be coded as unemployed, not looking for work. Students who are not working and are looking for work should be coded as unemployed, looking for work.

If none of the employment options fit, ask the participant to select “unemployed (other reason).”

Response options for this question are as follows:

- 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);
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Skip Pattern

If the participant indicates he/she is not employed, skip the next three questions.

Are you paid at or above the minimum wage?

Are your wages paid directly to you by your employer?

Could anyone have applied for this job?

Intent

The intent of these questions is to collect detailed information about the type of the participant's employment.

Key Points/Definitions

These questions are only asked in the Adult Instrument.

These questions are used to determine if the participant's type of employment is generally considered "competitive" (e.g., working in an integrated setting and compensated at or above the minimum wage) or "sheltered" (e.g., working, but not in the labor force, possibly working for therapeutic purposes in conjunction with a mental health agency/program, in a closely supervised or protective setting.)

The minimum wage is the lowest wage that employers may legally pay to employees. The federal minimum wage is set by the U.S. Congress. Many states also have minimum wage laws. In cases where an employee is subject to both state and federal minimum wage laws, the employee is entitled to the higher minimum wage.

Information on the federal minimum wage can be found at:
<http://www.dol.gov/whd/flsa>.

Information on each states' minimum wage laws can be found at:
<http://www.dol.gov/whd/minwage/america.htm>

Coding Topics

Response options for each question are as follows:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

In the past 30 days, how many nights have you spent in jail/prison?

Intent

The intent is to record information about whether the participant has spent time in jail/prison in the last 30 days.

Coding Topics

This question is only asked in the Adult Instrument.

Count the number of *nights* that the participant has spent in jail/prison. *The response cannot be more than 30 nights.* Time in jail or prison can be due to an arrest and incarceration, or just an overnight detainment. Do not distinguish between actual arrest and detainment for this question. A detention center would count as jail/prison for juvenile participants.

For participants who have extensive involvement in the justice system or who have difficulty with their memory, start by estimating how many nights they have been in jail/prison during the past week and then move backwards until you reach 30 days.

If the participant is uncomfortable answering and/or finds this question intrusive, explain that this question is asked of everyone and there are no expectations about them, their past, or how they behave. If the participant is still reluctant to answer, please indicate that their answers are voluntary and they do not have to answer. If the participant indicates they he/she has not been in jail or prison, have them answer “No.”

If a participant does not wish to respond to this question, please select “DECLINED”. If the participant is not able to provide a response to this question, please select “DON’T KNOW/INFORMATION NOT AVAILABLE”.

Do not count instances in which the participant was picked up and released in the same day. Do not count house arrest, only nights in jail/prison.

Describe your current relationship status.

Intent

The intent of this question is to describe the participant’s current relationship status.

Key Points

If the participant is reluctant to provide information, explain that the people who analyze this survey will not know who the participant is and names will not be associated with any responses.

Coding Topics

Response options for this question are as follows include:

- Single (never married);
- Informally married or living with a permanent partner;
- Legally married;
- Separated;
- Divorced (or broken up from an informal marriage);
- Widowed;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

If the participant does not know what “informally married” means explain that it means the participant lives with a partner “as if married” and they consider themselves to be married but do not have an official marriage certificate. Similarly, “Divorced” includes people who have broken up from an informal marriage.

Think about the household members that live with you right now. About how much income have you and/or your family members made in the last year before taxes? (Include child support and/or cash payments from the government, for example, welfare [TANF], SSI, or unemployment compensation).

Intent

The intent is to record the amount of money received by the participant’s household in the last year.

Key Topics/Definitions

This question is only asked in the Adult Instrument.

Income may be from wages (money earned through legal full- or part-time employment); public assistance (Money received from Temporary Assistance to Needy Families (TANF); welfare; food stamps; housing vouchers; transportation money; or any other source of social, general, or emergency assistance funds); retirement (money received from 401K plans, Social Security, military retirement, or pensions); disability (money received from Supplemental Security Income, Social Security Disability, worker’s compensation, or veteran disability payments); non-legal income (count any money received from illegal activities, such as drug dealing, stealing, fencing or selling stolen goods, panhandling (if banned), illicit gambling, or illegal prostitution. If a participant has

received drugs in exchange for illegal activity, do not convert to a dollar amount); family and/or friends (count allowance and monetary gifts); other (money received legally from any other sources such as trust fund payments, recycling, gambling if from legal sources (lottery payments, casinos, etc.), alimony, child support, tribal per capita funds, death benefits, and stock options).

If a participant is uncomfortable answering the question, remind him/her that there is no name on the survey, the answers are kept private, and the information is important to the study. No information will be reported to a welfare office or local government authorities.

If a participant is still reluctant to answer, please indicate that the answers are voluntary and they do not have to answer these questions.

For sites where surveys are administered via face-to-face interviewing or full or partial proctoring, it may be helpful to have a card with each response option on it and respondent pick their income range from a list. Oftentimes, respondents are more comfortable saying “number 4” from the list, than stating their exact income. Just be sure that the responses are recorded correctly if this method is used.

If “household member” is not clear, explain that we are looking for any individual who currently lives with the participant. The person doesn’t necessarily need to be a family member. Instruct them that a tenant, or someone who rents a room from them is not considered a household member.

If a participant is living in a residential treatment facility or is homeless, ask the participant to answer based on his/her income and/or that of a household member in the past year.

Cross-Check Items

If the participant reports either full- or part-time employment, but reports \$0 for wages, probe to ensure these responses are correct. If the participant reports that he/she is unemployed and income from wages is greater than zero, probe to ensure these responses are correct.

If the participant reports that he/she is unemployed and looking for work, but reports \$0 for public assistance, probe to ensure these responses are correct.

If the participant reports that he/she is unemployed and retired, but reports \$0 for retirement income, probe to ensure these responses are correct.

If the participant reports that he/she is unemployed and disabled, but reports \$0 for disability income, probe to ensure these responses are correct.

Have you ever served on active, reserve, or National Guard duty?

Intent/Key Points

This question is only asked on the Adult Instrument.

The intent of this question is to collect information on the participant's military service status. (Note: military service status identifies whether or not the participant has served in the U.S. Armed Forces. This item will allow SAMHSA to identify the number of participants who have ever served in the military. Identifying a participant's military service status allows SAMHSA and its discretionary grantees the ability to monitor the outcomes for these participants.

Coding Topics/Definitions

If the participant does not wish to answer this question, please select "declined".

Response options to this question are as follows:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAIABLE

Skip Pattern

If an individual responds "No" to this question, skip to question 29 on the Adult Tool.

If you ever served on active, reserve, or National Guard duty, in what branch of

the military/uniformed services did you serve?

If you ever served on active, reserve, or National Guard duty, in which component did you serve?

If you ever served on active, reserve, or National Guard duty, are you currently on active duty or are you separated or retired?

Intent/Key Points

These questions are only asked on the Adult Tool.

The intent of these questions is to collect information on the participant's military service status. This item will allow SAMHSA to identify the number of participants who have ever served in the military. Identifying a participant's military service status allows SAMHSA and its discretionary grantees the ability to monitor the outcomes for these participants.

Coding Topics/Definitions

If the participant does not wish to answer this question, please select "declined".

Active duty refers full-time duty in the active military/uniformed services of the United States.

Deployment is the relocation of forces and material to desired operational areas. Deployment encompasses all activities from origin or home station through destination. Deployment may increase the risk of behavioral health problems.

Separated refers to a service period in the United States uniformed services that is less than 20 years.

Retired refers to a service period in the United States uniformed services that is equal or greater than 20 years.

Military/Uniformed services refers to the United States Army, Marine Corps, Navy, Air Force, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration.

Response options to the first question (If you ever served on active, reserve, or National Guard duty, in what branch of the military/uniformed services did you serve?) are as follows:

- Army;
- Marine Corps;

- Navy;
- Air Force;
- Coast Guard;
- PHS;
- NOAA;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Response options to the second question (If you ever served on active, reserve, or National Guard duty, in which component did you serve?) are as follows:

- Active;
- Reserve;
- National Guard;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Response options for the third question (If you ever served on active, reserve, or National Guard duty, are you currently on active duty or are you separated or retired?) are as follows:

- On active duty;
- Separated;
- Retired;
- DECLINED;
- DON'T KNOW / INFORMATION NOT AVAILABLE

If you ever served on active, reserve, or National Guard duty, have you ever been deployed to a combat zone? (SELECT ALL THAT APPLY)

Intent

The intent of this question is to collect information on the participant's military service status. Deployment may increase the risk of behavioral health problems.

Key Points/Definitions

Note that this is a multipart question. If the respondent notes that they have been deployed to a combat zone, they should specify which combat zone they were deployed to.

Combat zone refers to an area required by combat forces for conduct of operations. A combat zone is any area the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. An area usually becomes a combat zone and ceases to be a combat zone on the dates the President designates by Executive Order.

Examples of combat zones include Iraq or Afghanistan, Persian Gulf War (i.e., Operation Desert Shield, or Desert Storm), Vietnam or Southeast Asia, Korea, World War II (WWII), and combat zones other than the ones listed above (e.g., Bosnia, Somalia).

Response options to this question are as follows:

- No, never deployed to a combat zone;
- Yes, Iraq or Afghanistan (e.g., OEF/OIF/OND);
- Yes, Persian Gulf (Operation Desert Shield/Desert Storm);
- Yes, Vietnam/Southeast Asia;
- Yes, Korea;
- Yes, Persian Gulf (Operation Desert Shield/Desert Storm);
- Yes, World War II;
- Yes, other (SPECIFY COMBAT ZONE):
_____;
- DECLINED;
- DON'T KNOW / INFORMATION NOT AVAILABLE

For the following questions, immediate family includes your spouse or partner,

and your parents, children, brothers and sisters, whether they are biological, step, or adoptive. Please include these family members whether or not they live with you.

Is anyone in your immediate family currently serving as a member of one the branches of the United States uniformed services on active duty, reserve components or National Guard?

If anyone in your immediate family is currently serving in the uniformed services, which member(s) are currently serving? (SELECT ALL THAT APPLY)

Intent

The intent of these questions is to determine if someone in the participant’s family is serving in the uniformed services.

Key Points/Definitions

the participant responded “Yes” to the first question asking whether anyone in their family or close to them is serving or had served in the Uniformed Services, they should then report in the second question, the Service Member’s relationship to them. The participant can report as many different relationships as apply.

Coding Topics

Response options for the first part of the question are as follows:

No— Participant responds that no member of their immediate family is currently serving in the Uniformed Services, Armed Services, Reserves, or National Guard.

Yes—Participant reports that one or more members of their immediate family members is currently serving in the Uniformed Services, Armed Services, Reserves, or National Guard.

DECLINED—Participant refuses to respond to the question.

DON’T KNOW—Participant responds that he or she does not know the answer to this question or does not remember.

Response options to the second question are as follows:

- My spouse;
- Unmarried partner;
- My mother;
- My father;
- My son or sons;
- My daughter or daughters;
- My brother or brothers;
- My sister or sisters

Skip Pattern

If a participant responds “No,”; “DON’T KNOW,” or “DECLINED” to the first question, that asks whether a family member or someone close to them is serving or has served in the Uniformed Services, Armed Services, in the Reserves, or in the National Guard, skip this set of questions that asks the participant to describe their relationship.

SECTION C: ATTITUDES & KNOWLEDGE

OVERVIEW

The next few questions ask about HOW MUCH participant's think people risk harming themselves physically or in other ways by using alcohol, tobacco, and drugs.

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE PARTICIPANT.

QUESTIONS CONTAINED IN THIS SECTION

How much do people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?

How much do people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?

How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

Intent/Key Points

The intent of these questions is to determine how much participant's think people risk harming themselves physically, or in other ways, when they use tobacco, marijuana and alcohol.

Coding Topics/Definitions

Marijuana- To ensure that the participant understands the terms you are using, you may need to use slang or local terminology for marijuana or hashish (e.g. cannabis, Maryjane). Be attentive to the participant and what words he or she uses.

Alcohol- By alcohol, we mean BEER, WINE, WINE COOLERS, MALT LIQUOR, or HARD LIQUOR. One drink is equivalent to: 12-ounces, one regular bottle, or one can of beer; 8-ounces (one regular glass) of malt liquor; 5-ounces of wine; 1.5 ounces or a "shot" of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, whisky).

If a participant is confused about what five drinks means, explain that five drinks means in one setting. One drink is equivalent to: 12-ounces, one regular bottle, or one can of beer; 8-ounces (one regular glass) of malt liquor; 5-ounces of wine; 1.5 ounces or a "shot" of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, whisky).

Coding Topics

If the participant is unsure how to answer the question because they do not smoke, use marijuana, or drink alcohol, explain that we would like their thoughts or opinions about adults who do smoke cigarettes, use marijuana, or drink alcohol regardless of their own behavior.

If the participant is unsure about which response option to select, the following definitions may be read to the participant to provide clarity:

- *No risk*: You think nothing bad will happen if people do this.
- *Slight risk*: You think something bad MIGHT happen if people do this.
- *Moderate risk*: You are pretty sure something bad will happen if people do this.
- *Great risk*: You really think something bad will happen if people do this.
- *Don't know*: You really don't know about this substance or don't know how risky it is to use it.

If you have children, during the past 12 months, how many times have you talked with your children about the dangers or problems associated with the use of tobacco, alcohol, or drugs?

Intent

The intent of this question is to determine the participant's interactions with his/her children about the use of tobacco, alcohol, or drugs.

Key Points

This question is only asked on the Adult Instrument.

If the participant is confused by the question, explain that we are asking how many times they have discussed the topics of tobacco, alcohol, or drugs with their children.

If the participant is reluctant to provide information, explain that the people who analyze this survey will not know who the participant is and names will not be associated with any responses.

Coding Topics

If the participant does not have children, select NOT APPLICABLE.

If they cannot recall how many times, have them estimate the number to their best ability.

Response options for this question are as follows include:

- Nor applicable; I don't have any children;
- 0 times;
- 1 or 2 times;
- A few times;
- Many times;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

The terms "a few times" and "many times" should be interpreted by the participant.

Now think about the past 12 months through today. DURING THE PAST 12 MONTHS, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By PARENTS, we mean your biological parents, adoptive parents, stepparents, or adult guardians—whether or not they live with you.

Intent

The intent of this question is to determine the participant's interactions with his/her parents about the dangers of tobacco, alcohol, or drugs.

Key Points

This question is only asked on the Youth Instrument.

Note that the term parent includes biological parents, adoptive parents, stepparents, or adult guardians whether or not they live with the respondent.

If the participant is confused by the question, explain that we are asking how many times they have discussed the topics of tobacco, alcohol, or drugs with their parent(s).

If the participant is reluctant to provide information, explain that the people who analyze this survey will not know who the participant is and names will not be associated with any responses.

Coding Topics

If the participant does not have parents, select NOT APPLICABLE.

If they cannot recall how many times, have them estimate the number to their best ability.

Response options for this question are as follows include:

- 0 times;
- 1 or 2 times;
- A few times;
- Many times;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

The terms “a few times” and “many times” should be interpreted by the participant.

SECTION D1: CIGARETTES, ALCOHOL, DRUGS AND RECOVERY

OVERVIEW

This section contains items to measure cigarette, alcohol, and other drug use in the past 30 days and participation in groups designed to support recovery. To ensure that the participant understands the terms you are using, you may need to use slang or local terminology for the different technical drug terms.

Ask specifically about behavior in “the past 30 days.” Do not use “in the past month” as a substitute—this may lead to confusion and inaccurate responses. For example, if the data collection occurs on May 15th, the past 30 days covers April 15 to May 15.

QUESTIONS CONTAINED IN THIS SECTION

During the past 30 days, on how many days did you use smoke part or all of a cigarette? (Include menthol and regular cigarettes and loose tobacco rolled into cigarettes)?

Intent

The intent is to record information about the participant’s cigarette use in the past 30 days. Record the number of *days* in the last 30 that the participant reported any use at all of cigarettes.

Key Points/Definitions

Provide the number of days in the past 30 days that the participant reports using cigarettes, not the number of times cigarettes was used. The response cannot be more than 30 days.

To ensure that the participant understands the terms you are using, you may need to use slang or local terminology for cigarettes. Be attentive to the participant and what words he or she uses.

Coding Topics

For participants who have difficulty with their memory, start by estimating how many days they have used cigarettes during the past week and then move backwards until you reach 30 days.

If a participant refuses to answer this question, select “DECLINED”. If a participant is unable to provide a response, despite your efforts to help them estimate their use, select “DON’T KNOW/INFORMATION NOT AVAILABLE”.

During the past 30 days, on how many days did you use OTHER tobacco products?

Intent

The intent is to record information about the participant’s use of OTHER tobacco use in the past 30 days. Record the number of *days* in the last 30 that the participant reported any use of tobacco products OTHER THAN CIGARETTES.

Key Points/Definitions

Do not count the use of cigarettes.

Provide the number of days in the past 30 days that the participant reports using other tobacco products, not the number of times these products were used. The response cannot be more than 30 days.

To ensure that the participant understands the terms you are using, you may need to use slang or local terminology for these products. Be attentive to the participant and what words he or she uses.

Coding Topics

For participants who have difficulty with their memory, start by estimating how many days they have used other tobacco products during the past week and then move backwards until you reach 30 days.

If a participant refuses to answer this question, select “DECLINED”. If a participant is unable to provide a response, despite your efforts to help them estimate their use, select “DON’T KNOW/INFORMATION NOT AVAILABLE”.

During the past 30 days, on how many days did you have 3 or more drinks on the same occasion? [By occasion we mean at the same time or within a couple of hours of each other]

THIS QUESTION IS ONLY ASKED IN THE ADULT INSTRUMENT

THIS QUESTION SHOULD ONLY BE ASKED OF WOMEN AGE 21 AND OLDER. MEN SHOULD RESPOND TO THE NEXT QUESTION.

Intent

The intent is to record information about binge drinking behaviors. Record the number of *days* in the last 30 that the participant reported drinking three or more drinks on one occasion.

Key Points/Definitions

Provide the number of days in the past 30 days that the participant reports drinking three or more drinks of alcohol on one occasion, not the number of times these products were used. The response cannot be more than 30 days.

Include the use of beer, wine, wine coolers, malt beverages and hard liquor. Do not count the use of alcohol used for religious reasons.

To ensure that the participant understands the terms you are using, you may need to use slang or local terminology for these products. Be attentive to the participant and what words he or she uses.

NIAAA defines binge drinking as three or more drinks of alcohol on one occasion for women. For more information on these guidelines, see the reference section.

Coding Topics

For participants who have difficulty with their memory, start by estimating how many days they have used had three or more drinks on one occasion during the past week and then move backwards until you reach 30 days.

If a participant refuses to answer this question, select “DECLINED”. If a participant is unable to provide a response, despite your efforts to help them estimate their use, select “DON’T KNOW/INFORMATION NOT AVAILABLE”.

During the past 30 days, on how many days did you have 4 or more drinks on the same occasion? [By occasion we mean at the same time or within a couple of hours of each other]

THIS QUESTION IS ONLY ASKED IN THE ADULT INSTRUMENT

THIS QUESTION SHOULD ONLY BE ASKED OF MEN AGE 21 AND OLDER. WOMEN SHOULD HAVE RESPONDED TO THE PREVIOUS QUESTION.

Intent

The intent is to record information about binge drinking behaviors. Record the number of *days* in the last 30 that the participant reported drinking four or more drinks of alcohol on one occasion.

Key Points/Definitions

Provide the number of days in the past 30 days that the participant reports drinking three or more drinks of alcohol on one occasion, not the number of times these products were used. The response cannot be more than 30 days.

Include the use of beer, wine, wine coolers, malt beverages and hard liquor. Do not count the use of alcohol used for religious reasons.

To ensure that the participant understands the terms you are using, you may need to use slang or local terminology for these products. Be attentive to the participant and what words he or she uses.

NIAAA defines binge drinking as four or more drinks on one occasion for men. For more information on these guidelines, see the reference section.

Coding Topics

For participants who have difficulty with their memory, start by estimating how many days they have used had three or more drinks on one occasion during the past week and then move backwards until you reach 30 days.

If a participant refuses to answer this question, select “DECLINED”. If a participant is unable to provide a response, despite your efforts to help them estimate their use, select “DON’T KNOW/INFORMATION NOT AVAILABLE”.

During the past 30 days, on how many days did you use marijuana or hashish?

Intent

The intent is to record information about the participant’s marijuana or hashish use in the past 30 days. Record the number of *days* in the last 30 that the participant reported any use at all of marijuana or hashish.

Key Points/Definitions

Provide the number of days in the past 30 days that the participant reports using marijuana, not the number of times marijuana was used. The response cannot be more than 30 days.

To ensure that the participant understands the terms you are using, you may need to use slang or local terminology for marijuana or hashish (e.g. cannabis, Maryjane). Be attentive to the participant and what words he or she uses.

Coding Topics

For participants who have difficulty with their memory, start by estimating how many days they have used marijuana during the past week and then move backwards until you reach 30 days.

Count the use of marijuana, whether it is prescribed. Count the use of marijuana whether or not it is legal for the participant to use. Count any route of administration as use.

If a participant refuses to answer this question, select “DECLINED”. If a participant is unable to provide a response, despite your efforts to help them estimate their use, select “DON’T KNOW/INFORMATION NOT AVAILABLE”.

During the past 30 days, on how many days did you use any illegal drug OTHER THAN MARIJUANA OR HASHISH?

Intent

The intent is to record information about the participant’s recent substance use, other than marijuana.

Key Points/Definitions

Record the number of *days* in the last 30 that the participant reported any substance use, **excluding marijuana/hashish use**.

Probe using specific drugs and street names (e.g., heroin, crack, coke, meth, ecstasy). You may use local slang terms that are used in your area.

Probe for non-medical use of prescription-type drugs (e.g., taking more than what is prescribed, taking someone else’s prescription medication). Probe for misuse of over-the-counter (OTC) products; for example, misuse of OTC cough syrups, cold medicines, etc.

If the participant indicates that he/she is taking an opiate that is usually prescribed, probe for un-prescribed use (e.g., taking six pills a day as opposed to the prescribed two pills a day) or un-prescribed procurement (e.g., I got the pills from my friend).

Coding Topics

Illegal drugs—Un-prescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed) should be counted as the use of illegal drugs.

Un-prescribed use of prescription medication or misuse of prescribed medication, misuse of OTC products should be counted. Misuse of over-the-counter medications to get high should be counted as use of illegal drugs and misuse of over-the-counter products (rubber cement, aerosols, gasoline, etc.) which are sniffed, huffed, or otherwise inhaled to get high should be counted as use of illegal drugs.

Nonprescription methadone—Un-prescribed use of methadone (or LAAM, a non-prescription alternative to methadone) should be counted as illegal drug use.

Marinol®, which also contains THC, is a legal drug and should

only be counted if the participant is using it in an un-prescribed manner. Use of nicotine (i.e., cigarettes, cigars, chewing tobacco, snuff) by participants under the age of 18 years should be counted as the use of illegal drugs.

For participants who have difficulty with their memory, start by estimating how many days they have used marijuana during the past week and then move backwards until you reach 30 days.

During the past 30 days, on how many days have you used prescription drugs without a doctor's orders?

Intent

The intent is to record information about the participant's recent non-medical use of prescription-type drugs. Record the number of *days* in the last 30 that the participant reported any use at all of prescription drugs without a doctor's orders, in order to feel good or get high. .

Key Points/Definitions

Probe for non-medical use of prescription-type drugs (e.g., taking more than what is prescribed, taking someone else's prescription medication). Probe for misuse of over-the-counter (OTC) products; for example, misuse of OTC cough syrups, cold medicines, etc.

If the participant indicates that he/she is taking an opiate that is usually prescribed, probe for un-prescribed use (e.g., taking six pills a day as opposed to the prescribed two pills a day) or un-prescribed procurement (e.g., I got the pills from my friend).

Coding Topics

Some drugs may be prescribed by a doctor (like pain medication, marijuana). Record the use of these substances only if the participant reports having taken them for reasons, or in doses, other than prescribed

Nonprescription methadone—Un-prescribed use of methadone (or LAAM, a non-prescription alternative to methadone) should be counted as nonprescription methadone.

Un-prescribed use of prescription medication or misuse of prescribed medication, misuse of OTC products should be counted. Misuse of over-the-counter medications to get high should be counted as use of illegal drugs and misuse of over-the-counter products (rubber cement, aerosols, gasoline, etc.) which are sniffed, huffed, or otherwise inhaled to get high should be counted as use of illegal drugs.

Marinol®, which also contains THC, is a legal drug and should only be counted if the participant is using it in an un-prescribed manner.

For participants who have difficulty with their memory, start by estimating how many days they have used marijuana during the past week and then move backwards until you reach 30 days.

In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?

In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.

Intent

The intent of this question is to assess whether participants have attended nonprofessional, peer-oriented self-help groups to assist in their recovery during the past 30 days.

Key Points/Definitions

Note that this is a two-part question. If the participant indicates that he/she has attended these groups in the past 30 days, the number of times attended must be probed. The participant does not have to be in “recovery” in order to attend these types of groups. Therefore, ask this question of all participants.

If the participant asks what is meant by “voluntary self-help groups,” explain that it means a self-help or support group in which *participation* is voluntary, whether or not attendance to that group is voluntary. For example, even if the participant’s parole officer has required him/her to attend 30 self-help groups in 30 days, the participation in these groups would still be considered voluntary. This is because once the participant is in the group setting; he/she is not required to be an active participant in the group in order to get credit for attending the group.

Self-Help and Support Groups—helping or improving oneself without assistance from others; and/or an assemblage of persons who have similar experiences and assist in encouraging and keeping individuals from failing.

This item does not include meetings or groups that are sponsored or run by religious organizations. However, these types of group meetings may be held in churches, temples,

or other religious buildings or locations without being affiliated with any particular religious group.

A peer-operated organization is one in which the person or people who facilitate the group are not there as paid professionals (whether or not they are, in fact, professionals). Rather, the person or people who run the group are peers and/or members of the group.

There is typically no fee (other than voluntary donation or dues) to attend the group. Volunteers, who are not paid for their services, run the group.

Coding Topics

Response options for this question are as follows:

- Yes. If yes, specify number of times in the past 30 days;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

In the past 30 days did you attend any religious/faith affiliated recovery self-help groups?

Intent

The intent of this question is to assess whether participants have attended religious/faith affiliated recovery self-help groups to assist in their recovery during the past 30 days.

Key Points/Definitions

Note that this is a two-part question. If the participant indicates that he/she has attended these groups in the past 30 days, the number of times attended must be probed. The participant does not have to be in “recovery” in order to attend these types of groups. Therefore, ask this question of all participants.

If the participant asks what is meant by “religious/faith affiliated recovery self-help groups,” explain that it means a self-help or support group in which *participation* is voluntary, whether or not attendance to that group is voluntary. For example, even if the participant’s parole officer has required him/her to attend 30 self-help groups in 30 days, the participation in these groups would still be considered voluntary. This is because once the participant is

in the group setting; he/she is not required to be an active participant in the group in order to get credit for attending the group.

This item includes meetings or groups that are sponsored or run by religious organizations. These types of group meetings may be affiliated with a religious group (of any kind), but may not necessarily be held in churches, temples, or other religious buildings or locations.

This item does not include secular meetings or groups that are held in religious buildings, such as churches or temples. The organization running or sponsoring the group must be a religious/faith-based organization and/or the group must have a religious message for recovery.

These meetings may be peer-operated groups, or they may be run or facilitated by a member of the clergy or religious organization. Additionally, this type of group may include services provided through other SAMHSA-funded religious/faith-affiliated recovery service providers.

These groups may include spiritual/religion-based support for the participants' recovery process. Participation in sweat lodges for American Indians or Alaska Natives can be counted here if the purpose was for recovery/self-help.

There is typically no fee (other than voluntary donation or dues) to attend the group. Volunteers, who are not paid for their services, run the group. However, paid members of the religious organization sponsoring the groups may run them.

Coding Topics

Response options for this question are as follows:

- Yes. If yes, specify number of times in the past 30 days;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

Intent

The intent is to record whether the participant has attended any meetings, activities, or events that support recovery, or self-help/recovery groups other than the ones described above.

Key Points/Definitions

Note that this is a two-part question. If the participant indicates that he/she has attended these groups in the past 30 days, the number of times attended must be probed.

The participant does not have to be in “recovery” in order to attend these types of groups. Therefore, ask this question of all participants.

Example: The participant may have attended a presentation on diabetes awareness. The presenting organization deals primarily with the issue of diabetes, and supports recovery through the promotion of a healthy lifestyle.

Please note that this question only asks about participation in organizations other than those covered in the previous two questions.

Response options for this question are as follows:

- Yes. If yes, specify number of times in the past 30 days;
- No
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

SECTION D2: VIOLENCE AND TRAUMA

OVERVIEW

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE PARTICIPANT.

QUESTIONS CONTAINED IN THIS SECTION

In your life, have you ever experienced an event, series of events, or set of circumstances that resulted in you feeling physically or emotionally harmed or threatened?

Intent

The intent of this question is to determine whether the participant has ever experienced a traumatic event.

Key Points/Definitions

SAMHSA convened an expert panel to develop a concept of trauma that would be relevant to public health agencies and service systems. The panel generated the following definition of “trauma”:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

This concept is framed around three “E’s”: event(s), experience of the event, and effect. The questions in this section are intended to capture these elements.

Coding Topics

Response options for this question are as follows:

- Yes;
- No;
- DECLINED;
- DON’T KNOW/INFORMATION NOT AVAILABLE

Skip Pattern

If the participant responds “Yes” to this question, ask the next question that asks them to classify the event. Otherwise, if the participant selects “No”, “DECLINED” or “DON’T KNOW”, skip the next question.

What kind of event was this? (Please select all that apply)***Intent***

The intent of this question is to determine the type of traumatic event experienced by the participant. As noted above, “event” is one element in SAMHSA’s definition of trauma.

Key Points/Definitions

Events and circumstances may include the actual or extreme threat of physical or psychological harm (i.e. natural disasters, violence, etc.) or severe, life-threatening neglect that imperils healthy development. These events and circumstances may occur as a single occurrence or repeatedly over time. This element of SAMHSA’s concept of trauma is represented in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which requires all conditions classified as “trauma and stressor-related disorders” to include exposure to a traumatic or stressful event as a diagnostic criterion.

Coding Topics

Some examples of interpersonal violence might include experiencing hitting, slapping, or punching. Some examples of trauma might include experiencing a disturbing or upsetting event. The terms “violence” and “trauma” are left to the participant’s interpretation.

Response options for this question include:

- Natural or man-made disaster;
- Community or school violence;
- Interpersonal violence (including physical, sexual or psychological);
- Military trauma;
- Other (Specify)_____;
- DECLINED;
- DON’T KNOW

In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

Intent

The intent of this question is to determine if the participant has suffered any physical violence in the past 30 days.

Key Points/Definitions

(Physical) violence is defined by the World Health Organization as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, maldevelopment or deprivation. The definition associates intentionality with the committing of the act itself, irrespective of the outcome it produces.

“A few times” can be considered up to five times, but it is ultimately left to the participant’s interpretation.

Coding Topics

Response options for this question are as follows:

- Never;
- A few times;
- More than a few times;
- DECLINED;
- DON’T KNOW/INFORMATION NOT AVAILABLE

SECTION E: HEALTH AND HEALTH CARE SERVICES

OVERVIEW

The next few questions ask about your health and health care services. These questions should be addressed to the participant.

QUESTIONS CONTAINED IN THIS SECTION

Would you know where to go in your neighborhood to see a health care professional regarding HIV/AIDS or other sexually transmitted health issues?

Would you know where to go in your neighborhood to see a health care professional regarding a drug or alcohol problem?

Intent

The intent of these questions is to determine if a participant has access to health care professionals in the neighborhood.

Key Points/Definitions

If a participant does not know what a health care professional is, define as someone who provides health care in a community after attending school for their area of specialty and attaining a certificate. Some common examples are doctors, counselors, therapists, etc.

Coding Topics

Response options for this question are as follows:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Do you have health care or medical insurance?

Intent

The intent of this question is to determine if a participant has insurance to help pay for health care.

Key Points/Definitions

If a participant does not know if they have health insurance, tell them that it includes Medicare and Medicaid. Ask the participant to give the best response based on personal experiences and knowledge.

Please select all responses that apply to the participant. If they are covered by more than one type of policy, select each response option that applies.

Public assistance other than Medicare or Medicaid includes CHAMPUS/TRICARE.

Coding Topics

Please select all responses that apply to the participant. If they are covered by more than one type of policy, select each response option that applies.

Response options for this question are as follows:

- Yes, private insurance;
- Yes, Medicare;
- Yes, Medicaid;
- Yes, public assistance other than Medicare or Medicaid;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Have you seen a doctor, nurse, or other health care provider in the past 12 months?

Intent

The intent of this question is to determine if a participant has received health care services, including preventive services, in the past 12 months. This question addresses access to, and usage of, medical care services.

Coding Topics

Participants who report visits to the emergency room/emergency department should select "Yes".

Response options for this question are as follows:

- Yes;

- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

During the past 30 days, did you engage in any sexual activity?

Intent

The intent of this question is to determine if the participant recently engaged in sexual activity.

Key Points/Definitions

This question is only asked in the Adult Instrument.

Sexual activity can be with main partners or anyone else with whom the participant has had sexual activity, male or female.

Sexual activity includes the following sexual acts:

Vaginal sex—Penetration of the vagina by a penis or other body part; includes vagina-to-vagina contact.

Oral sex—Placement of the mouth or tongue on or in a penis, vagina, or anus during sexual activity.

Anal sex—Penetration of the anus by a penis or other body part. This act would include “fisting.”

Do not count the use of sex toys.

Count all sexual contacts, whether consensual or not. Masturbation, if done alone, should not be counted. If someone else is masturbating the participant, count it as a sexual act.

Note: Refusing to ask the questions because it may be embarrassing to the participant is not a reason for not asking the question, although the participants may decline to answer.

Coding Topics

If the participant responds "No," "DECLINED" or "DON'T KNOW/INFORMATION NOT AVAILABLE" to this question, SKIP TO SECTION F IF APPLICABLE TO YOUR PROGRAM.

In the past 30 days, did you engage in protected or unprotected—

	Yes, Protected	Yes, Unprotected	No	Declined	Don't Know
(1) Vaginal sexual contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Oral sexual contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Anal sexual contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Intent

The intent of this question is to determine, for participants who engaged in sexual activity in the past 30 days, the type of activity and whether it was protected or unprotected sexual contact.

Key Points/Definitions

This question is only asked in the Adult INSTRUMENT.

Read each question preceded by the stem "did you engage in protected or unprotected..." After each question ask yes or no. If the participant responds "yes," ask if the sexual activity was protected or unprotected.

If needed, remind the participant that the sexual activity in question must have occurred during the last 30 days.

Note: Refusing to ask the questions because it may be embarrassing to the participant is not a reason for not asking the question, although a participant may decline to answer.

Protected sex -- when a latex or polyurethane condom (rubber) is used to cover the penis; a female condom is used to cover the vagina; or a dental dam is used to cover the anus

Unprotected sex -- vaginal, oral, or anal sex without a barrier such as a condom or dental dam

Vaginal sexual contact—Penetration of the vagina by a penis or other body part; includes vagina-to-vagina contact.

Oral sexual contacts—Placement of the mouth or tongue on or in a penis, vagina, or anus during sexual activity.

Anal sexual contacts—Penetration of the anus by a penis or other body part. This would include “fisting.”

Coding Topics

The protected or unprotected sexual activity can be with main partners or anyone else with whom the participant has had sexual activity, including male and/or female partners.

Do not count the use of sex toys.

Count all sexual contacts, whether consensual or not.

Masturbation, if done alone, should not be counted. If someone else is masturbating the participant, count it as a sexual act.

In the past 30 days, did you engage in unprotected sexual contacts were with an individual who is or was:

	Yes	No	Declined	Don't know/ Information not available
(1) HIV positive or has AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) An injection drug user	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) High on some substance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Intent

The intent of this question is to determine whether the participant had unprotected sexual contacts in the last 30 days with individuals who are HIV positive or have AIDS, are injection drug users, or were high on some substance.

Key Points/Definitions

High on some substance includes partners who were high on illegal substances as well as legal substances (e.g. alcohol).

Coding Topics

This question includes sexual contact with a main partner as well as other partners.

Read each question preceded by the stem " unprotected sexual contacts were with an individual who is or was..." and each response option.

SECTION F: HIV AND TESTING SERVICES

OVERVIEW

This section is only for HIV programs. Participants receiving services from those programs, should complete this section. If you are unsure whether your program is required to complete this section, please contact your GPO.

QUESTIONS CONTAINED IN THIS SECTION

At any time in the past 12 months were you offered an HIV test? An HIV test checks whether someone has HIV, the virus that causes AIDS.

Intent

The intent of these questions is to determine whether the participant has been offered an HIV test in the past 12 months.

Key Points/Definitions

Clarify that this question is only asking about offers for HIV testing services that occurred during their visit to a medical provider in the past 12 months.

Note that this question is only asking whether the participant was offered a test. Participants should select "Yes" if they were offered an HIV test in the past 12 months, even if they did not take it.

HIV Testing – HIV Antibody Testing provides information on a participant's HIV status (positive/reactive or negative/non-reactive) only; it does not include regular testing for antibody

levels for persons with HIV.

Coding Topics

Response options for this question are as follows:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Skip Pattern

If the participant reported that they have not seen a health care provider in the previous question (“Have you seen a doctor, nurse, or other health care provider in the past 12 months?”) they should not respond to this question.

If the participant responds “Yes” to this question, they should skip the next question that asks if they would like to be tested.

Would you like to be tested for HIV?

Intent

The intent of this question is to determine whether participants who have not been offered HIV tests in the past 12 months are interested in being tested for HIV.

Key Points/Definitions

HIV Testing – HIV Antibody Testing provides information on a participant’s HIV status (positive/reactive or negative/non-reactive) only; it does not include regular testing for antibody levels for persons with HIV.

If a participant indicates that they would like to be tested for HIV, either perform the test or refer the participant to available testing services.

Coding Topics

Response options for this question are:

- Yes
- No
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Have you ever been tested for HIV??***Intent***

The intent of this question is to determine whether participants have EVER been tested for HIV.

Key Points/Definitions

HIV Testing – HIV Antibody Testing provides information on a participant’s HIV status (positive/reactive or negative/non-reactive) only; it does not include regular testing for antibody levels for persons with HIV.

Coding Topics

Response options for this question are:

- Yes;
- No;
- DECLINED;
- DON’T KNOW/INFORMATION NOT AVAILABLE

Skip Pattern

If the response to this question is “Yes,” ask the next two questions that ask the participant to report whether they received their HIV testing results and their HIV status. Otherwise, skip the next three questions, and skip to the question on Hepatitis B testing.

If you have been tested for HIV, did you receive your test results?***Intent***

The intent of this question is to determine whether the participant is aware of the results from his/her HIV test.

Key Points/Definitions

A participant may interpret this question as asking for their HIV status. If the participant hesitates, indicate that this question is only asking whether they have been tested and received their results.

Coding Topics

Response options for this question are:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Skip Pattern

Participants who report never having been tested for HIV should not be asked this question.

Participants who report that they were tested for HIV and received their HIV results should be asked the next question, which asks them to report their HIV status. If a participant indicates that they did not receive their results, skip the next question.

If you have been tested for HIV, what is your current status?**Intent**

The intent of this question is to determine the participant's current HIV status.

Key Points/Definitions

If the participant is reluctant to provide information, explain that the people who analyze this survey will not know who the participant is and names will not be associated with any responses.

Coding Topics

Response options for this question are as follows:

- Negative/Non-Reactive;
- Positive/Reactive;
- Invalid/Indeterminate;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Skip Pattern

Participants who report receiving a "Positive/Reactive" HIV result should be asked the next question, which asks about confirmatory testing. Participants reporting "Negative/Non-Reactive" results, "Declined" or "DON'T KNOW/INFORMATION NOT AVAILABLE" responses should skip the next question.

If your HIV test was Positive/Reactive, did you receive a confirmatory test?

Intent

The intent of this question is to record whether the participant had a confirmatory test for HIV.

Key Points/Definitions

If the participant is reluctant to provide information, explain that the people who analyze this survey will not know who the participant is and names will not be associated with any responses.

Coding Topics

Response options for this question are as follows:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Have you ever been tested for Hepatitis B?

Intent

The intent of this question is to determine whether the participant has ever been tested for Hepatitis B.

Coding Topics

Response options for this question include:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Skip Pattern

If the participant responds “Yes” to this question, the participant should be asked three subsequent follow-up questions.

If the participant responds “No”; “DECLINED”; or “DON'T KNOW” to this question, please skip the follow-up three follow-up questions and skip to the question on Hepatitis C testing.

If you have been tested for Hepatitis B, did you receive your test results?

Intent

The intent of this question is to determine whether the participant is aware of the results from his/her Hepatitis B test.

Key Points/Definitions

A participant may interpret this question as asking for their Hepatitis B status. If the participant hesitates, indicate that this question is only asking whether they have been tested and received their results.

Coding Topics

Response options for this question are:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Skip Pattern

Participants who report never having been tested for Hepatitis B should not be asked this question.

Participants who report that they were tested for Hepatitis B and received their Hepatitis B results should be asked the next question, which asks them to report their Hepatitis B status. If a participant indicates that they did not receive their results, skip the next two questions and skip to the question on Hepatitis C testing.

If you have been tested for Hepatitis B, what is your status?

Intent

The intent of this question is to determine the participant's current Hepatitis B status.

Coding Topics

Response options for this question are as follows:

- Negative/Non-Reactive;
- Positive/Reactive;
- Invalid/Indeterminate;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

If your Hepatitis B test was Positive/Reactive, did you receive a confirmatory test?

Intent

The intent of this question is to record whether the participant had a confirmatory test for Hepatitis B.

Key Points/Definitions

If the participant is reluctant to provide information, explain that the people who analyze this survey will not know who the participant is and names will not be associated with any responses.

Coding Topics

Response options for this question are as follows:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Have you ever been tested for Hepatitis C?

Intent

The intent of this question is to determine whether the participant has ever been tested for Hepatitis C.

Coding Topics

Response options for this question include:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Skip Pattern

If the participant responds “Yes” to this question, the participant should be asked the subsequent follow-up question: “If you have been tested for Hepatitis B, what is your status?”

If the participant responds “No”; “DECLINED”; or “DON'T KNOW” to this question, please skip the follow-up question asking them to report their Hepatitis C status.

If you have been tested for Hepatitis C, did you receive your test results?

Intent

The intent of this question is to determine whether the participant is aware of the results from his/her Hepatitis C test.

Key Points/Definitions

A participant may interpret this question as asking for their Hepatitis C status. If the participant hesitates, indicate that this question is only asking whether they have been tested and received their results.

Coding Topics

Response options for this question are:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

Skip Pattern

Participants who report never having been tested for Hepatitis B should not be asked this question.

Participants who report that they were tested for Hepatitis C and received their Hepatitis C results should be asked the next question, which asks them to report their Hepatitis B status. If a participant indicates that they did not receive their results, **end the data collection for this participant.**

If you have been tested for Hepatitis C, what was your test result?

Intent

The intent of this question is to determine the participant's current Hepatitis C status.

Coding Topics

Response options for this question are as follows:

- Negative/Non-Reactive;
- Positive/Reactive;
- Invalid/Indeterminate;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

If your Hepatitis C test was Positive/Reactive, did you receive a confirmatory test?

Intent

The intent of this question is to record whether the participant had a confirmatory test for Hepatitis C.

Key Points/Definitions

If the participant is reluctant to provide information, explain that the people who analyze this survey will not know who the participant is and names will not be associated with any responses.

Coding Topics

Response options for this question are as follows:

- Yes;
- No;
- DECLINED;
- DON'T KNOW/INFORMATION NOT AVAILABLE

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