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| **YOUR CONTACT INFORMATION** |
| Name:  |
| Date of birth: | SSN:  |
| Current address: |
| City: | State: | ZIP Code: |
| Home phone #: ( ) | Cell #: ( ) | Work #: ( ) |
| Is this address the best one to mail something to you? 1 Yes 2 No  |
| Alternative address: |
| City: | State: | ZIP Code: |
| Email address:  |
| Which is the primary social network you use? 1 Facebook 2 Twitter 3 Instagram 4 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9 Decline to answer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What name do you use in that social network?  |
| Can we contact you by text message? 1 Yes 2 No 9 Decline to answer |
| What is your preferred mode of contact? (Check all that apply) A  Phone B Text C Email  D  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **A. Demographic Information** |
| A.1 Sex | 1 Male 2 Female  |
| A.2 What is your ethnicity?  | 1 Hispanic or Latino  2 Not Hispanic or Latino 9 Decline to answer  |
| A.3 What is your race? (Check all that apply)  | A American Indian or Alaska Native  B Asian C Black or African American D Native Hawaiian or Other Pacific Islander  E White  |
| A.4 Primary language spoken at home | 1 English 2 Spanish 3 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_ 9 Decline to answer  |
| A.5 How well do you speak English? | 1 Very well 2 Well 3 Not very well 4 Not at all 9 Decline to answer  |
| **B. Education** |
| B.1 What is the highest degree or year of school that you have attained? | 1 Less than a high school diploma 2 High school diploma or equivalent 3 Some college 4 Bachelor’s degree or higher 9 Decline to answer  |
| **C. Employment History** |
| C.1 Are you currently working for pay? | 1 Yes 2 No 9 Decline to answer  |
| C.2 Are you working 35 or more hours per week? | 1 Yes 2 No 9 Decline to answer  |
| C.3 How many jobs did you work last week? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9 Decline to answer  |
| C.4 In total, how many months did you work for pay during the past year (including your current job)? | 1Did not work 2 Less than 4 months 3 4-6 months 4 7-9 months 5 10 or more months 9 Decline to answer  |
| C.5 Are you currently looking for work? | 1 Yes 2 No 9 Decline to answer  |
| **D. Household Information** |
| D.1 Which of the following best describes your housing arrangement prior to entering ARC? |  1 Own your own home or apartment2 Rent your home or apartment 3 Live in emergency or temporary housing, that is in a shelter or were homeless 4 Live in transitional housing or sober housing5 Live in a group home6 Live with friends or relatives and pay rent to them7 Live with friends or relatives and not pay rent to them 8 Have some other housing arrangement?  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*9 Decline to answer  |
| D.2 Number of people in your household (including yourself): | Number of peopleChildren under age 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adults age 18 or older: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | D.3 Do you have a spouse or partner who lives in your household?1 Yes 2 No9 Decline to answer  |
| **E. Justice Involvement**  |
| E.1 Have you been arrested in the past 12 months?  1 Yes 2 No  9 Decline to answer  | E.2 Have you ever been convicted of a crime?  1 Yes 2 No  9 Decline to answer  | E.3 Are you currently on parole or probation?  1 Yes 2 No  9 Decline to answer  |  | E.4 Have you ever been incarcerated?  1 Yes 2 No  9 Decline to answer  |
| **F. Benefit Receipt**  |
| F.1 For this next question, please consider only yourself, not anyone else in your household. Have you received a check or electronic payment from the Social Security Administration in the past year as an adult? (Probe: This could have been payments from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).) |  1 Yes 2 No 3 Don’t know 9 Decline to answer  |
| F.2 Are you currently receiving checks or electronic payments from the Social Security Administration because of a disability? |  1 Yes 2 No 3 Don’t know 9 Decline to answer  |
| F.3 As an adult, in the past five years have you applied to the Social Security Administration to receive checks or electronic payments because of a disability?  |  1 Yes 2 No 3Don’t know 9 Decline to answer  |
| F.4 Are you currently awaiting a decision by the Social Security Administration on a pending disability application? |  1 Yes 2 No 3 Don’t know 9 Decline to answer  |
| F.5 During the past year, did you or anyone in your household receive income or assistance from any of the following sources? (Check all that apply)  | A Disability benefits from SSA (SSI or SSDI) B KTAP/TANF C Unemployment insurance (UI)D Worker’s compensation E Short-term disability | F Food stamps/SNAPG WICH HCV/Section 8/public housingI Veterans benefits J Medicaid or CHIPK None of the aboveL Decline to answer |
| **G. Substance Use**  |
| G.1 Are you currently taking opioid medications for pain that have been prescribed by a physician or dentist? |  1 Yes 2 No 9 Decline to answer  |
| **IF YES,**G.1a …what is the name of that medication? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| G.1b …how long have you been taking it? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 Days 2 Weeks 3 Months 4 Years  |
| G.2 Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it?  (This would include using it without a prescription of your own; or using it in greater amounts, more often, or longer than you were told to take it; or using it in any other waya doctor did not direct you to use it.)  |  1 Yes 2 No 9 Decline to answer  |
|  |
| G.3 How many days in the past 30 have you used....?How many years in your life have you regularly used....? |  |  |
|  | Past 30 days Lifetime (years) |  | Past 30 days Lifetime (years) |
| Alcohol – Any use at all | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | Cocaine | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| Alcohol – To Intoxication | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | Amphetamines | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| Heroin | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | Cannabis | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| Fentanyl | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | Hallucinogens | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| Methadone (outside of methadone maintenance treatment) | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | Inhalants | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| Other opioids/opiates/ painkillers | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | More than one substance per day (including alcohol) | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| Barbiturates | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| Other sedatives, hypnotics, or tranquilizers | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |  |  |
| G.6 Which substance is the main problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| G.7 How long was your last period of voluntary abstinence from this substance? | \_\_\_\_\_\_\_ months 99 Decline to answer  |
| G.8 How many months ago did this abstinence end? | \_\_\_\_\_\_\_ months 99 Decline to answer  |
| G.9 How many times have you: | 1. Had alcohol DT’s \_\_\_\_\_\_\_\_ 99 Decline to answer
2. Overdosed on drugs \_\_\_\_\_\_\_\_ 99 Decline to answer
 |
| G.10 How many times in your life have you been treated for:  | 1. Alcohol abuse \_\_\_\_\_\_\_\_ 99 Decline to answer
2. Drug abuse \_\_\_\_\_\_\_\_ 99 Decline to answer
 |
| G.11 How many of these were detox only? | 1. Alcohol \_\_\_\_\_\_\_\_ 99 Decline to answer
2. Drugs \_\_\_\_\_\_\_\_ 99 Decline to answer
 |
| G.12 How much money would you say you spent during the past 30 days on: | 1. Alcohol $\_\_\_\_\_\_\_\_ 99 Decline to answer
2. Drugs $\_\_\_\_\_\_\_\_ 99 Decline to answer
 |
| G.13 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? | \_\_\_\_\_\_ days 99 Decline to answer  |
| G.14 How many days in the past 30 have you experienced difficulty with alcohol? | \_\_\_\_\_\_ days 99 Decline to answer  |
| G.15 How many days in the past 30 have you experienced difficulty with drugs? | \_\_\_\_\_\_ days 99 Decline to answer  |
| G.16 How troubled or bothered have you been in the past 30 days by these alcohol problems? | 1 Not at all 2 Slightly 3 Moderately 4 Considerably 5 Extremely 9 Decline to answer  |
| G.17 How troubled or bothered have you been in the past 30 days by these drug problems? | 1 Not at all 2 Slightly 3 Moderately 4 Considerably 5 Extremely 9 Decline to answer  |
| G.18 How important to you now is treatment for these alcohol problems? | 1 Not at all 2 Slightly 3 Moderately 4 Considerably 5 Extremely 9 Decline to answer  |
| G.19 How important to you now is treatment for these drug problems? | 1 Not at all 2 Slightly 3 Moderately 4 Considerably 5 Extremely 9 Decline to answer  |
| G.20 Have you been taking any of the following while in the care of a medical professional during the past 30 days? (Check all that apply)  | A methadone B buprenorphine (including Subutex ®, Suboxone ®)C naltrexone (including Vivitrol ®)D None of the aboveE Decline to answer |
| G.21 Have you smoked anycigarettes in the past 2 years? | 1 Yes 2 No  |
| G.22 How many cigarettes or packs do you currently smoke on an average day (a pack has 20 cigarettes)? | \_\_\_\_\_\_\_\_\_\_\_ cigarettes / packs (circle one) |
| **H. Mental Health**  |
| H.1 During the last 30 days, about how often did |
| H.1a …you feel so depressed that nothing could cheer you up? | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| H.1b …you feel hopeless? | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| H.1c …you feel restless or fidgety? | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| H.1d …you feel that everything was an effort? | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| H.1e …you feel worthless? | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| H.1f …you feel nervous? | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| **I. Disability Status** |
| I.1 Are you deaf or do you have serious difficulty hearing? | 1 Yes 2 No 9 Decline to answer  |
| I.2 Are you blind or do you have serious difficulty seeing, even when wearing glasses? | 1 Yes 2 No 9 Decline to answer  |
| I.3 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | 1 Yes 2 No 9 Decline to answer  |
| I.4 Do you have serious difficulty walking or climbing stairs? | 1 Yes 2 No 9 Decline to answer  |
| I.5 Do you have difficulty dressing or bathing? | 1 Yes 2 No 9 Decline to answer  |
| I.6 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? | 1 Yes 2 No 9 Decline to answer  |
| I.7 Does a physical or mental condition limit the kind or amount of work you can do? | 1 Yes 2 No 3 Don’t know  9 Decline to answer  |
| **J. Health**  |
| J.1 In general, would you say your health is: | 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 9 Decline to answer  |
| J.2 The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? |
| J.2a Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1 Yes, limited a lot 2 Yes, limited a little 3 No, not limited at all 9 Decline to answer  |
| J.2b Climbing several flights of stairs | 1 Yes, limited a lot 2 Yes, limited a little 3 No, not limited at all 9 Decline to answer  |
| J.3 During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health? |
| J.3a Accomplished less than you would like | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| J.3b Were limited in the kind of work or other activities | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| J.4 During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? |
| J.4a Accomplished less than you would like | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| J.4b Did work or other activities less carefully than usual | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| J.5 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? | 1 Not at all 2 Slightly 3 Moderately 4 Considerably 5 Extremely 9 Decline to answer |
| J.6 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks… |
| J.6a Have you felt calm and peaceful? | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| J.6b Did you have a lot of energy? | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| J.7 Have you felt downhearted and depressed? | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer  |
| J.8 During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? | 1 All the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 9 Decline to answer |
| J.9 During the past year, have you received help or treatment for mental health problems? | 1 Yes 2 No 9 Decline to answer  |
| **K. Housing and Household Information**  |
| K.1 During the past two years, have you ever been evicted or forced by your landlord to move when you didn’t want to? | 1 Yes 2 No 3 In the midst of an eviction 4 Don’t know 9 Decline to answer  |
| K.2 In the past 12 months was there ever a time when, because of cost, you or your household was not able to: |
| K.2a Pay your rent | 1 Yes 2 No 9 Decline to answer  |
| [If Yes] How often did this happen in the past 12 months?1 1 Month 2 2 or 3 months3 4 to 6 months 4 7 or more months 9 Decline to answer  |
| K.2b Pay your utility bills | 1 Yes 2 No 9 Decline to answer  |
| [If Yes] How often did this happen in the past 12 months?1 1 Month 2 2 or 3 months3 4 to 6 months 4 7 or more months 9 Decline to answer  |
| K.2c Pay for food needed | 1 Yes 2 No 9 Decline to answer  |
| [If Yes] How often did this happen in the past 12 months?1 1 time 2 2 or 3 times3 4 to 6 times 4 7 or more times 9  Decline to answer  |

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| **CONTACT INFORMATION: RELATIVES AND FRIENDS**

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| **INSTRUCTIONS:** In the space below, please provide contact information for three close relatives or friends who are likely to know how to reach you over the next year. We will only contact these people if we are unable to contact you directly. Please complete all three boxes if possible.  |

 |
| 1. Name:  |
| How is this person related to you? 1 Spouse/Partner 2 Parent 3 Sister/Brother 4 Friend 5 Other  |
| Current address: |
| City: | State: | ZIP Code: |
| Home phone #: ( ) | Cell #: ( ) | Work #: ( ) |
| Email address: |
|  |
| 2. Name:  |
| How is this person related to you? 1 Spouse/Partner 2 Parent 3 Sister/Brother 4 Friend 5 Other |
| Current address: |
| City: | State: | ZIP Code: |
| Home phone #: ( ) | Cell #: ( ) | Work #: ( ) |
| Email address: |
|  |
| 3. Name:  |
| How is this person related to you? 1 Spouse/Partner 2 Parent 3 Sister/Brother 4 Friend 5 Other |
| Current address: |
| City: | State: | ZIP Code: |
| Home phone #: ( ) | Cell #: ( ) | Work #: ( ) |
| Email address: |

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