



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

Version [GVER]: 5.7.4 Core

Site ID,
Staff ID,
Staff
Initials, and
Participant
ID are
required.

Site ID [XSITE]:

Local Site Name [XSITEa]:

Staff ID [XSID]:

Staff Initials [XSIN]:

Part. ID [XPID]:

Last Name [XPNAME]:

Tx Pr. ID [XTPID]:

First Name: M.I.:

(Optional) Social Security Number [XSSN]: - -

(Optional) Other/State ID [XPIDA]: - -

Observation [XOBS]: 0 v.

Use Staff ID and
initials and use them
consistently across
assessments.

Edit Staff ID [XEDSID]:

Edit Date [XEDDT]: / / 20 ..

Data Entry Staff ID [XDESID]:

Key Date [XDEDT]: / / 20 ..

Rekey Staff ID [XRKSID]:

Rekey Date [XRKDT]: / / 20 ..

Do not read the disclaimer
to the participant.

Disclaimer, Confidentiality, Acknowledgments & Copyright Notices

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

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

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

This instrument is copyrighted and owned by Chestnut Health Systems. For more information on its origins, administration, properties, licensing agreements and/or for permission to use it, please visit our website at www.gaincc.org or contact GAININFO directly at Chestnut Health Systems, 448 Wylie Drive, Normal, IL 61761. Phone: 309-451-7900, Fax: 309-451-7761, gaininfo@chestnut.org.

- Remember to document all corrections by crossing out the original response, documenting the new response next to the item, and initialing and dating the change.
- Remember to read all introductory and transitional statements.
- Remember to follow skips and read each required item exactly as printed.

Time and date are required.

Use standard time, not military.

For Staff Use Only

A1. Administrative Information

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

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

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

Introduction

Important: Read this introduction to the participant.

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

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

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

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

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

Any questions?

Be sure to read the statement about exceptions to confidentiality, and be sure to ask, "Any questions?"

A2. Check for Cognitive Impairment

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

ERROR SCORES

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

If this statement does not apply,
leave item A2h blank.

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

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

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

A3a1. Record anchor for 90 days: v. _____

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

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

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

A3a2. Record anchor for 12 months: v. _____

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

Anchors should be specific and positive or neutral events within a few days of the actual anchor date.

Important: Be sure to read these highlighted statements to the participant.

Please answer the next questions using yes or no.

	Yes	No
A3b1. Do you have any problems reading English in something like a newspaper or magazine?	1	0
A3b2. Do you have any problems writing English in something like a job application or resume?	1	0
A3b3. Do you have any problems understanding what you read in English?	1	0
A3b4. Do you have any problems talking about your feelings or emotions in English?	1	0
A3b5. Are you better able to read, write, understand or talk about your emotions using a different language (besides English)? (Please describe)	1	0
v.		

If the participant answers yes to a "please describe" item, ask them which language, follow up and then ask, "Any others?" until they answer, "No."

A3c. [Document your initial administration decision]

Code item A3c on your own.

Done orally because of literacy or client choice	0	[READ ORAL INST]
Staff chose in advance to administer	1	[READ ORAL INST]
Self-administered	2	[READ SA INST]
Other (Please describe)	99	[READ SA INST]

v.

Important: Read the additional instructions for oral administration to the participant.

Additional Instructions for Oral Administration

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

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

Do you have any questions before we begin?

- Use DK for "don't know."
- Use RF for "refused to answer."

Optional Additional Instructions for Self-administration

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

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

Example

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

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

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

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

Do you have any questions?

B. Background and Treatment Arrangements

B1. What is your gender?

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

v. _____

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

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

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

v. _____

(Clarify and code)

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

Clarify prior to coding.

Please answer the next questions using the number of days.

Read 90-day anchor for item B2c.

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

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

Please answer the next questions using yes or no.

Read 12-month anchor for items B2e-j.	PAI B2.	During the past 12 months , have you done any of the following things with your (biological, foster, adopted or step) parents?	<u>Yes</u>	<u>No</u>
	e.	Spent 30 minutes or more playing or doing fun things with them	1	0
	f.	Gone with them to an organized activity or event.....	1	0
	g.	Had them read to you, or talked to them about a book, magazine or newspaper	1	0
	h.	Gotten help from them with your homework (reading, writing or math).....	1	0
	j.	Had them meet with a teacher, social worker, lawyer, court official or police officer about you.....	1	0

B3a. Which races, ethnicities, nationalities or tribes best describe you? (Any others?)
(Please record and select all that apply)

v1. _____

Ask, "Any others?" for most verbatim items and all mentioned items until the participant has nothing else to report.

Please select at least one race.

		MENTIONED	
		<u>Yes</u>	<u>No</u>
1.	Alaskan Native <u>(Please record tribe in B3av1)</u>	1	0
2.	Asian.....	1	0
3.	African American/Black.....	1	0
4.	Caucasian/White.....	1	0
5.	Hispanic, Latino or Chicano	1	0
a.	Puerto Rican	1	0
b.	Mexican	1	0
c.	Cuban.....	1	0
e.	Dominican	1	0
f.	Other Central American	1	0
g.	Other South American	1	0
z.	Other <u>(Please describe in B3av1)</u>	1	0
6.	Native American <u>(Please record tribe in B3av1)</u>	1	0
7.	Native Hawaiian	1	0
8.	Pacific Islander	1	0
99.	Some other group <u>(Please describe in B3av1)</u>	1	0

Remember to code 0/no for all unmentioned responses.

B4j. Have you been required or mandated to go to treatment? 1 0 [IF NO, GO TO B11]
By whom?

v. _____

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

AGDM

<i>For Staff Use Only</i>
B11. DM Rating [BDM]: NONE <input type="text"/> ₀ SOME <input type="text"/> ₁ MISUNDER <input type="text"/> ₂ DENIAL <input type="text"/> ₃ MISREP <input type="text"/> ₄

Remember to code the Denial-Misrepresentation rating after each section. These ratings are required.

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

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

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

a. which do you like to use the most?

v. _____

b. for which ones do you most need treatment? Any others?

v1. _____

v2. _____

v3. _____

For Staff Use

1. | | | |

For Staff Use

1. | | | |

2. | | | |

3. | | | |

Enter
corresponding
codes from
page 11.

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

SFS

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

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

If the participant has not used a substance in the past 90 days, skip the corresponding items on pages 13 and 14.

Ask these items on the next two pages.

Skip these items on the next two pages.

GAIN-I

Anchor

Clarify/
Convert

SFS/
BAC

Tip: Circle the applicable letters from page 12 to ensure that only the correct items are asked.

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

For 5v: Use codes from S1 or spell out

Ask "Any others?" for each verbatim item.

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

- a. standard drink units=1 beer=1 glass wine=1 mixed drink=1 shot; 40 ounces beer=4 drinks; Fifth=up to 26 drinks; (1-20 norm)
- c. ounce=25-30 joints; dime=4-5 joints; nickel=2-3 joints; 1 blunt=2-6 joints; 1 gram=1-2 joints; 1 bowl=1 joint; 10 1-hit pipes=1 joint; (1-20 norm)
- d. 8 ball=32 rocks; teen=16 rocks; gram=10 rocks; dime=1 rock; nickel=1 hit=1/2 rock (Round to nearest whole number); (1-20 norm)
- e. gram=4 quarter grams; (5-10 lines=1 quarter gram); (1-10 norm)
- f. (1-10 norm)
- g. gram=10 dime bags; (1-10 norm)

For all items:

- Record only whole numbers. No fractions or ranges.
- Make sure that the final response comes from the participant.

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

Please answer the next questions using the number of days.

Anchor

SFS

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

- 1a. on how many **days** did you go **without using any** alcohol, marijuana or other drugs? **[IF 90, GO TO S2x]**
Days
2. on how many **days** did you get drunk **at all** or were you high for most of the day?
Days
3. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?
Days
4. what is the **most days** you have gone **in a row** without using alcohol, marijuana or other drugs? **Item S2s4 cannot be greater than item S2s1a.**
Days

Please answer the next questions using yes or no.

Anchor

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

1. at home? 1 0
2. at someone else's home? 1 0
3. at a party or a bar? 1 0
4. at work? 1 0
5. at school? 1 0
6. at a dealer's place or shooting gallery? 1 0
7. outdoors? 1 0
8. in a car? 1 0
99. somewhere else? **(Please describe)** 1 0

Repeat stem

v. _____ **Any others?**

Anchor

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

Repeat stem

v. _____

Anchor

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

v. _____

Anchor

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

Please answer the next question using the number of days.

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

Pre-Controlled Environment Use

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

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

(PROBE FOR SPECIFIC EVENT AS BEFORE)

Remember to read the highlighted statement.

Record anchor: v. _____

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

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

S2x. In those 90 days in the community... Days

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

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

S2y. In those 90 days in the community, on how many **days** did you use... Days

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

Read this statement to the participant.

v. _____ Any others?

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

Do not ask items for substances that the participant reported never using (see page 12).

Please answer the next questions using yes or no.

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

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

If no past-week substance use reported on page 12, code no for item S3b on your own and go to item S4.

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

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

v. _____ **Any others?**

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

Yes No

S3c20. Have any of these withdrawal problems kept you from doing social, family, job or other activities? 1 0

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

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

Yes No

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

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

Anchor

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

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

Anchor

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

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

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

Anchor

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

Yes No

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

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

Anchor

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

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

Anchor

S6a. **In the past 90 days**, have you...

Yes No

1. spoken up (shared) during a self-help meeting? 1 0

2. had a sponsor? 1 0

[IF NO, GO TO S6a4]

3. talked to your sponsor at a meeting? 1 0

4. talked to your sponsor or other members outside of a meeting? 1 0

Repeat stem

5. asked for help from your sponsor or another member? 1 0

6. read the Twelve Steps and Twelve Traditions or other recovery-related readings? 1 0

7. actively worked the 12 steps? 1 0

8. prayed or meditated for help from your Higher Power? 1 0

9. felt that other people in the meeting understood you and your problems? 1 0

Repeat stem

9a. felt that you understood other people in the meeting and their problems? 1 0

10. gotten advice or ideas about how to handle your problems better from a meeting or meeting members? 1 0

[IF NO, GO TO S6a11]

10a. agreed with the advice you were given? 1 0

11. considered yourself a member of a home group (what is the specific name of the group)? 1 0

v.

Any others?

12. helped someone else from a meeting? 1 0

Repeat stem

13. sponsored someone else? 1 0

14. performed a service like setting up for meetings, serving as meeting chairperson, treasurer, or literature person? 1 0

14a. participated in conferences, dances, picnics, or other social activities sponsored by a self-help group? 1 0

15. had a spiritual awakening through meeting, working the steps, or reading 12 step related literature? 1 0

16. considered participation in self-help meetings an important part of your life? 1 0

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

MENTIONED

	<u>Yes</u>	<u>No</u>
a. Alcoholics Anonymous (AA).....	1	0
b. Cocaine Anonymous (CA)	1	0
c. Dual Diagnosis Anonymous (DDA)	1	0
d. LifeRing Secular Recovery	1	0
e. Narcotics Anonymous (NA).....	1	0
f. Secular Organization for Sobriety (SOS)	1	0
g. Social Recovery (SR)	1	0
h. Women for Sobriety (WFS)	1	0
j. Adult Children of Alcoholics (ACOA)	1	0
w. Other 12 step recovery group <u>(Please describe)</u>	1	0
v. _____		
x. Other faith-based recovery group <u>(Please describe)</u>	1	0
v. _____		
y. Other secular recovery group <u>(Please describe)</u>	1	0
v. _____		
z. Other recovery group <u>(Please describe)</u>	1	0
v. _____		

Remember to
code 0/no for all
unmentioned
responses.

S6b. Have you **ever** stayed overnight in a recovery home or sanctuary?..... 1 0 [IF NO, GO TO S7]

Anchor

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

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

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

Please answer the next question using the number of episodes.

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

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

Using **Card A...**

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

(Select one)

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

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

(If no lifetime service use in S7a, skip the respective row in S7e.)

Anchor

SATI

S7e. **During the past 90 days**, how many...

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

- Check for inconsistencies between item S7d and items S7e2-99.

v. _____

Yes No

S7f. Are you currently being treated **regularly** for alcohol or other drug problems? **(Where do you go?)** 1 0

[IF NO, GO TO S8]

v. _____

The next questions are about your current treatment and use.

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

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

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

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

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

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

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

v1. _____

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

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

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

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

not ready
to remain
abstinent

ready to
remain
abstinent

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

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

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

not ready
to quit

ready to
quit

The participant can respond with any whole percent between 0% and 100%.

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

Using **Card Q** and responding "in the past month," "2 to 3 months ago," "4 to 12 months ago," "1 or more years ago," or "never"...

	Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
S9c. When was the last time that...					

SPS/O	c.	you tried to hide that you were using alcohol or other drugs?	4	3	2	1	0
	d.	your parents, family, partner, co-workers, classmates or friends complained about your alcohol or other drug use?	4	3	2	1	0
	e.	you used alcohol or other drugs weekly or more often?	4	3	2	1	0
	f.	your alcohol or other drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems?	4	3	2	1	0
	g.	your alcohol or other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease, or any other health problems?	4	3	2	1	0

This page intentionally left blank.

Using Card Q...

		Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
S9c. When was the last time that...						
SPS/A	h. you kept using alcohol or other drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home?	4	3	2	1	0
	j. you repeatedly used alcohol or other drugs when it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or when you might have been forced into sex or hurt?	4	3	2	1	0
	k. your alcohol or other drug use caused you to have repeated problems with the law?.....	4	3	2	1	0
	m. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	4	3	2	1	0
SPS/D	n. you needed more alcohol or other drugs to get the same high or found that the same amount did not get you as high as it used to?.....	4	3	2	1	0
	p. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?.....	4	3	2	1	0
	q. you used alcohol or other drugs in larger amounts, more often or for a longer time than you meant to?	4	3	2	1	0
	r. you were unable to cut down on or stop using alcohol or other drugs?	4	3	2	1	0
	s. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs (high, sick)?	4	3	2	1	0
	t. your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	4	3	2	1	0
	u. you kept using alcohol or other drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having?.....	4	3	2	1	0
	ua. you had such strong urges to use alcohol or other drugs you could not think of anything else?	4	3	2	1	0
	v. How old were you when you first got drunk or used any drugs?	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>				
		Age				

(FOR EACH "NEVER" RESPONSE IN S9ch-ua, SKIP THE CORRESPONDING ROW ON THE S9 GRID)

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

Tip: Circle the applicable letters (and indicate the corresponding time frame in the left margin) from page 38 to ensure that only the correct items are asked and to check for inconsistencies.

S9c. Detailed Substance Use Disorder Worksheet (If this is a self-administered assessment, please ask for staff assistance in completing the following information.)	For Staff Use Only									
	1	2	3	4	5	6	7	8	9	99
<p>For each of the problems endorsed in S9ch-ua, ask:</p> <ul style="list-style-type: none"> Can you tell me which substance...(Read from below)? About when did that happen? (Using Card Q) Have you ever had this problem with any other substance(s)? Repeat for each problem endorsed until no more are reported. <p>Record time code (4=past month, 3=2-3 months ago, 2=4-12 months ago, 1=1+ years ago, 0 or blank means never).</p>	Alcohol	Amphetamine	Cannabis	Cocaine	Hallucinogen	Inhalant	Opioid	PCP	Sed./Hyp./Anx.	Other
h. repeatedly caused you not to meet your responsibilities?										
j. you repeatedly used in unsafe situations?										
k. caused you to have repeated problems with the law?										
m. did you keep using even though it was leading to fights or getting you into trouble with other people?										
n. you have needed more of to get high?										
p. you have had withdrawal problems from?										
q. you have used more of or longer than you meant to?										
r. you have been unable to cut down on or stop using?										
s. you spent a lot of time getting or using?										
t. caused you to give up activities or caused problems?										
u. you kept using despite medical or psychological problems?										
ua. you had such strong urges to use you could not think of anything else?										
Clinical Significance (for each drug with 1+ criteria ask...)										
v. At what age did you first use...(for alcohol, read "At what age did you first get drunk")?										
w. How do you usually take... (1-oral, 2-smoking, 3-inhalation, 4-intramuscular, 5-intravenous, 6-NA, 7-other)?										

See manual for scoring Polysubstance Dependence.

Inconsistency check:

For consistency, at least one timeframe reported for each line of the S9 grid has to match the timeframe reported for the corresponding item in S9ch-ua. No timeframe for a line on this grid can be earlier than the timeframe reported for the corresponding item in S9ch-ua.

AGDM

For Staff Use Only
S12. DM Rating [SDM]: NONE <input type="checkbox"/> ₀ SOME <input type="checkbox"/> ₁ MISUNDER <input type="checkbox"/> ₂ DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄

Remember to code the Denial-Misrepresentation rating after each section.
These ratings are required.

P. Physical Health

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

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

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

Anchor

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

Excellent 0
Very good 1
Good 2
Fair 3
Poor 4

P5_1. Have you **ever** (been/gotten someone) pregnant? 1 0 [IF NO, GO TO P9]

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

(Clarify and code)

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

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

(Clarify and code)

Carried the baby to term—live birth 1 [GO TO P5c1]
Miscarriage 2 [GO TO P9]
Abortion 3 [GO TO P9]
Uncertain 4 [GO TO P9]
Currently pregnant 5 [GO TO P9]
Other (Please describe) 6 [GO TO P9]

v. _____

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

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

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

Using **Card A...**

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

(Select one)

- | | |
|--------------------------------|----------------|
| Within the past two days | 6 |
| 3 to 7 days ago | 5 |
| 1 to 4 weeks ago | 4 |
| 1 to 3 months ago..... | 3 |
| 4 to 12 months ago..... | 2 [GO TO P11a] |
| More than 12 months ago | 1 [GO TO P11a] |
| Never | 0 [GO TO P11a] |

Most participants should not answer, "Never." If they do, clarify by asking whether they have ever been sick enough to miss work or school.

Please answer the next questions using the number of days.

Anchor

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

Days

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

Days

Keep the participant's response to item P9 in mind through the rest of the Physical Health section to check for inconsistencies between time frames.

- P9c. What is the problem you have been having?

v1. _____

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

Please answer the next questions using the number of times.

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

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

Please answer the next question using yes or no.

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

v. _____

Using **Card A...**

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

(Select one)

Most participants should not answer, "Never." If so, clarify by asking when was the last time they went to the doctor because of an illness or other minor health problem.

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

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

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

Anchor

PHTI

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

f. **times** have you had to go to the **emergency room** for a health problem? [][]

Times

g. **nights** total did you spend in the **hospital** for a health problem? [][]

Nights

h. **times** did you have an outpatient **surgical procedure** for a health problem? [][]

Times

j. **times** did you see a doctor or nurse in an **office or outpatient clinic** for a health problem?..... [][]

Times

j1. **days** did you take prescribed **medication** for a health problem?..... [][]

Days

Yes No

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

v. _____

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

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

Please answer the next questions using yes or no.

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

P12g. Are you adopted? 1 0

For Staff Use Only

AGDM P15. DM Rating [PDM]: NONE |☐|₀ SOME |☐|₁ MISUNDER |☐|₂ DENIAL |☐|₃ MISREP |☐|₄

Remember to code the Denial-Misrepresentation rating after each section.
These ratings are required.

R. Risk Behaviors and Disease Prevention

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

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

Using **Card A...**

NFS R1. When was the **last** time, if ever, that you used **a needle to inject drugs or medication**? Please include medication prescribed by a doctor.

(Select one)

Within the past two days	6
3 to 7 days ago	5
1 to 4 weeks ago	4
1 to 3 months ago.....	3
4 to 12 months ago.....	2
More than 12 months ago	1 [GO TO R2]
Never	0 [GO TO R2]

Please answer the next questions using yes or no.

Anchor

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

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

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

Anchor

NFS

R1k. **During the past 90 days,** on how many **days** did you use a needle to inject any kind of drug or medication?
Days

R1m. **During the past 90 days,** with how many **people** have you shared needles or works? **[IF 0, GO TO R2]**
People

R1n. **During the past 90 days,** on how many **days** did you share needles with other people?.....
Days

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

Using **Card A...**

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

(Select one)

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago 3
- 4 to 12 months ago 2
- More than 12 months ago 1 **[GO TO R4]**
- Never 0 **[GO TO R4]**

Please answer the next questions using yes or no.

Anchor

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

[IF 4 TO 12 MONTHS AGO REPORTED IN R2, GO TO R4]

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

See item R2h on page 36.

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

See item R2j on page 36.

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

Anchor

R2. During the past 90 days...

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

Partners

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

Partners

SPR r. how many times did you have any kind of vaginal, oral, or anal sex
with another person? | | | | [IF 0, GO TO R4]

Times

[IF NO PAST-YEAR BEHAVIOR REPORTED FOR R2a-b, R2d-e, OR R2f1, SKIP THE
CORRESPONDING ITEMS]

Items R2a-b and R2d-f are on p. 36.

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

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

Times

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

Times

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

Times

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

Times

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

Times

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

Times

Using **Card A...**

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

(Select one)

- Within the past two days 6
 3 to 7 days ago 5
 1 to 4 weeks ago 4
 1 to 3 months ago 3
 4 to 12 months ago 2 [GO TO R9]
 More than 12 months ago 1 [GO TO R9]
 Never 0 [GO TO R9]

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

Anchor

R4a. **During the past 90 days**, on how many **days** have you smoked or used any kind of tobacco? [][] [IF 0, GO TO R9]
 Days

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

For Staff Use Only

AGDM

R9. DM Rating [RDM]: NONE []₀ SOME []₁ MISUNDER []₂ DENIAL []₃ MISREP []₄

Remember to code the Denial-Misrepresentation rating after each section.
 These ratings are required.

M. Mental and Emotional Health

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

Please answer the next questions using yes or no.

Anchor

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

GMDS/

SSI

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

Anchor

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

GMDS/

DSS

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

Repeat stem

Anchor

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

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

[IF 0, GO TO M1d]

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

1 0

Anchor

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

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

Repeat stem

Repeat stem

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

Using **Card A...**

- EPS M1e. When was the **last** time, if ever, your life was **significantly** disturbed by nerve, mental or psychological problems or that you felt you could not go on, **including** those things we just talked about?

(Select one)

- | | | |
|--------------------------------|---|------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago..... | 3 | |
| 4 to 12 months ago..... | 2 | [GO TO M2] |
| More than 12 months ago | 1 | [GO TO M2] |
| Never | 0 | [GO TO M2] |

If the participant answered yes to any items on pages 39 and 40, then the response to item M1e must be some time within the past 12 months.

Please answer the next questions using the number of days.

Anchor

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

Anchor

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

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

Using **Card A...**

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

(Select one)

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

Please answer the next questions using yes or no.

Anchor

IMDS/ M2.
TSS

During the past 12 months, have the following situations happened to you?

Yes No

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

Repeat stem

Repeat stem

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

Yes No

- | | | | |
|------|--|---|---|
| M2p. | Have you ever had any of the problems just mentioned for three or more months? | 1 | 0 |
|------|--|---|---|

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

Please answer the next question using the number of days.

Anchor

EPS

M2q.

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

Days

Using **Card A...**

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

(Select one)

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago.....	3	
4 to 12 months ago.....	2	
More than 12 months ago	1	[GO TO M4z4]
Never	0	[GO TO M4z4]

Please answer the next questions using yes or no.

Anchor

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

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

M3a19. Have you ever had any of the problems just mentioned for six or more months in your lifetime? Yes No
1 0

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

Please answer the next questions using yes or no.

Anchor

BCS/
CDS

M3b. **During the past 12 months**, have you done the following things **two or more times**? Yes No

1. Been a bully or threatened other people. 1 0

2. Started physical fights with other people. 1 0

3. Used a weapon in fights. 1 0

Repeat stem

4. Been physically cruel to other people. 1 0

5. Been physically cruel to animals. 1 0

6. Taken a purse, money or other things from another person by force. 1 0

7. Forced someone to have sex with you when they did not want to. 1 0

8. Set fires. 1 0

9. Broken windows or destroyed property. 1 0

Repeat stem

10. Taken money or things from a house, building or car. 1 0

11. Lied or conned to get things you wanted or to avoid having to do something. 1 0

12. Taken things from a store or written bad checks to buy things. 1 0

13. Stayed out at night later than your parents or partner wanted. 1 0

14. Run away from home (partner) for at least one night. 1 0

15. Skipped work or school. 1 0

Read "partner" if the participant is married or in a relationship.

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

M3b. **Before you were 13 years old**, did you... Yes No

18. often stay out at night later than your parents wanted? 1 0

19. skip school or work many times? 1 0

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

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

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

[IF 4 TO 12 MONTHS AGO REPORTED IN M3, GO TO M4z4]

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

Please answer the next question using the number of days.

Anchor

EPS

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

Days

Please answer the next question using the number of days.

Anchor

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

Days

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

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

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

v1. _____

MENTIONED

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

Remember to code 0/no for all unmentioned responses.

Please answer the next questions using the number of times.

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

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

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

Yes No

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

v. _____ Any others?

Using **Card A...**

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

(Select one)

Within the past two days 6

3 to 7 days ago 5

1 to 4 weeks ago 4

1 to 3 months ago 3

4 to 12 months ago 2 [GO TO M8]

More than 12 months ago 1 [GO TO M8]

Never 0 [GO TO M8]

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

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

Anchor

Items M5b and M5c are on p. 48.

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

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

Times

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

Nights

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

Times

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

Days

Yes No

M5j. Are you currently being treated for a mental, emotional, behavioral or psychological problem? **(Where do you go?)** 1 0

v. _____

For Staff Use Only

AGDM M8. DM Rating [MDM]: NONE ☐₀ SOME ☐₁ MISUNDER ☐₂ DENIAL ☐₃ MISREP ☐₄

Remember to code the Denial-Misrepresentation rating after each section.
These ratings are required.

E. Environment and Living Situation

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

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

(Clarify and code)

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

If the client reports living in a house or apartment:

- Clarify who owns or rents the house or apartment.
- Clarify whether the house or apartment is rent subsidized/ public housing.

V. _____

E1a. How **long** have you been living there? $\boxed{}\boxed{}$ + $\boxed{}\boxed{}$ + $\boxed{}\boxed{}$ + $\boxed{}\boxed{}$
 Years Months Weeks Days

Using Card A...

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

(Select one)

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

Yes No

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

Please answer the next questions using the number of days.

Anchor

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

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

RERI E2. **During the past 90 days**, on how many **days** did...
d. **other people** use alcohol **where you were living**?
Days
e. **other people** use drugs **where you were living**?
Days

Anchor

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

Item E2f must be consistent with item S2x on page 15.

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

Please answer the next questions using yes or no.

Anchor

	Yes	No
E3a1. During the past 12 months , have you lived with anyone other than yourself?	1	0

[IF NO, GO TO E3b1]

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

MENTIONED

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

Remember to
code 0/no for all
unmentioned
responses.

v. _____

	<u>Yes</u>	<u>No</u>	
E3b1. Have you ever been married or lived as married with someone?	1	0	[IF NO, SELECT 8 IN E3b2 AND GO TO E4]

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

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

(Clarify and code)

E4. How many children, if any, do you have under the age of 21?
Children

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

Using number of people...

Anchor

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

People

Using **Card C**...

If 1 or 2 people, limit response choices for E5a-g.

LRI/
ERS

E5. Of the people you have **regularly lived with**, would you say that none, a few, some, most or all of them...

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

Using number of people...

Anchor

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

People

Using **Card C**...

If 1 or 2 people, limit response choices for E6a-g.

VRI/
ERS

E6. Of the people you have **regularly worked or gone to school with**, would you say that none, a few, some, most or all of them

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

Using number of people...

Anchor

E7. **During the past 12 months**, how many people would you say you spend most of your free time with or hang out with?

[IF 0, GO TO E8]

People

Using Card C...

If 1 or 2 people, limit response choices for E7a-g.

SRI/
ERS

E7. Of the people you have **regularly socialized with**, would you say that none, a few, some, most or all of them...

	None	A Few	Some	Most	All
a. were employed or in school or training full time ?..	4	3	2	1	0
b. were involved in illegal activity?.....	0	1	2	3	4
c. weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
d. used any drugs during the past 90 days ?	0	1	2	3	4
e. shout, argue and fight most weeks?.....	0	1	2	3	4
f. have ever been in drug or alcohol treatment?.....	4	3	2	1	0
g. would describe themselves as being in recovery? ...	4	3	2	1	0

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

Using Card A...

RERI E8. When was the **last** time, if ever, that during an argument with someone else **you** swore, cursed, threatened them, threw something, or pushed or hit them in any way?

(Select one)

Within the past two days	6
3 to 7 days ago	5
1 to 4 weeks ago	4
1 to 3 months ago.....	3
4 to 12 months ago.....	2
More than 12 months ago	1 [GO TO E9]
Never	0 [GO TO E9]

Please answer the next questions using yes or no.

Anchor

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

Repeat stem

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

Anchor

Please answer the next question using the number of days.

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

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

Please answer the next questions using yes or no.

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

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

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

Code item
E9e18 on
your own.

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

Please answer the next questions using yes or no.

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

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

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

Using **Card A...**

- RERI E9t. When was the **last** time, if ever, you were attacked with a weapon, beaten, sexually abused, or emotionally abused?

(Select one)

- | | | |
|--------------------------------|---|--------------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | [GO TO E14] |
| More than 12 months ago | 1 | [GO TO E14] |
| Never | 0 | [GO TO E14] |

Please answer the next question using the number of days.

Anchor

- RERI E9u. **During the past 90 days**, on how many **days** were you attacked with a weapon, beaten, sexually abused or emotionally abused?.....
- Days

Please answer the next questions using the number of days.

Anchor

RERI E14. **During the past 90 days**, on how many **days** have you been to a formal activity where...

a. no one was using alcohol or other drugs?.....

Days

b. people were using alcohol or other drugs?

Days

For Staff Use Only

AGDM

E18. DM Rating [EDM]: NONE ₀ SOME ₁ MISUNDER ₂ DENIAL ₃ MISREP ₄

Remember to code the Denial-Misrepresentation rating after each section.
These ratings are required.

L. Legal (Civil and Criminal)

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

Using **Card A...**

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

(Select one)

Within the past two days	6
3 to 7 days ago	5
1 to 4 weeks ago	4
1 to 3 months ago.....	3
4 to 12 months ago.....	2
More than 12 months ago	1 [GO TO L4a]
Never	0 [GO TO L4a]

Please answer the next questions using the number of times.

Anchor

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

GCS/
PCS

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

Repeat stem

6. broken into a house or building to steal something or just to look around? Times
7. taken a car that didn't belong to you? Times

GCS/
ICS

8. used a weapon, force, or strong-arm methods to get money or things from a person? Times
9. hit someone or gotten into a physical fight? Times
10. hurt someone badly enough they needed bandages or a doctor? Times
11. used a knife or gun or some other thing, like a club, to get something from a person Times

Repeat stem

12. made someone have sex with you by force when they did not want to have sex? Times
13. been involved in the death or murder of another person, including accidents? Times
14. intentionally set a building, car or other property on fire? Times

GCS/
DCS

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

Anchor

L3a. **During the past 12 months**, how many **days** have you...18. been a member of a gang?
Days19. gambled illegally?
Days99. done something else, other than drug use, that would have gotten
you into trouble with the police if they had known about it? (**Please
describe**)
Days

v. _____

[IF 4 TO 12 MONTHS AGO REPORTED IN L3, GO TO L4a]

Please answer the next questions using the number of days.

Anchor

IAS

L3d. **During the past 90 days**, on how many **days** were you involved in any
activities you thought might get you into trouble or be against the law,
besides drug use? **[IF 0, GO TO L4a]**

Days

L3. On how many of these days were you involved in these activities (you
thought might get you into trouble or be against the law)...e. in order to support yourself financially?

Days

f. in order to obtain alcohol or other drugs?

Days

g. while you were high or drunk?

Days

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

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

Times

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

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

MENTIONED

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

Remember to code 0/no for all unmentioned responses.

v.

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

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

Adjudication: to hear or settle a case by judicial procedure. Generally requires the same burden of proof as conviction. May be used in judicial cases and may not result in a permanent record.

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

Using **Card A...**

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

(Select one)

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

Please answer the next questions using the number of times.

Anchor

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

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

MENTIONED

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

v. _____

Using **Card A...**

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

(Select one)

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

Please answer the next questions using the number of days.

Anchor

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

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

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

Yes No

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

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

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

Please answer the next questions using yes or no.

L7. Are you **currently** involved with the **criminal justice** system in any of the following ways?

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

v. _____

Please answer the next question using the number of times.

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

Times

AGDM

For Staff Use Only

L12. DM Rating [LDM]: NONE ₀ SOME ₁ MISUNDER ₂ DENIAL ₃ MISREP ₄

Remember to code the Denial-Misrepresentation rating after each section. These ratings are required.

V. Vocational (School, Work, Financial)

These next questions are about school, work and money.

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

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

□□□

Grade

Yes No

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

1

0

[IF NO, GO TO V1b]

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

v1. _____

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

(Clarify and code)

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

v. _____

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

MENTIONED

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

Remember to code 0/no for all unmentioned responses.

v. _____

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

(Select one)

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago 3
- 4 to 12 months ago 2 |GO TO V6|
- More than 12 months ago 1 |GO TO V6|
- Never 0 |GO TO V6|

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

Guideline for answering items V3k-r.

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

Anchor

TAS V3. **During the past 90 days**, how many...

Note: Use calendar to help participant with items V3k-r.

- k. **days** did you go to any kind of school or training? Days
- m. **days** did you go to school or training full time? Days
- n. **days** did you miss school or training? Days
- p. **days** did you get in trouble at school or training for any reason? Days
- q. **days** were you suspended from school or training for any reason? ... Days
- r. **times** did you get expelled from school or training? Times

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

(Select one)

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

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

Guideline for answering items V6k-r.

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

Anchor

EmAS V6. **During the past 90 days**, how many...

- k. **days** did you work for money at a job or in a business?
Days
- m. **days** did you work full time (7 or more hours per day)?
Days
- n. **days** did you miss work?
Days
- p. **days** did you get in trouble at work for any reason?
Days
- q. **days** were you suspended from work for any reason?
Days
- r. **times** did you get fired from work?
Times

Note: Use calendar to help participant with items V6k-r.

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

(Clarify and code)

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

- Code only the response that the participant is engaged in most often.
- If the participant spends equal time at work and school, code the one they attended most recently.

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

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

Using **Card A...**

FIS V9. When was the **last** time, if ever, you gambled for money, drugs, sex or other things?

(Select one)

- | | | |
|--------------------------------|---|-------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago..... | 3 | |
| 4 to 12 months ago..... | 2 | [GO TO V10] |
| More than 12 months ago | 1 | [GO TO V10] |
| Never | 0 | [GO TO V10] |

Please answer the next question using the number of days.

Anchor

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

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

(Clarify and code)

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

Code only one.

v. _____

Please answer the next questions using dollars.

Anchor

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

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

90-Day Total

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

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

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

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

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

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

Participant should include themselves for item V11r.

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

Anchor

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

For Staff Use Only

AGDM V14. DM Rating [VDM]: NONE |_|₀ SOME |_|₁ MISUNDER |_|₂ DENIAL |_|₃ MISREP |_|₄

Remember to code the Denial-Misrepresentation rating after each section.
These ratings are required.

Z. End

Read only
the
highlighted
line.

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

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

Code
these
items on
your own.

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

Administer
item Z2 to
the
participant.

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

v1. _____

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

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

Code yes or
no for all.

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

<i>For Staff Use Only</i>							
h.	What administration protocol was followed? Partial assessment, not completed to date (PAR) 5 Regular site protocol 6 Regular site protocol supplemented with additional questions..... 7 Other (OTH) (<u>Please describe</u>) 99 v. _____						
h1.	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> <td style="text-align: center; border-bottom: 1px solid black;">No</td> </tr> <tr> <td style="padding-bottom: 5px;">Was administration done over multiple days? (MUL).....</td> <td style="text-align: center; padding-bottom: 5px;">1</td> <td style="text-align: center; padding-bottom: 5px;">0</td> </tr> </table> <div style="border: 1px dashed red; padding: 2px; text-align: center; font-weight: bold; color: red; font-size: 0.9em;">[IF NO, GO TO XADMj]</div> <p style="margin-top: 5px;">a. What is the final revision date (mm/dd/yyyy)? __ __ / __ __ / 20 __ __ </p> <div style="text-align: right; margin-right: 50px; font-size: 0.8em;"> Month Day Year </div> <p style="margin-top: 5px;">b. What is the total number of breaks across all sessions and days? (Include "1" for break in between multiple sessions.)..... __ __ </p> <p style="margin-top: 5px;">c. What is the total number of minutes spent doing the interview across all sessions and days? __ __ </p> <p style="margin-top: 5px;">d. What is the Staff ID [XSID] of the person finishing the interview?. __ __ __ __ __ </p>		Yes	No	Was administration done over multiple days? (MUL).....	1	0
	Yes	No					
Was administration done over multiple days? (MUL).....	1	0					
j.	Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment (AC)? Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented). v1. _____						

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

Yes No

CY0. Do you want to enter additional collateral information? 1 0 [IF NO, GO TO XDX]

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

CY1. What is your relationship with the participant?

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

v. _____

Yes No

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

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

v. _____

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

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

<i>For Staff Use Only</i>

CB5c. Detailed Insurance Code:

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

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

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

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

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

Using **Card J** and answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 to 3 years ago, more than 3 years ago, or never...

		Past Month	2-3 months	4-12 months	1-3 years	3+ years	Never
CS9c. When was the last time that...							
SPS/O	c. the participant tried to hide that he/she was using alcohol or other drugs?.....	4	3	2	1	0	
	d. the participant's parents, family, partner, co-workers, classmates or friends complained about his/her alcohol or other drug use?.....	4	3	2	1	0	
	e. the participant used alcohol or other drugs weekly or more often?	4	3	2	1	0	
	f. the participant's alcohol or other drug use caused him/her to feel depressed, nervous, suspicious, uninterested in things, reduced his/her sexual desire or caused other psychological problems?	4	3	2	1	0	
SPS/A	g. the participant's alcohol or other drug use caused him/her to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease, or any other health problems?	4	3	2	1	0	
	h. the participant kept using alcohol or other drugs even though he/she knew it was keeping him/her from meeting his/her responsibilities at work, school or home?	4	3	2	1	0	
	j. the participant repeatedly used alcohol or other drugs when it made the situation unsafe or dangerous for him/her, such as when he/she was driving a car, using a machine, or when he/she might have been forced into sex or hurt?	4	3	2	1	0	
	k. the participant's alcohol or other drug use caused him/her to have repeated problems with the law?.....	4	3	2	1	0	
	m. the participant kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting him/her into trouble with other people?.....	4	3	2	1	0	

		Past Month	2-3 months	4-12 months	1-3 years	3+ years	Never
CS9c. When was the last time that...							
SPS/D	n. the participant needed more alcohol or other drugs to get the same high or found that the same amount did not get him/her as high as it used to?	4	3	2	1	0	
	p. the participant had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or he/she used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0	
	q. the participant used alcohol or other drugs in larger amounts, more often or for a longer time than he/she meant to?.....	4	3	2	1	0	
	r. the participant was unable to cut down on or stop using alcohol or other drugs?	4	3	2	1	0	
	s. the participant spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs (high, sick)?.....	4	3	2	1	0	
	t. the participant's use of alcohol or other drugs caused him/her to give up, reduce or have problems at important activities at work, school, home or social events?.....	4	3	2	1	0	
	u. the participant kept using alcohol or other drugs even after he/she knew it was causing or adding to medical, psychological or emotional problems he/she was having?	4	3	2	1	0	
	ua. the participant had such strong urges to use alcohol or other drugs he/she could not think of anything else?.....	4	3	2	1	0	
	v. How old was the participant when he/she first got drunk or used any drugs? ...	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>					

For Staff Use Only (Optional Supplemental Diagnostic Impressions [XDX])

Yes No

XDX. Do you want to enter additional diagnostic information? 1 0

[IF NO, GO TO XAS]

1. Additional Diagnosis

Type	1. DSM-IV Axis I	2. DSM-IV Axis II	3. DSM-IV Axis III
	4. DSM-IV Axis IV	5. DSM-5/ICD-9	6. DSM-5/ICD10 99. Unknown

	Type	Code	Spec.	Condition
a.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
b.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
c.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
d.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
e.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
f.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
g.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
h.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
j.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
k.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
m.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
n.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____
p.	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	v. _____

2. Clinical Ratings

(Select here if using CGAF in a/b) Yes-1 No-0

a. GAF Past Year Average <input type="checkbox"/>	b. GAF Past 90 Day Average <input type="checkbox"/>
c. GARF Past Year Average <input type="checkbox"/>	d. GARF Past 90 Day Average <input type="checkbox"/>
e. SOFAS Past Year Average <input type="checkbox"/>	f. SOFAS Past 90 Day Average <input type="checkbox"/>
WHODAS Scale	Rating
g. Understanding and communicating <input type="checkbox"/>	h. Getting around <input type="checkbox"/>
j. Self-care <input type="checkbox"/>	k. Getting along with people <input type="checkbox"/>
m. Life activities-Household <input type="checkbox"/>	n. Life activities-School/Work <input type="checkbox"/>
p. Participating in society <input type="checkbox"/>	q. Total <input type="checkbox"/>

3. Other Clinical Ratings (write in)

Rating Name	Score/Rating
v1. _____	v2. _____
v3. _____	v4. _____
v5. _____	v6. _____

4. Additional Sources of Information Considered (will be reported as part of Methods)

v1. _____

v2. _____

v3. _____

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