

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

Version [QVER]: 5.5.0

* Site ID [XSITE]:.....	<input type="text"/>	* Local Site Name [XSITEa]:	<input type="text"/>
* Staff ID [XSID]:	<input type="text"/>	* Staff Initials [XSIN]:	<input type="text"/>
* Part. ID [XPID]:	<input type="text"/>	Last Name [XPNAM]:	<input type="text"/>
Tx Pr. ID [XTPID]:.....	<input type="text"/>	First Name:	M.I.:
* First GAIN Assessment Date [XFRSTDT]:.....	<input type="text"/>		
* Check Digit (Gender/Race/Birth Yr) [XCHK]:.....	<input type="text"/>		
* Observation [XOBS: 3,6,9,12]:	<input type="text"/>	v.	<input type="text"/>
Edit Staff ID [XEDSID]:.....	<input type="text"/>	Edit Date [XEDDT]:.....	<input type="text"/>
* Data Entry Staff ID [XDESID]:	<input type="text"/>	* Key Date [XDEDT]:.....	<input type="text"/>
ReKey Staff ID [XRKSID]:.....	<input type="text"/>	ReKey Date [XRKDT]:.....	<input type="text"/>

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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 provisions of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, unauthorized disclosure could 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, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. It also incorporates several scales and questions based on the National Family Violence Survey, the 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 for permission to use it, please visit our website at www.chestnut.org/LI/gain/ or contact Joan Unsicker directly at Chestnut Health Systems, 720 West Chestnut, Bloomington, IL 61701, Phone: 309-827-6026, Fax: 309-829-4661, junsicker@chestnut.org.

For Staff Use Only

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A1. Administrative Information

- a. Time:..... : (HH:MM) b. (AM/PM)
- c. Today's Date [XOBSDT]:..... / / (MM/DD/YYYY)
- d. Reference Date if Different [XRFDT]:... / / (MM/DD/YYYY)
- e. Date of Last Assessment [XLSTDT]:..... / / (MM/DD/YYYY)

Introduction

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

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

Length: Depending on how much has been going on in your life, it will take about 45 to 90 minutes 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?

**** 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.

		<u>ERROR SCORES</u>				
CIS	a. What year is it now? (Circle 4 for any error)	0 4				
	b. What month is it now? (Circle 3 for any error)	0 3				
	Please repeat this phrase after me: John Brown, 42 Mark Street, Detroit. (No score -- used for 2f below)					
	c. About what time is it? (Circle 3 for any error)	0 3				
	d. 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] (Circle 2 for one error, 4 for 2 or more errors)	0 2 4				
	e. Please say the days of the week in reverse order. [Sat, Fri, Thu, Wed, Tue, Mon, Sun] (Circle 2 for one error, 4 for 2 or more errors)	0 2 4				
	f. Please repeat the phrase I asked you to repeat before. [John/ Brown/ 42/ Mark Street/ Detroit] (Circle 2 for each subsection of /text/ missed).....	0 2 4 6 8 10				
	g. (Add up scores from a through f and record):	<table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> </tr> </table>				
	(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 below before revising.)					
	h. (Original score)	<table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> </tr> </table>				

** **A3. Timeframe Anchoring and Initial Literacy Questions**

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, SEE BELOW IF PROBLEMS.) When we talk about things happening to you during "the past 90 days," we are talking about things that happened since about (NAME OF EVENT THAT WAS 90 DAYS AGO).

Record anchor for 90 days, v. _____

Now, let's go back to a year ago and circle that date. Do you recall anything that was going on (DATE 12 MONTHS AGO)? (PROBE FOR SPECIFIC EVENT, SEE BELOW IF PROBLEMS.) When we talk about things happening to you during "the past 12 months," we are talking about things that happened since about (NAME OF EVENT THAT WAS 12 MONTHS AGO).

Record anchor for 12 months, v. _____

IF UNABLE TO RECALL: Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS/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?

b1.	Do you have any problems reading English in something like a newspaper or magazine?.....	<u>Yes</u> 1	<u>No</u> 0
b2.	Do you have any problems writing English in something like a job application or resume?.....	1	0
b3.	Do you have any problems understanding what you read?.....	1	0
c.	[Document your initial administration decision]		
	Done orally because of literacy or client choice.....	0	[READ ORAL INST]
	Staff chose in advance to administer.....	1	[READ ORAL INST]
	Self-administered.....	2	[READ SA INST]
	Other (Please describe) v. _____	99	[READ SA INST]

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?

B. Background and Treatment Arrangements

* B2a. How old are you today? | | **[If 18 OR OVER, GO TO B4]**
 Age

* b. Who currently has **legal** custody of you? (Would you say...) **(Clarify and code)**
 v. _____

- Parents living together 1
- Parents who are separated but share custody 2
- A single parent 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
- Some other situation **(Please describe)** 99

Please answer the next questions using number of days.

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

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

Please answer the next questions using yes or no.

PAI **	B2.	<u>Yes</u>	<u>No</u>
	During the past 90 days , have you done any of the following things with your (biological, foster, adopted or step) parents?		
	em. Spent 30 minutes or more playing or doing fun things with them.....	1	0
	fm. Gone with them to an organized activity or event	1	0
	gm. Had them read to you, or you talked to them about a book, magazine or newspaper	1	0
	hm. Gotten help from them with your homework (reading, writing or math)	1	0
	jm. Had them meet with a teacher, social worker, lawyer, court official or police officer about you	1	0

Please answer the next questions using yes or no.

TxPI B4. Are you currently under pressure to come to or stay in treatment from...

	<u>Yes</u>	<u>No</u>
a. an employer, school or training program?	1	0
b. your lawyer?	1	0
c. a court, parole or probation officer, or other part of the criminal justice system?	1	0
d. a housing or other community agency?	1	0
e. your church or close friend?	1	0
f. your spouse, partner or family?	1	0
g. Department of Children and Family Services?	1	0
h. any other source? (Please describe)	1	0
v. _____		

B4j. Have you been required or mandated to go to treatment? 1 0 [IF NO, GO TO S2]

v. By whom? _____

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

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AGUR	B10. Urgency Rating [BUR]: NO <input type="checkbox"/> ₀ ALREADY <input type="checkbox"/> ₁ GT 3 MO <input type="checkbox"/> ₂ 0-3 MON <input type="checkbox"/> ₃ NOW <input type="checkbox"/> ₄
AGDM*	B11. DM Rating [BDM]: NONE <input type="checkbox"/> ₀ SOME <input type="checkbox"/> ₁ MISUNDER <input type="checkbox"/> ₂ DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄

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

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

SFS
**

S2. The next questions are about the last time, if ever, you used alcohol or other drugs. Using Card A and answering whether it was within the past two days, 3 to 7 days ago, 1 to 4 weeks ago, 1 to 3 months ago, 4 to 12 months ago, more than 12 months ago, or never...	1-2 Days	3-7 Days	1-4 Weeks	1-3 Months	4-12 Months	1+ Years	Never
When was the last time, if ever, you used...							
a. any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)?	6	5	4	3	2	1	0
b. alcohol until you were drunk (or had 5 or more drinks)?	6	5	4	3	2	1	0
c. marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)?	6	5	4	3	2	1	0
d. crack, smoked rock or freebase cocaine?	6	5	4	3	2	1	0
e. other forms of cocaine?	6	5	4	3	2	1	0
f. inhalants or huffed (such as correction fluids, gasoline, glue, lighters, spray paints, or paint thinners)?	6	5	4	3	2	1	0
g. heroin or heroin mixed with other drugs?	6	5	4	3	2	1	0
h. nonprescription or street methadone?	6	5	4	3	2	1	0
j. painkillers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin, or Tylenol with codeine)?	6	5	4	3	2	1	0
k. PCP or angel dust (Phencyclidine)?	6	5	4	3	2	1	0
m. acid, LSD, ketamine, special K, mushrooms, or other hallucinogens (such as mescaline, peyote, psilocybin, or shrooms)?	6	5	4	3	2	1	0
n. anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Diazepam, Equanil, Klonopin, Librium, Meprobamate, 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 Benzedrine, Biphedamine, 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 (Please describe) (such as amyl nitrate, cough syrup, nitrous oxide, NyQuil, poppers or Robitussin)? v. _____	6	5	4	3	2	1	0

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

SFS/
BAC
**

S2. Substance Use Frequency Grid (Read from left to right for those substances used in the past 90 days.) (If this is a self-administered assessment, please ask for staff assistance in completing the following questions.)	1. During the past 90 days, on how many days have you...	2. What was the most (drinks/joints/etc.) you had in one day?	3. Over how many hours did you do this?	4. With how many other people (if any) were you sharing?
a. used any kind of alcohol?		drinks		
b. gotten drunk or had 5 or more drinks?		X	X	X
c. used marijuana, hashish, blunts or THC?		joints		
d. used crack, smoked rock or freebase?		rocks		
e. used other forms of cocaine?		quarters		
f. used inhalants or huffed?		huffs		
g. used heroin (alone or mixed)?		dimes		
h. used nonprescription or street methadone?		X	X	X
j. used painkillers, opiates, or other analgesics?		5v. What did you use?		
k. used PCP or angel dust?		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 other drug?		5v. What did you use?		

For 5v: Use codes from S1 or spell out

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

a. standard drink units=1 beer=1 glass wine=1 mixed drink=1 shot; 40 ounces beer=3 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 the nearest whole number); (1-20 norm)

e. gram = 4 quarter grams, 5-10 lines = 1 quarter gram; (1-10 norm)

f. (1-10 norm)

g. (gram = 10 dime bags); (1-10 norm)

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

Please answer the next questions using days.

- SFS
**
- S2s. **During the past 90 days, ... (Remember, write in 0 for none)**
- | | <u>Days</u> | |
|--|-------------|--------------------|
| 1a. on how many days did you go without using any alcohol, marijuana or other drugs? | | [IF 90, GO TO S2x] |
| 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 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? | | |

Please answer the next questions using yes or no.

- **
- S2t. **During the past 90 days, did you use alcohol or other drugs ...**
- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. at home? | 1 | 0 |
| 2. at someone else's home? | 1 | 0 |
| 3. at a party or a bar? | 1 | 0 |
| 4. at work? | 1 | 0 |
| 5. at school? | 1 | 0 |
| 6. at a dealer's place or shooting gallery? | 1 | 0 |
| 7. outdoors? | 1 | 0 |
| 8. in a car? | 1 | 0 |
| 99. somewhere else? (Please describe) | 1 | 0 |
| v. _____ | | |

- **
- S2u. **During the past 90 days, did you use alcohol or other drugs...**
- | | <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 |
| v. _____ | | |

** S2v. **During the past 90 days, have you taken alcohol or other drugs by...** Yes No

1. drinking, eating, or taking pills (orally)?.....	1	0
2. smoking?.....	1	0
3. inhaling, huffing, sniffing or snorting?.....	1	0
4. injecting into skin or muscle (intramuscular)?.....	1	0
5. injecting into a blood vein or artery (intravenous)?.....	1	0
99. any other way? (Please describe)	1	0

v. _____

** S2w. **During the past 90 days, did you use alcohol or other drugs while or within an hour prior to ... (If not applicable, circle no)** Yes No

1. playing sports or recreating (e.g., skiing, biking, swimming, skateboarding, roller-blading, etc.)?	1	0
2. taking care of children?.....	1	0
3. being in training or school?.....	1	0
4. being at a paid job or work?.....	1	0
5. driving a vehicle (car, motorcycle, snowmobile, jet ski, boat, etc.)?.....	1	0
6. using knives, guns, potentially dangerous equipment or heavy machinery (such as a lawn mower, saw, stove, backhoe, front-end loader, apple picker, etc.)?	1	0

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)**

--	--

Days

Please answer the next questions using number of days.
Your last assessment was on _____ about _____ days ago.

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

1. used any alcohol, marijuana or other drugs?.....	
2. had a drink?.....	
3. got drunk or had 5 or more drinks?.....	
4. used marijuana?	
5. used any other drug?	

Please answer the next questions using yes or no.

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?	<u>Yes</u>	<u>No</u>
		1	0

[IF NO PAST WEEK USE, CODE NO]

*	S3b.	During the past week , did you stop, try to stop, cut down or try to limit your use of alcohol or other drugs?	1	0	[IF NO, GO TO S4a]
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CWS **	S3c.	When you did this, did you have any of the following withdrawal symptoms or problems?	<u>Yes</u>	<u>No</u>
		1. Move and talk much slower than usual	1	0
		2. Yawn more than usual	1	0
		3. Feel tired	1	0
		4. Have bad dreams that seemed real	1	0
		5. Have trouble sleeping, including sleeping too much or not being able to sleep	1	0
		6. Feel sad, tense or angry	1	0
		7. Feel really nervous	1	0
		8. Fidget, pace, wring your hands or have trouble sitting still	1	0
		9. Have shaky hands	1	0
		10. Have convulsions or seizures	1	0
		11. Feel hungrier than usual	1	0
		12. Throw up or feel like throwing up	1	0
		13. Have diarrhea	1	0
		14. Have muscle aches	1	0
		15. Have a runny nose or eyes watering more than usual	1	0
		16. Sweat more than usual, have your heart race, or get goose bumps	1	0
		17. Have a fever	1	0
		18. See, feel or hear things that are not real	1	0
		19. Forget a lot of things or have problems remembering	1	0
		99. Some other withdrawal-related problem (Please describe)	1	0
		v. _____		

[IF NONE REPORTED IN S3c1-99, GO TO S4a]

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

Useful Definitions

Withdrawal Symptoms are a group of physical or emotional symptoms that happen when a person who regularly uses alcohol or drugs stops using them, tries to stop using them, or cuts down on their use **during the past week.**

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

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

- * S4a. **During the past 90 days**, how many **times** have you been given a breathalyzer or urine test to check for your alcohol or other drug use? (Do not count any today) Times
- * S5a. **During the past 90 days**, on how many **days** have you been in a detoxification program to help you through withdrawal? Days
- * 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? Days
- * S6c. **During the past 90 days**, on how many **nights** have you stayed in a recovery home or sanctuary? Nights

Useful Definitions

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.

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.

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

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

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

Detailed Treatment History Grid							
(If this is a self-administered assessment, please ask for staff assistance in completing the following information.)							
Next we need to fill out this form for all of the times that you have been in outpatient, intensive outpatient, residential or other forms of formal substance abuse treatment since your last assessment. If you change levels of care or were readmitted to treatment, please count each episode separately. Please do not include any detoxification, self-help, or recovery programs (which were just reported).							
What was the first (next...) treatment program you went to? (Attach prior grids if available and update)							
S7_	b. What is the name of the treatment program?	b1. Program Code	c. What type of treatment was this? (Use codes from next page)	d. On about what date did you start? (mm/dd/yyyy)	d1. Are you still in treatment? (If yes, skip e & g) Y N	e. On about what date did you leave? (mm/dd/yyyy)	g. About how many days were you there?
1.					1 0		
2.					1 0		
3.					1 0		
4.					1 0		
5.					1 0		
6.					1 0		
7.					1 0		
8.					1 0		
9.					1 0		
10.					1 0		
11.					1 0		
12.					1 0		
13.					1 0		
14.					1 0		
15.					1 0		
99.	For staff use only. Record row number of index treatment episode that current GAIN-M90 interview is related to.						

Notes (Circle if you want them keyed into notes):

<i>Summary of Treatment History and Directions and Codes</i>	
<ul style="list-style-type: none"> — Please do not list detox, self-help groups, recovery homes, or sanctuaries. — Start with the earliest admission at the top and continue down to the most recent. — If the participant is still in treatment, leave the discharge date blank. — If you re-interview a participant, please attach and update the previous grid. — If still in treatment, enter 1 or Yes in d1 and skip items e and g, else put no. — If you have the admission and discharge date (start date and end date), skip question g (how long). — If you are missing the admission date, current treatment status, or discharge date, ask how long and note the answer in days. 	
<p>Common Local Program Codes (b1) and Names (b):</p> <p>(Insert text or consult study-specific appendix)</p>	<p>General Level of Care Codes (c):</p> <p>10 Outpatient (OP) 15 Methadone Maintenance 20 Intensive Outpatient (OR) 30 Inpatient/Residential/Halfway House (ST/LT/HH) 99 Other</p>
	<p>Date Guidelines (d/e): Use the following rules if the participant is unsure of the exact date:</p> <p>DAY: Use the 5th for the beginning of the month, 15th for the middle of the month, and 25th for the end of the month.</p> <p>MONTH: Use March for early in the year, July for middle of the year, and October for later in the year, but try to make it so the number of weeks is about right.</p> <p>YEAR: Make best approximation based on age or other information.</p> <p>If the participant is still in treatment, leave the discharge date blank (so that it can be filled in later).</p>

Please answer the next questions using episodes.
(If available, use treatment history grid to help.)

(If you were in treatment during your last assessment, please include that episode.)

- ** S7_s. How many of these times were you...
1. treated in an emergency room for your alcohol or other drug use problems?..... Episodes
 2. admitted for at least one night to a residential, inpatient, or hospital program for your alcohol or other drug use problems?..... Episodes
 3. admitted to an intensive outpatient or day program for your alcohol or other drug use problems?..... Episodes
 4. admitted to a regular (1-8 hours per week) outpatient program for your alcohol or other drug use problems?..... Episodes
 5. given medication like **methadone or Antabuse** to help with withdrawal or cravings?..... Episodes
 99. in any **other** kind of treatment program or working with some other kind of case manager for your alcohol or other drug use problems? **(Please describe)** Episodes
 - v. _____

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

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

Using **Card A...**

** S7d. When was the **last** time you received treatment, counseling, medication, case management or aftercare for your use of alcohol or **any** drug?
(Circle 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 number of times, nights, or days.
(If no service use since last assessment in S7_s, record 0 in the respective row below.)

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

1. **times** did you go to an **emergency room** for your alcohol or other drug abuse treatment? Times
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 medications 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

v. _____

* S7f. Are you currently being treated **regularly** for alcohol or other drug problems? **(Where do you go?)**..... Yes 1 No 0
 v. _____

The next questions are about all of the kinds of substance abuse treatment you have received in the past 90 days.

Please answer the next questions using yes or no.

TxRS **	S7g.	As a part of the substance abuse treatment, counseling, case management or aftercare you received in the past 90 days, did anyone... (If not applicable, circle No)	<u>Yes</u>	<u>No</u>
		1. work with you at your home?	1	0
		2. call you on the phone between appointments?	1	0
		3. ask you what you thought were the benefits of being drug-free? ...	1	0
		4. teach or review with you relapse prevention procedures?	1	0
		5. ask you to talk about the fun things you could do without alcohol or other drugs?	1	0
		6. talk about different ways to solve problems?	1	0
		7. meet with family members of yours more than one time?	1	0
		8. work with members of your family on communication?	1	0
		9. talk with you about your friends?	1	0
		10. require you to take urine tests?	1	0
		11. talk with you about probation?	1	0
		12. talk with your probation officer?	1	0
		13. talk with a counselor, teacher, or other adult at school?	1	0
		14. hook you up with other services?	1	0
		15. hook your family up with services?	1	0
		16. encourage you to attend appointments?	1	0
		17. ask if you went to appointments?	1	0
		18. provide you with transportation to appointments?	1	0
		19. help you figure out agency procedures or to understand your rights?	1	0
		99. Other than the treatment you've told us about or the services just mentioned, were there other services you received? (Please describe)	1	0
		v. _____		

(If more than one type of treatment in S7e, include all in answering the next questions.)

The next questions are about how you feel about the staff in the programs where you have received treatment and/or case management since your last assessment.

Please answer the next questions using yes or no.

TxSS **	S7jj. Are you satisfied that the staff in (this program/these programs)...	<u>Yes</u>	<u>No</u>
	1. did a good job?.....	1	0
	2. were fair with clients and patients?.....	1	0
	3. explained the rules of the program?.....	1	0
	4. had the time to see you?.....	1	0
	5. respected clients and patients?.....	1	0
	6. (staff) and you agreed on what your problems were?.....	1	0
	7. explained what your treatment was supposed to accomplish?.....	1	0
	8. asked for your opinions about your problems and how to solve them?.....	1	0
	9. (staff) and you agreed on what to do about your alcohol and other drug use?.....	1	0
	10. helped you do something about your alcohol and other drug use?..	1	0
	11. (staff) and you agreed on what to do about your other problems?.....	1	0
	12. helped you do something about your other problems?.....	1	0
	13. were sensitive to your cultural background?.....	1	0
	14. gave you enough help for now?.....	1	0

		<u>Yes</u>	<u>No</u>	
S7k.	Did you attend one or more group treatment sessions?.....	1	0	[IF NO, GO TO S7m]

Please answer the next questions about **group treatment** using yes or no.

		<u>Yes</u>	<u>No</u>
GES	S7kk.		
	1. Did you like the other group members?.....	1	0
	2. Did you did get to talk about your own problems?.....	1	0
	3. Did you like having the group rules?.....	1	0
	4. Did the other group members dislike you?.....	1	0
	5. Did a group member threaten to harm you?.....	1	0
	6. Did a group member offer you alcohol or other drugs?.....	1	0
	7. Did other group members not follow the rules?.....	1	0
	8. Did the coueslor do a good job of running the group?.....	1	0
	9. Did the counselor do a good job of explaining the main subjects of the session?.....	1	0
	10. Did the counselor like other people in the group better than you?.....	1	0

		<u>Yes</u>	<u>No</u>	
S7m.	Did you attend one or more family nights?	1	0	[IF NO, GO TO S8]

Please answer the next questions about **family nights** using yes or no.

		<u>Yes</u>	<u>No</u>
FNES	S7m.		
	1. Did you like the other family members?.....	1	0
	2. Did you get to talk about your family's problems?.....	1	0
	3. Did you like having the group rules?.....	1	0
	4. Did the other group members dislike you or your family?.....	1	0
	5. Did a group member threaten to harm you or your family?.....	1	0
	6. Did a group member offer you alcohol or other drugs?.....	1	0
	7. Did other group members not follow the rules?.....	1	0
	8. Did the counselor do a good job of running the group?	1	0
	9. Did the counselor do a good job of explaining the main subjects of the session?.....	1	0
	10. Did the counselor like other people in the group better than you or your family?.....	1	0

The next questions are about your current treatment and use.

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

		<u>Yes</u>	<u>No</u>	
	S8. Do you currently feel that...			
TRI	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 other drugs again?.....	1	0	
	Do you currently feel that...			
TMI	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	
	Do you currently think you...			
SES	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	
	Do you currently think ...			
POS	r. you have any problems related to alcohol or other drug use (including those things we just talked about)?	1	0	[IF NO, GO TO S9c]
	s. you have a good understanding of how alcohol and other drug use is related to your problems?.....	1	0	
	t. your problems can and will go away?.....	1	0	
	u. you know the course most of your problems will follow?.....	1	0	
	v. your problems are out of control?.....	1	0	
	w. your problems can be solved?	1	0	

Next we want to go over a list of common problems related to alcohol or other drug use.

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

After each of the following questions, we would like you to tell us the **last** time you had this problem.

		Past Month	2-12 Months	1+ Years	Never
S9.	When was the last time that...				
SPS/O	c. you tried to hide that you were using alcohol or other drugs?	3	2	1	0
**	d. your parents, family, partner, coworkers, classmates or friends complained about your alcohol or other drug use?	3	2	1	0
	e. you used alcohol or other drugs weekly or more often?	3	2	1	0
	f. your alcohol or other drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems?	3	2	1	0
	g. your alcohol or other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease, or any other health problems?	3	2	1	0

Using Card B...		Past Month	2-12 Months	1+ Years	Never
S9.	When was the last time that...				
SPS/A **	h. you kept using alcohol or other drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home?...	3	2	1	0
	j. you used alcohol or other drugs where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might have been forced into sex or hurt?	3	2	1	0
	k. your alcohol or other drug use caused you to have repeated problems with the law?.....	3	2	1	0
	m. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?.....	3	2	1	0
SPS/D **	n. you needed more alcohol or other drugs to get the same high or found that the same amount did not get you as high as it used to?	3	2	1	0
	p. you had withdrawal problems from alcohol or other drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? ..	3	2	1	0
	q. you used alcohol or other drugs in larger amounts, more often or for a longer time than you meant to?.....	3	2	1	0
	r. you were unable to cut down on or stop using alcohol or other drugs?	3	2	1	0
	s. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs (high, sick)?.....	3	2	1	0
	t. your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	3	2	1	0
	u. you kept using alcohol or other drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having?.....	3	2	1	0
	v. How old were you when you first got drunk or used any drugs?			Age	

Useful Definitions

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

Using **Card E** and answering "right away," "in the next months," "more than three months from now," "getting the help I need already" "or do not need any help"...

S10. How **soon**, if at all, do you need (more) help with your **current** alcohol or other drug situation? (Would you say...) **(Circle one)**

- Right away 4
- In the next 3 months 3
- More than 3 months from now 2
- Getting the help I need already 1 **[GO TO P1]**
- Do not need any help 0 **[GO TO P1]**

Please answer the next questions using yes or no.

S10a. Do you **currently** want (more) help with issues related to...

	<u>Yes</u>	<u>No</u>
1. your alcohol or other drug use?.....	1	0
2. your family's alcohol or other drug use?.....	1	0
3. your situation at home, work or school?.....	1	0
4. AA, NA, CA or other self-help and support groups?.....	1	0
5. detoxification?.....	1	0
6. getting treatment?.....	1	0
7. getting methadone (Methadose), Antabuse, or other medication (disulfiram, LAAM) for alcohol or other drug withdrawal or cravings?.....	1	0
99. anything else related to your alcohol or other drug use? (Please describe)	1	0
v. _____		

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AGUR	S11. Urgency Rating [SUR]: NO <input type="checkbox"/> 0 ALREADY <input type="checkbox"/> 1 GT 3 MO <input type="checkbox"/> 2 0-3 MON <input type="checkbox"/> 3 NOW <input type="checkbox"/> 4
AGDM*	S12. DM Rating [SDM]: NONE <input type="checkbox"/> 0 SOME <input type="checkbox"/> 1 MISUNDER <input type="checkbox"/> 2 DENIAL <input type="checkbox"/> 3 MISREP <input type="checkbox"/> 4

P. Physical Health

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

BAC* P1. About how **tall** are you (in feet and inches)?

	+	
Feet		Inches

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

Pounds		

HDS* P3m. **During the past 90 days**, would you say your health in general was . . . ? **(Circle one)**

Excellent	0
Very good	1
Good	2
Fair	3
Poor	4

Please answer the next questions using yes or no.

	<u>Yes</u>	<u>No</u>	
P3. During the past 90 days , has your health limited your ability to do...			
am. vigorous activities like running, lifting heavy objects or active sports?	1	0	[IF NO, GO TO P3dm]
bm. moderate activities like moving a table, carrying groceries or light sports?	1	0	[IF NO, GO TO P3dm]
cm. light activities like bending, lifting or stooping?	1	0	

During the past 90 days, have you...

dm. lost or gained 10 or more pounds when you were not trying to? ...	1	0
em. had a lot of physical pain or discomfort ?	1	0
fm. been worried about your health or behaviors?	1	0
gm. had health problems that kept you from meeting your responsibilities at work, school or home?	1	0
hm. had lung or breathing problems?	1	0
jm. had pain when you urinated?	1	0
km. coughed up or urinated blood?	1	0

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

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

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

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

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

v. _____

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

--	--

--	--

 Pounds Ounces

P5d. What was the baby's date of birth?.....

--	--	--	--	--	--	--	--	--	--

 (mm/dd/yyyy)

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? (Please include asthma, allergies and problems with your period.) (Circle one)

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago 3
- 4 to 12 months ago 2 [GO TO P11]
- More than 12 months ago 1 [GO TO P11]
- Never 0 [GO TO P11]

Please answer the next questions using number of days.

P9a. **During the past 90 days**, on how many **days** were you bothered by **any** health or medical problems? [IF 0, GO TO P11]
Days

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

P9c. What is the problem you have been having?

v1. _____

v2. _____

v3. _____

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

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

- P11. **Since your last assessment**, how many **times** have you.....
- * as. been treated in an emergency room for health problems?

--	--	--

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

--	--	--

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

--	--	--

 Times
- d. Are you currently taking medication for allergies or health problems? **(Please describe)**

<u>Yes</u>	<u>No</u>
1	0
- v. _____

Using **Card A...**

- * e. When was the **last** time you saw a doctor or nurse about a health problem or took prescribed medication for one? **(Circle one)**
- | | | |
|--------------------------------|---|--------------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | [GO TO P13] |
| More than 12 months ago | 1 | [GO TO P13] |
| Never | 0 | [GO TO P13] |

Please answer the next questions using number of times, nights, or days.
(If no service use since last assessment above, record 0 in the respective row below.)

- During the past 90 days**, how many.....
- PHTI* f. **times** have you had to go to the **emergency room** for a health problem?

--	--

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

--	--

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

--	--

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

--	--

 Times
 - * j1. **days** did you take prescribed **medication** for a health problem?

--	--

 Days
- k. Are you currently being treated for a health problem?

<u>Yes</u>	<u>No</u>
1	0

[IF NO, GO TO P13]
- v. _____
- m. How long have you been treated **regularly**?

	+		+		+	
Years		Months		Weeks		Days

Using **Card E...**

- AGHS P13. How **soon**, if at all, do you need (more) help for your **current** physical health? (Would you say...) **(Circle one)**
- Right away 4
 - In the next 3 months 3
 - More than 3 months from now 2
 - Getting the help I need already 1 **[GO TO R1]**
 - Do not need any help 0 **[GO TO R1]**

Please answer the next questions using yes or no.

- P13a. Do you **currently** want (more) help with...
- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. getting dental treatment? | 1 | 0 |
| 2. pregnancy, postpartum or family planning? | 1 | 0 |
| 3. testing, counseling or education on hepatitis, TB, HIV or STDs? | 1 | 0 |
| 4. help with sexual or fertility problems? | 1 | 0 |
| 5. getting health care treatment? | 1 | 0 |
| 6. coping with your current medical problems? | 1 | 0 |
| 7. paying for health care treatment? | 1 | 0 |
| 8. physical handicap/physical therapy? | 1 | 0 |
| 99. anything else related to your health situation? (Please describe) | 1 | 0 |
| v. _____ | | |

AGUR

AGDM*

<i>For Staff Use Only</i>	
P14. Urgency Rating [PUR]: NO <input type="checkbox"/> 0	ALREADY <input type="checkbox"/> 1 GT 3 MO <input type="checkbox"/> 2 0-3 MON <input type="checkbox"/> 3 NOW <input type="checkbox"/> 4
P15. DM Rating [PDM]: NONE <input type="checkbox"/> 0	SOME <input type="checkbox"/> 1 MISUNDER <input type="checkbox"/> 2 DENIAL <input type="checkbox"/> 3 MISREP <input type="checkbox"/> 4

R. Risk Behaviors and Disease Prevention

Next, we would like to ask a few very 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.)

- | | (Circle one) | |
|--------------------------------|---------------------|------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | [GO TO R2] |
| More than 12 months ago | 1 | [GO TO R2] |
| Never | 0 | [GO TO R2] |

Please answer the next questions using yes or no.

- | | | <u>Yes</u> | <u>No</u> |
|---------|--|------------|-----------|
| NPS R1. | During the past 90 days , did you... | | |
| | am. use a needle to shoot up drugs? | 1 | 0 |
| | bm. reuse a needle that you had used before? | 1 | 0 |
| | cm. reuse a needle without cleaning it with bleach or boiling water first ? | 1 | 0 |
| | dm. use a needle that you knew or suspected someone else had used before? | 1 | 0 |
| | em. use someone else's rinse water, cooker, or cotton after they did? | 1 | 0 |
| | fm. ever skip cleaning your needle with bleach or boiling water after you were done? | 1 | 0 |
| | gm. let someone else use a needle after you used it? | 1 | 0 |
| | hm. let someone else use the rinse water, cooker or cotton after you did? | 1 | 0 |
| | jm. allow someone else to inject you with drugs? | 1 | 0 |

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

- | | | | |
|-----|--|--------|------------------|
| NFS | k. During the past 90 days , on how many days did you use a needle to inject any kind of drug or medication? | | [IF 0, GO TO R2] |
| * | | Days | |
| * | m. During the past 90 days , with how many people have you shared needles or works? | | [IF 0, GO TO R2] |
| * | | People | |
| * | n. During the past 90 days , on how many days did you share needles with other people? | | |
| | | Days | |

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

Using **Card A...**

- * R2. When was the **last** time, if ever that you **had any kind of vaginal, oral or anal sex** with another person? (Circle one)
- Within the past two days 6
 - 3 to 7 days ago 5
 - 1 to 4 weeks ago 4
 - 1 to 3 months ago 3
 - 4 to 12 months ago 2 [GO TO R4]
 - More than 12 months ago 1 [GO TO R4]
 - Never 0 [GO TO R4]

Please answer the next questions using yes or no.

- SxRS R2. **During the past 90 days**, did you...
- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| am. have sex while you or your partner was high on alcohol or other drugs ? | 1 | 0 |
| bm. have sex with someone who was an injection drug user ? | 1 | 0 |
| cm. have sex involving anal intercourse (penis to butt)? | 1 | 0 |
| dm. have sex with a man who might have had sex with other men ? .. | 1 | 0 |
| em. trade sex to get drugs, gifts, or money? | 1 | 0 |
| fm. use drugs, gifts, or money to purchase or get sex? | 1 | 0 |
| gm. have two or more different sex partners? | 1 | 0 |
| hm. have sex with a male partner ? | 1 | 0 |
| jm. have sex with a female partner ? | 1 | 0 |
| km. have sex without using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy? | 1 | 0 |
| mm. have a lot of pain during sex or after having had sex? | 1 | 0 |
| nm. use alcohol or other drugs to make sex last longer or hurt less ? .. | 1 | 0 |

R2 Continued

** [IF NO PAST-90 DAY MALE PARTNERS, ENTER '0' IN R2p]
 [IF NO PAST-90 DAY FEMALE PARTNERS, ENTER '0' IN R2q]

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

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? Times [IF 0, GO TO R4]

s. **when you had sex**, how many times did you use any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy?..... 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) (Circle one)

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago 3
- 4 to 12 months ago 2 [GO TO R5]
- More than 12 months ago 1 [GO TO R5]
- Never 0 [GO TO R5]

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

a. **During the past 90 days**, on how many **days** have you smoked or used any kind of tobacco? Days [IF 0, RECORD 0 IN R4b AND CONTINUE]

b. On those days, **how many times per day** did you usually smoke or use any kind of tobacco? Times

Note: A pack of cigarettes would be about 20 times.

Please answer the next questions using number of days.

- R5. **During the past 90 days**, on how many **days** have you... Days
- a. gone without eating or thrown up much of what you did eat? ... |
- b. exercised for at least 20 minutes per day? |

Please answer the next questions using number of times.

- R6. **During the past 90 days**, how many **times** have you attended classes or sessions on the following topics? Times
- a. Diet or nutrition |
- b. Exercise |
- c. Relaxation |
- d. HIV/AIDS prevention |
- e. HIV or other health testing, counseling or education |
- f. How to stop smoking |
- g. Other health education or prevention classes (**Please describe**) |
- v. _____

Using **Card E...**

- AGHS R7. How **soon**, if at all, do you need (more) help with changing your pattern of dieting, exercise, needle use, sexual activity, smoking, or other health risks? (Would you say...) **(Circle one)**
- Right away 4
- In the next 3 months 3
- More than 3 months from now 2
- Getting the help I need already 1 **[GO TO M1am]**
- Do not need any help 0 **[GO TO M1am]**

Please answer the next questions using yes or no.

- R7a. Do you **currently** want (more) help with... Yes No
1. changing your pattern of needle use? 1 0
2. changing your pattern of sexual behavior? 1 0
3. getting information about health or prevention? 1 0
4. diet, exercise or relaxation programs? 1 0
5. quitting or cutting back on your smoking? 1 0
99. anything else related to your risk behaviors? (**Please describe**) 1 0
- v. _____

For Staff Use Only

AGUR R8. Urgency Rating [RUR]: NO 0 ALREADY 1 GT 3 MO 2 0-3 MON 3 NOW 4

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

M. Mental and Emotional Health

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

Please answer the next questions using yes or no.

IMDS/ GMDS/ SSI	M1am. During the past 90 days , have you had significant problems with...	<u>Yes</u>	<u>No</u>	
	1. headaches, faintness, dizziness, tingling, numbness, sweating or hot or cold spells?.....	1	0	
	2. sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?.....	1	0	
	3. having dry mouth, loose bowel movements, constipation, trouble controlling your bladder or related itching?.....	1	0	
	4. pain or heavy feeling in your heart, chest, lower back, arms, legs or other muscles?.....	1	0	
IMDS/ GMDS/ DSS	M1bm. During the past 90 days , have you had significant problems with...	<u>Yes</u>	<u>No</u>	
	1. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?.....	1	0	
	3. remembering, concentrating, making decisions, or having your mind go blank?.....	1	0	
	4. feeling very shy, self-conscious or uneasy about what people thought or were saying about you?.....	1	0	
	5. thoughts that other people did not understand you or appreciate your situation?.....	1	0	
	6. feeling easily annoyed, irritated, or having trouble controlling your temper?.....	1	0	
	7. feeling tired, having no energy, or feeling like you could not get things done?.....	1	0	
	8. losing interest or pleasure in work, school, friends, sex or other things you cared about?.....	1	0	
	9. losing or gaining 10 or more pounds when you were not trying to?.....	1	0	
	10. moving and talking much slower than usual?.....	1	0	
IMDS/ GMDS/ HSTS	M1cm. During the past 90 days , have you...	<u>Yes</u>	<u>No</u>	
	1. thought about killing or hurting someone else?.....	1	0	
	2. thought about ending your life or committing suicide?.....	1	0	[If 0, GO TO M1dm]
	3. had a plan to commit suicide?.....	1	0	
	4. gotten a gun, pills or other things to carry out your plan?.....	1	0	
	5. attempted to commit suicide?.....	1	0	
	M1cm6. During the past week have you thought about ending your life or committing suicide?.....	1	0	

IMDS/ GMDS/ AFSS	M1dm. During the past 90 days , have you had significant problems with...	<u>Yes</u>	<u>No</u>
	1. feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?.....	1	0
	2. having to repeat an action over and over, or having thoughts that kept running over in your mind?.....	1	0
	3. trembling, having your heart race, or feeling so restless that you could not sit still?.....	1	0
	4. getting into a lot of arguments and feeling the urge to shout, throw things, beat, injure or harm someone?.....	1	0
	5. feeling very afraid of open spaces, leaving your home, having to travel or being in a crowd?.....	1	0
	6. avoiding snakes, the dark, being alone, elevators or other things because they frightened you?.....	1	0
	7. thoughts that other people were taking advantage of you, not giving you enough credit or causing you problems?.....	1	0
	8. thoughts that someone was watching you, following you or out to get you?.....	1	0
	9. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?.....	1	0
	10. thoughts that you should be punished for thinking about sex or other things too much?.....	1	0
	11. having a lot of tension or muscle aches because you were worried?.....	1	0
	12. being unable or finding it difficult to control your worries?.....	1	0

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

Using **Card A...**

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

(Circle one)

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

** Please answer the next questions using number of days.

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

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?

(Circle one)

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

Please answer the next questions using yes or no.

- BCS/ M3am. **During the past 90 days**, 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 paper work.....	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
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

BCS/ CDS	M3bm. During the past 90 days , have you done the following things two or more times?	<u>Yes</u>	<u>No</u>
	1. Been a bully or threatened other people.	1	0
	2. Started fights with other people.	1	0
	3. Used a weapon in fights.	1	0
	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
	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 for at least one night.	1	0
	15. Skipped work or school.	1	0

Please answer the next questions using number of days.

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

--

Days

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

--

Days

Using **Card E...**

AGHS M6. How **soon**, if at all, do you need (more) help with your **current** mental, emotional or psychological problems?

(Would you say...)

(Circle one)

- Right away..... 4
- In the next 3 months 3
- More than 3 months from now 2
- Getting the help I need already 1 [GO TO E1]
- Do not need any help 0 [GO TO E1]

Please answer the next questions using yes or no.

M6a. Do you **currently** want (more) help with...

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. how you have been feeling emotionally?..... | 1 | 0 |
| 2. how your mind or body seem to be working?..... | 1 | 0 |
| 3. how you control your mind or behavior?..... | 1 | 0 |
| 4. concerns about suicide?..... | 1 | 0 |
| 5. memories that disturb you?..... | 1 | 0 |
| 6. getting medication to help control yourself?..... | 1 | 0 |
| 99. anything else related to your emotional or mental situation? (Please describe)..... | 1 | 0 |

v. _____

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AGUR	M7. Urgency Rating [MUR]: NO <input type="checkbox"/> ₀ ALREADY <input type="checkbox"/> ₁ GT 3 MO <input type="checkbox"/> ₂ 0-3 MON <input type="checkbox"/> ₃ NOW <input type="checkbox"/> ₄
AGDM*	M8. DM Rating [MDM]: NONE <input type="checkbox"/> ₀ SOME <input type="checkbox"/> ₁ MISUNDER <input type="checkbox"/> ₂ DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄

E. Environment and Living Situation

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

- * E1. What kind of housing do you **currently** live in? (Clarify and code)
- A house, apartment or room you, your spouse, your partner or your parents rent or own 1
 - A foster home 2
 - A public housing or rent-subsidized apartment or house registered in your or your family's name 3
 - A friend's or relative's house, apartment or room 4
 - An unsupervised dormitory or quarters, such as at college, religious or military quarters or agriculture or other workers' quarters 5
 - A nursing home or any other kind of group home 6
 - Any kind of hospital, inpatient or residential facility for medical, mental, alcohol or drug-related problems 7
 - A jail, detention center, correctional halfway house or other correctional institution 8
 - Temporary or emergency shelter for people who are homeless, runaways, neglected or abused 9
 - Vacant buildings, public or commercial facilities, parks, cars or on the street because you do not have a place to stay 10
 - Any other housing situation (**Please describe**) 99

v. _____

- * a. How **long** have you been living there? | | + | | + | | + | |
- Years Months Weeks Days

Using **Card A...**

- RERI * b. When was the **last** time, if ever, that you considered yourself to be homeless? (Circle 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

- * E1c. Can you continue to stay where you are now? Yes No
- 1 0

- * 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

Please answer the next questions using number of days.

- E2. **During the past 90 days**, on how many **days** have you lived someplace... Days
- a. where **you** paid any rent or mortgage or money to stay there? | |
 - b. where any part of the rent was paid for by public housing or a public housing voucher? | |
 - c. that would be considered a homeless shelter or emergency housing? | |

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... Days
**
- d. **other people** use alcohol **where you were living**? | |
 - e. **other people** use drugs **where you were living**? | |

- 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? | |

- 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? | |
*

Please answer the next questions using yes or no.

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

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

v. _____

* E4. How many children, if any, do you have under the age of 21?..... **[IF NONE, GO TO E5m]**
 Number

E4am. **During the past 90 days**, who has had legal custody of the child(ren)? (anyone else during the past 90 days)?

	MENTIONED	
	<u>Yes</u>	<u>No</u>
1. You	1	0
2. Your spouse or child's other parent	1	0
3. Other relative	1	0
4. Department of Children and Family Services (DCFS) or a court	1	0
5. The child(ren) ran away	1	0
6. The child(ren) was/were adopted	1	0
7. The child(ren) legally live(s) on his/her/their own	1	0
99. Some other situation (Please describe)	1	0
v. _____		

b. Do you still **have** or **want** legal custody of **any** of your children? **[IF NO, GO TO E5m]**
 Yes No

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

b1. For how many of the children living with you are you the primary caregiver?
 Children

c. **During the past 90 days**, how many children under 21 do you have who have been in foster care? **[IF 0, ENTER 0 IN E4d]**
 Children

d. **During the past 90 days**, on how many **days** were they in foster care? (Use the average if more than one child)
 Days

e. **During the past 90 days**, how many children under 21 do you have who have been in a group home or child care institution? **[IF 0, ENTER 0 IN E4f]**
 Children

f. **During the past 90 days**, on how many **days** were they in a group home or child care institution? (Use the average if more than one child)
 Days

g. **During the past 90 days**, how many children under 21 do you have who have been living with someone else?
 Children

E4h. What is the **age** of the **youngest** child whom you have custody of (or are trying to get custody of)? **[IF OVER 20, GO TO E5m]**
 Age

E4 (continued)

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

CAS	E4.	During the past 90 days , have you done any of the following things with this child/these children?	<u>Yes</u>	<u>No</u>
	jm.	Spent 30 minutes or more playing with him, her, or them	1	0
	km.	Taken him, her, or them to an organized activity or event	1	0
	mm.	Read a book to him, her, or them	1	0
	nm.	Worked with (him/her/them) on homework or taught him, her, or them to read, write, or do math	1	0
	pm.	Met with a teacher, social worker, lawyer, court official or police officer about him, her, or them	1	0
CFS	E4qm.	During the past 90 days , (has this child/have these children) been doing well in terms of...	<u>Yes</u>	<u>No</u>
	1.	doing schoolwork and learning?	1	0
	2.	avoiding alcohol and drugs?	1	0
	3.	avoiding illegal activities?	1	0
	4.	getting along with other people?	1	0
	5.	getting to places on time?	1	0
	6.	health?	1	0

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

Using number of people...

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

People

Using **Card C...**

LRI/ ERS	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...

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

People

Using **Card C...**

VRI/ ERS	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...

** E7m. **During the past 90 days**, how many people would you say you spend most of your free time with or hang out with? [IF 0, GO TO E8]

People

Using **Card C...**

SRI/ ERS	Of the people you have regularly socialized with or hung out with , would you say that none, a few, some, most or all of them...	<u>None</u>	<u>A Few</u>	<u>Some</u>	<u>Most</u>	<u>All</u>
	a. were employed or in school or training full time ?	4	3	2	1	0
	b. were involved in illegal activity?	0	1	2	3	4
	c. weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
	d. used any drugs during the past 90 days ?	0	1	2	3	4
	e. shout, argue, and fight most weeks?	0	1	2	3	4
	f. have ever been in drug or alcohol treatment?	4	3	2	1	0
	g. would describe themselves as being in recovery?	4	3	2	1	0

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

Using **Card A...**

- RERI E8. When was the **last** time, if ever, that during an argument with
 * someone else **you** swore, cursed, threatened them, threw something, or pushed or hit them in any way? **(Circle one)**
- | | | |
|-------------------------------|---|-------------|
| Within the past two days..... | 6 | |
| 3 to 7 days ago..... | 5 | |
| 1 to 4 weeks ago..... | 4 | |
| 1 to 3 months ago..... | 3 | |
| 4 to 12 months ago..... | 2 | [GO TO E9n] |
| More than 12 months ago..... | 1 | [GO TO E9n] |
| Never..... | 0 | [GO TO E9n] |

Please answer the next question using number of days.

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

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

Please answer the next questions using yes or no.

- ** E9. Are you **currently worried** that someone might... Yes No
- | | | |
|---|---|---|
| n. attack you with a gun, knife, stick, bottle or other weapon?..... | 1 | 0 |
| p. hurt you by striking or beating , or otherwise physically abuse you?..... | 1 | 0 |
| q. pressure or force you to participate in sexual acts against your will?..... | 1 | 0 |
| r. abuse you emotionally ?..... | 1 | 0 |

(If E9n-r are all No, circle No for E9s) Yes No

- * 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? **(Circle one)**
- | | | |
|-------------------------------|---|--------------|
| Within the past two days..... | 6 | |
| 3 to 7 days ago..... | 5 | |
| 1 to 4 weeks ago..... | 4 | |
| 1 to 3 months ago..... | 3 | |
| 4 to 12 months ago..... | 2 | [GO TO E10m] |
| More than 12 months ago..... | 1 | [GO TO E10m] |
| Never..... | 0 | [GO TO E10m] |

Please answer the next question using number of days.

- RERI u. **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 yes or no.

PSSI E10m. **During the past 90 days**, have you been under stress for any of the following reasons related to your family, friends, classmates or coworkers?

	<u>Yes</u>	<u>No</u>
1. Birth or adoption of a new family member.	1	0
2. Health problem of family member or close friend.	1	0
3. Major change in relationships (marriage, divorce, separations).	1	0
4. Death of a family member or close friend.	1	0
5. Fights with boss/teacher or coworkers/classmates.	1	0
99. Other changes or problems in family or primary support groups. (Please describe)	1	0
v. _____		

OSSI E11m. **During the past 90 days**, have you been under stress because of the following other kinds of demands on you?

	<u>Yes</u>	<u>No</u>
1. Major change in housing or bad housing.	1	0
2. New job, position or school.	1	0
3. Hard work or school schedule.	1	0
4. Problems with transportation.	1	0
5. Discrimination in community, work, school or transportation.	1	0
6. Threat of losing current housing, job, school or transportation.	1	0
7. Interruption or loss of housing, job, school or transportation.	1	0
8. Something you saw or that happened to someone close to you. (Please describe)	1	0
v. _____		
99. Other environmental demands on you. (Please describe)	1	0
v. _____		

Please answer the next questions using yes or no.

SSEI E12am. **During the past 90 days**, which of the following areas do you consider to be your strengths?

	<u>Yes</u>	<u>No</u>
1. Doing well at school or training.....	1	0
2. Doing well at work.....	1	0
3. Doing well with your family.	1	0
4. Doing well with your close friends.	1	0
5. Doing well at sports, exercise or other physical activity.	1	0
6. Doing well at music, dancing, acting or other performing arts.....	1	0
7. Drawing, painting, design or other art activities.	1	0
8. Listening, caring, and communicating with others.	1	0
9. Problem solving and figuring things out.....	1	0
10. Working or playing with computers.	1	0

E12b. What do you consider your most important **strengths** as a person?

- v1. _____
- v2. _____
- v3. _____

Please answer the next questions using yes or no.

GSSI E12cm. **During the past 90 days**, did you have the following kinds of **social support**?

	<u>Yes</u>	<u>No</u>
1. A professional counselor or other health provider to talk to.	1	0
2. Friends or colleagues from other companies or schools you could talk to without worry about things getting back to others at work or school	1	0
3. People at work or school you could talk to about day-to-day things.	1	0
4. People at work or school who could help you get your assignments done.	1	0
5. Family members or close partners you could talk to and rely on. . .	1	0
6. Friends you could just hang out with and not talk about work or family issues.	1	0
7. A legal hobby or activity that you enjoyed and did for yourself.	1	0
8. Someone you felt like you could talk to about needs and emotions.	1	0
9. Someone you felt could help you figure out how to cope with any problems you were having or might have.	1	0

E12d. Which people, agencies or things do you consider your most important sources of social support?

- v1. _____
- v2. _____
- v3. _____

E13a. Do you consider yourself a **member** of a religious group?
 (If so, which of the following best describes it?) (Clarify and code)

- No/None 0 [GO TO E13d]
- Baptist 1
- Buddhist 2
- Catholic 3
- Evangelical 4
- Hindu 5
- Jewish 6
- Lutheran 7
- Methodist 8
- Mormon 9
- Muslim 10
- Presbyterian 11
- Other Protestant 12
- Shinto 13
- Native American Church 14
- Traditional Native American 15
- Christian (nondenominational or not specified) 16
- Some other group (**Please describe**) 99

v. _____

E13b. How long have you been a member of your religion? + + +
[Use age in years for whole life] Years Months Weeks Days

Please answer the next questions using yes or no.

E13c. Do you . . . Yes No

- 1. consider yourself to be a good member of your religion? 1 0
- 2. regularly attend services or ceremonies? 1 0

E13d. Do you consider your religious or spiritual beliefs to ... Yes No

- 1. be very strong? 1 0
- 2. be very important to you? 1 0
- 3. often influence your decisions? 1 0

E13e. Is it important for your friends to share your religious or spiritual beliefs? Yes No
 1 0

Please answer the next questions using number of days.

- RERI E14. **During the past 90 days**, on how many **days** have you been Days
 ** to a formal activity where...
- a. no one was using alcohol or other drugs?
- b. people were using alcohol or other drugs?

Please answer the next questions using yes or no.

- GSI E15a. Are you **satisfied** with... Yes No
1. where you are living?..... 1 0
2. your family relationships?..... 1 0
3. your sexual or marital relationships?..... 1 0
4. your school and work situations?..... 1 0
5. how you spend your free time?..... 1 0
6. the extent to which you are coping with or getting help with your problems?..... 1 0

Using **Card E...**

- AGHS E16. How **soon**, if at all, do you need (more) help with issues related to your **current** environment, living situation or sexual orientation? (Would you say...) **(Circle one)**
- Right away..... 4
- In the next 3 months..... 3
- More than 3 months from now..... 2
- Getting the help I need already..... 1 **[GO TO L3]**
- Do not need any help..... 0 **[GO TO L3]**

Please answer the next questions using yes or no.

- E16a. Do you **currently** want (more) help with... Yes No
1. your housing?..... 1 0
2. parenting or children you are living with or see regularly?..... 1 0
3. people with whom you live, work, go to school or socialize?..... 1 0
4. how you spend your free time and get social support?..... 1 0
5. people you have been avoiding, or arguing or fighting with?..... 1 0
6. people who have or might attack or abuse you physically, sexually or emotionally?..... 1 0
7. how you handle arguments?..... 1 0
8. issues related to sexual orientation, attractions, or gender identity?..... 1 0
9. anything else related to your environment or social situation or coping? **(Please describe)**..... 1 0
- v. _____

<i>For Staff Use Only</i>	
AGUR	E17. Urgency Rating [EUR]: NO <input type="checkbox"/> 0 ALREADY <input type="checkbox"/> 1 GT 3 MO <input type="checkbox"/> 2 0-3 MON <input type="checkbox"/> 3 NOW <input type="checkbox"/> 4
AGDM*	E18. DM Rating [EDM]: NONE <input type="checkbox"/> 0 SOME <input type="checkbox"/> 1 MISUNDER <input type="checkbox"/> 2 DENIAL <input type="checkbox"/> 3 MISREP <input type="checkbox"/> 4

L. Legal (Civil and Criminal)

This section deals with the legal system and behaviors that may get you into trouble or be against the law. Recall that your answers here are 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 that you did anything you thought might get you in trouble or be against the law besides using alcohol or other drugs? (Circle one)
- Within the past two days 6
 - 3 to 7 days ago 5
 - 1 to 4 weeks ago 4
 - 1 to 3 months ago 3
 - 4 to 12 months ago 2 [GO TO L4m]
 - More than 12 months ago 1 [GO TO L4m]
 - Never 0 [GO TO L4m]

Please answer the next questions using number of times.

- L3am. **During the past 90 days**, how many **times** have you... Times
- | | | |
|-------------------|---|--|
| GCS/
PCS
** | 1. purposely damaged or destroyed property that did not belong to you? | |
| | 2. bought, received, possessed or sold any stolen goods? | |
| | 3. passed bad checks, forged or altered a prescription, or took money from an employer? | |
| | 4. taken something from a store without paying for it? | |
| | 5. other than from a store, taken money or property that didn't belong to you? | |
| | 6. broken into a house or building to steal something or just to look around? | |
| | 7. taken a car that didn't belong to you? | |
| GCS/
ICS
** | 8. used a weapon, force, or strong-arm methods to get money or things from a person? | |
| | 9. hit someone or got into a physical fight? | |
| | 10. hurt someone badly enough they needed bandages or a doctor? | |
| | 11. used a knife or gun or some other thing (like a club) to get something from a person? | |
| | 12. made someone have sex with you by force when they did not want to have sex? | |
| | 13. been involved in the death or murder of another person (including accidents)? | |
| | 14. intentionally set a building, car or other property on fire? | |

(continued)

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

GCS/
DCS
**

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

Please answer the next questions using number of days.

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

- | | | |
|--|--|-------------|
| | | <u>Days</u> |
| | 18. been a member of a gang?..... | |
| | 19. gambled illegally?..... | |
| | 99. done something else, other than drug use, that would have gotten you into trouble with the police if they had known about it? (Please describe) | |
| | v. _____ | |

Please answer the next questions using number of days.

IAS
**

- | | | |
|--|--|--------------------------|
| | | <u>Days</u> |
| | L3d. During the past 90 days , on how many days were you involved in any activities you thought might get you into trouble or be against the law, besides drug use?..... | [IF 0, GO TO L4m] |
| | 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?..... | |
| | f. in order to obtain alcohol or other drugs?..... | |
| | g. while you were high or drunk?..... | |

Please answer the next questions using number of times.

- | | | |
|--|---|--------------|
| | L4m. During the past 90 days , about how many tickets have you gotten for minor traffic violations? Do not include any that led to an arrest. | |
| | | <u>Times</u> |

[If 18 or older, enter 0 in L4am.]

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

Your last assessment was on _____ or about _____ ago.

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

- | | | |
|---|--|--------------|
| * | L5_s. Since your last assessment , how many times have you been arrested and charged with a crime ? Please include all the times this happened, even if you were then released or the charges were dropped..... | |
| | | <u>Times</u> |

Using **Card A...**

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

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

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? **(Circle 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 number of days.

- a-f. **During the past 90 days**, how many **days** have you been... Days
- a. on probation?.....

--	--
 - b. on parole?.....

--	--
 - c. in jail or prison?.....

--	--
 - d. on house arrest?.....

--	--
 - e. on electronic monitoring?.....

--	--
 - f. in juvenile detention?.....

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

--	--

h. Are you **currently** in jail, prison or detention?.....

<u>Yes</u>	<u>No</u>
1	0

[IF NO, GO TO L7]

j. How much longer do you think you will be there?

	+		+		+	
Years		Months		Weeks		Days

[Use 99 years for rest of life]

Please answer the next questions using yes or no.

**

L7.	Are you currently involved with the criminal justice system in any of the following ways?	<u>Yes</u>	<u>No</u>
1.	Awaiting a trial	1	0
2.	Awaiting sentencing	1	0
3.	Out on bail or released on own recognizance (ROR) or word	1	0
4.	On probation	1	0
5.	In jail or prison	1	0
6.	On treatment release, work release or school release	1	0
7.	On parole	1	0
8.	In detention	1	0
9.	Assigned to a sentencing alternative or treatment program (TASC)	1	0
10.	Under house arrest	1	0
11.	Under other forms of court supervision	1	0
12.	Awaiting charges	1	0
99.	Any other involvement in the criminal justice system (Please describe)	1	0
v.	_____		

Using Card E...

AGHS L10.	How soon , if at all, do you need (more) help with your current legal situation? (Would you say...?)	(Circle one)	
	Right away	4	
	In the next 3 months	3	
	More than 3 months from now	2	
	Getting the help I need already	1	[GO TO V1]
	Do not need any help	0	[GO TO V1]

Please answer the next questions using yes or no.

L10a.	Do you currently want (more) help with...	<u>Yes</u>	<u>No</u>
1.	civil justice proceedings?	1	0
2.	being involved in illegal activities?	1	0
3.	criminal justice proceedings?	1	0
4.	making arrangements with a probation officer, parole officer or other officer of the court?	1	0
5.	child custody case?	1	0
99.	anything else related to your legal situation? (Please describe)	1	0
v.	_____		

For Staff Use Only

AGUR	L11. Urgency Rating [LUR]: NO <input type="checkbox"/> ₀ ALREADY <input type="checkbox"/> ₁ GT 3 MO <input type="checkbox"/> ₂ 0-3 MON <input type="checkbox"/> ₃ NOW <input type="checkbox"/> ₄
AGDM*	L12. DM Rating [LDM]: NONE <input type="checkbox"/> ₀ SOME <input type="checkbox"/> ₁ MISUNDER <input type="checkbox"/> ₂ DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄

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: You can use 12 for high school, 16 for a BA/BS and 17 for graduate school or more than 4 years of college) Grade

V1a. Have you **ever** received any special education classes or services or gone to any alternative school programs?..... Yes 1 No 0 [IF NO, GO TO V1b]

[If Yes, what kind of services or program did you go to?]

- v1. _____
- v2. _____
- v3. _____

V1b. During your **last** year in school, what was your average grade? (Clarify and code)

- A- to A+ 4
- B- to B+ 3
- C- to C+ 2
- D- to D+ 1
- F 0
- Mixed/Other (Please describe) 99
- v. _____

** V2_s. **Since your last assessment**, what kinds of diplomas, degrees, certificates or licenses have you received? (Any others?)
 [If none, circle all 0's]

	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/trade certificate	1	0
8. Trade license apprenticeship	1	0
99. Other degrees or licenses (Please describe)	1	0
v. _____		

Using **Card A...**

TAS	V3.	When was the last time you were in any kind of school or training program?	(Circle one)
*		Within the past two days	6
		3 to 7 days ago	5
		1 to 4 weeks ago	4
		1 to 3 months ago	3
		4 to 12 months ago	2 [GO TO V6]
		More than 12 months ago	1 [GO TO V6]
		Never	0 [GO TO V6]

Please answer the next questions using yes or no.

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

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

TAS	V3.	During the past 90 days , on how many...	<u>Days</u>
*	k.	days did you go to any kind of school or training?	<input type="text"/> <input type="text"/> [IF 0, GO TO V6]
*	m.	days did you go to school or training full time?	<input type="text"/> <input type="text"/>
*	n.	days did you miss school or training for any reason?	<input type="text"/> <input type="text"/>
*	p.	days did you get in trouble at school or training for any reason?	<input type="text"/> <input type="text"/>
*	q.	days were you suspended from school or training for any reason?	<input type="text"/> <input type="text"/>
*	r.	times did you get expelled from school or training?	<input type="text"/> <input type="text"/> Times
	s.	Where (do/did) you go to school?	
	v.	_____	

Using **Card A...**

EmAS V6.	When was the last time you worked at a civilian job or were self-employed?	(Circle one)
*	Within the past two days	6
	3 to 7 days ago.....	5
	1 to 4 weeks ago.....	4
	1 to 3 months ago.....	3
	4 to 12 months ago.....	2 [GO TO V7]
	More than 12 months ago.....	1 [GO TO V7]
	Never	0 [GO TO V7]

Please answer the next questions using yes or no.

EmPI V6.	During the past 90 days , have you...	<u>Yes</u>	<u>No</u>
	am. done badly at work or done worse at work?.....	1	0
	bm. come in late or left early from your work?.....	1	0
	cm. gotten sick at work?.....	1	0
	dm. gotten hurt or injured at work?.....	1	0
	em. gotten into a fight or trouble at work?.....	1	0
	fm. been absent 5 or more days from work for any reason?.....	1	0
	hm. skipped or cut your work just because you didn't want to be there?.....	1	0
	jm. been fired, laid off or told not to come in to work?.....	1	0

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

EmAS V6.	During the past 90 days , how many...	<u>Days</u>
	(NOTE: 5 days per week in 90 days is equal to 64 working days.)	
*	k. days did you work for money at a job or in a business?.....	<input type="text"/> <input type="text"/> [IF 0, GO TO V7]
*	m. days did you work full time (7 or more hours per day)?.....	<input type="text"/> <input type="text"/>
*	n. days did you miss work for any reason?.....	<input type="text"/> <input type="text"/>
*	p. days did you get in trouble at work for any reason?.....	<input type="text"/> <input type="text"/>
*	q. days were you suspended from work for any reason?.....	<input type="text"/> <input type="text"/>
*	r. times did you get fired from work?.....	<input type="text"/> <input type="text"/> Times
	s. Where (do/did) you go to work?	
	v. _____	

**

V7. Which of the following statements best describes your **present** work or school situation? **(If more than one applies, code the one engaged in most often.)**

(Clarify and code)

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

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

Using **Card A...**

- FIS V8. When was the **last** time, if ever, you had any money problems, including arguing about money or not having enough for food or housing? **(Circle one)**
- Within the past two days..... 6
 - 3 to 7 days ago..... 5
 - 1 to 4 weeks ago..... 4
 - 1 to 3 months ago..... 3
 - 4 to 12 months ago..... 2 **[GO TO V9]**
 - More than 12 months ago..... 1 **[GO TO V9]**
 - Never..... 0 **[GO TO V9]**

Please answer the next questions using yes or no.

- FPI V8. **During the past 90 days**, have you...
- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| am. run out of money for food or transportation?..... | 1 | 0 |
| bm. run out of money for housing?..... | 1 | 0 |
| cm. spent half or more of your income on housing and utilities?..... | 1 | 0 |
| dm. not counting a home or car loan, owed people more than what you make in two months?..... | 1 | 0 |
| em. not had enough money to pay all your bills on time?..... | 1 | 0 |
| fm. been 120 days or more behind on a bill?..... | 1 | 0 |
| gm. spent money that was needed for bills on alcohol, drugs, gambling or some other way on yourself?..... | 1 | 0 |
| hm. had to borrow money from another family member or close friend for food, rent or utilities?..... | 1 | 0 |
| jm. had to use a food bank, soup kitchen or emergency shelter?..... | 1 | 0 |
| km. argued regularly with other people in your family or household about money?..... | 1 | 0 |

Please answer the next question using number of days.

- FIS m. **During the past 90 days**, on how many **days** have you had any money problems, including arguing about money or not having enough for food or housing?..... 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? **(Circle one)**
- Within the past two days 6
 - 3 to 7 days ago 5
 - 1 to 4 weeks ago 4
 - 1 to 3 months ago 3
 - 4 to 12 months ago 2 [GO TO V10]
 - More than 12 months ago 1 [GO TO V10]
 - Never 0 [GO TO V10]

Please answer the next questions using yes or no.

- PGI V9. **During the past 90 days**, have you...
- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| am. spent a lot of time thinking or talking about your gambling? | 1 | 0 |
| bm. needed to gamble more often or in larger amounts to get the same enjoyment or high? | 1 | 0 |
| cm. tried to cut back on your gambling? | 1 | 0 |
| dm. had a hard time staying still or got mad when you could not gamble? | 1 | 0 |
| em. gambled to get away from your problems or to feel better? | 1 | 0 |
| fm. tried to win back your losses by going back another day? | 1 | 0 |
| gm. lied about how much time you spent gambling or about how much you lost? | 1 | 0 |
| hm. paid for your gambling with bad checks, someone else's money or with something that did not belong to you? | 1 | 0 |
| jm. lost or had problems at home, work, school, or with your friends because of your gambling? | 1 | 0 |
| km. borrowed or gotten money from others to pay for your gambling? | 1 | 0 |

Please answer the next question using number of days.

- FIS * m. **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 (including child
support, allowance or alimony). 7
- Gambling (including a loss). 8
- Hustling, dealing or other illegal activities. 9
- Unemployment compensation. 10
- Some other source. **(Please describe)** 99

v. _____

Using **Card A...**

V10a. When was the **last** time, if ever, you received Temporary Assistance for Needy Families (TANF, formerly AFDC)?

(Circle one)

- Within the past two days..... 6 **[RECORD 1 IN V10b]**
- 3 to 7 days ago..... 5 **[RECORD 1 IN V10b]**
- 1 to 4 weeks ago..... 4
- 1 to 3 months ago..... 3
- 4 to 12 months ago..... 2
- More than 12 months ago..... 1
- Never..... 0 **[GO TO V11]**

V10b. Are you still receiving TANF benefits? Yes No
 (If no, can you tell me why you stopped receiving benefits?) 1 0 **[IF 1, GO TO V11]**
(Record verbatim and then code reason below.)

b1v. _____

<i>For Staff Use Only: Reason Code</i>			
b1.	Benefits expire	1	Other change in eligibility..... 4
	Got a job.....	2	Technical violation (missed appointment, paperwork)..... 5
	Change in custody.....	3	Other (Please describe above in b1v)..... 99

Using **Card E...**

- AGHS V12. How **soon**, if at all, do you need help with your school, work or financial situation? (Would you say...) **(Circle one)**
- Right away 4
 - In the next 3 months 3
 - More than 3 months from now 2
 - Getting the help I need already 1 **[GO TO NEXT PAGE]**
 - Do not need any help 0 **[GO TO NEXT PAGE]**

Please answer the next questions using yes or no.

- V12a. Do you **currently** want (more) help with...
- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. going to training or school? | 1 | 0 |
| 2. getting a school loan or getting out of default on a school loan? ... | 1 | 0 |
| 3. getting a (better) job? | 1 | 0 |
| 4. getting or keeping public or private benefits? | 1 | 0 |
| 5. managing your financial situation? | 1 | 0 |
| 6. gambling? | 1 | 0 |
| 7. identification? (social security card) | 1 | 0 |
| 8. childcare while in work or school? | 1 | 0 |
| 99. anything else related to your school, work or financial situation? (Please describe) | 1 | 0 |
| v. _____ | | |

<i>For Staff Use Only</i>	
AGUR	V13. Urgency Rating [VUR]: NO <input type="checkbox"/> 0 ALREADY <input type="checkbox"/> 1 GT 3 MO <input type="checkbox"/> 2 0-3 MON <input type="checkbox"/> 3 NOW <input type="checkbox"/> 4
AGDM*	V14. DM Rating [VDM]: NONE <input type="checkbox"/> 0 SOME <input type="checkbox"/> 1 MISUNDER <input type="checkbox"/> 2 DENIAL <input type="checkbox"/> 3 MISREP <input type="checkbox"/> 4

CG. CSAT GPRA Supplement

(for use with GAIN-I version 5.5)

The following supplemental questions are being collected to support reporting requirements of our funder (the Center for Substance Abuse Treatment under the Government Performance and Results Act. The OMB No. is 0930-0208 with an expiration date of 1/31/2007. Comments can be directed to the SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857.)

Are you required or do you want to do the GPRA module?

No 0 **[IF 0, GO TO Z1]**
 Required (intake, 3 or 6 month interview) 1
 Using for module for discharge interview (at the time of 9
 or 12 month interview) 2
 Other optional 99

Client Type: Treatment Client 1
(A client who is receiving substance abuse treatment by your agency and these treatment services are being funded by CSAT grant award.)
 Client in Recovery 2
(A client who is receiving support services through your agency, and these recovery support services are being funded by CSAT grant award.)

[IF NO PAST MONTH ALCOHOL USE (S2a<4), GO TO CGS2]

Earlier you reported using **alcohol** in the past month.

CGS1. During the past 30 days, how many days did you drink...

- a. Any kind of alcohol (such as beer, gin, rum, scotch, tequila, wine,
 whiskey, or mixed drinks)? Days
 b. 5 or more drinks of alcohol? Days
 c. 4 or less drinks of alcohol but still felt like you got high? Days

[IF NO PAST MONTH DRUG USE (S2c-r ALL<4), GO TO CGS2a]

Earlier you reported using marijuana, cocaine, heroin or other drugs in the past month.

CGS2. During the past 30 days, how many days did you use illegal
 drugs? Days

[IF CGS1a = 0 or skipped OR CGS2 = 0 or skipped, GO TO CGS4]

Earlier you reported using both alcohol and other drugs in the past month.

(Note: number of days cannot exceed value of CGS1a or CGS2, whichever is smaller.)

CGS3. In the past 30 days, how many days have you used both alcohol
 and drugs (on the same day)? Days

<p>[IF NO PAST MONTH DRUG USE (S2c-r ALL<4), GO TO CGS2a]</p> <p>CGS4. Now we are going to go over your drug use in the past 30 days. The following questions will ask how many days you used a particular drug and the most severe route in which you used it. The types of route from lowest to highest severity are Oral, Nasal, Smoking, Intra-muscular injection, and IV.</p>	<p>In the past 30 days, how many days have you used...</p> <p>Days</p>	r. What was the most severe route in which you used it?				
		Oral	Nasal	Smoking	Intra-muscular injection	IV
<p>[IF NO PAST MONTH MARIJUANA USE (S2c<4), GO TO CGS4b]</p> <p>a. Marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)?</p>	<input type="text"/>	1	2	3	4	5
<p>[IF NO PAST MONTH COCAINE USE (S2d-e BOTH <4), GO TO CGS4c]</p> <p>b. Crack and/or other forms of cocaine?</p>	<input type="text"/>	1	2	3	4	5
<p>[IF NO PAST MONTH INHALANT USE (S2f<4), GO TO CGS4d]</p> <p>c. Inhalants?</p>	<input type="text"/>	1	2	3	4	5
<p>[IF NO PAST MONTH HEROIN USE (S2g<4), GO TO CGS4e]</p> <p>d. Heroin?</p>	<input type="text"/>	1	2	3	4	5
<p>[IF NO PAST MONTH NON-PRESCRIPTION METHADONE USE (S2h<4), GO TO CGS4f]</p> <p>e. Non-prescription methadone?</p>	<input type="text"/>	1	2	3	4	5
<p>[IF NO PAST MONTH OPIOID USE (S2j<4), GO TO CGS4g]</p>						
<p>f1. Morphine? [IF 0, GO TO f2]</p>	<input type="text"/>	1	2	3	4	5
<p>f2. Diluadid? [IF 0, GO TO f3]</p>	<input type="text"/>	1	2	3	4	5
<p>f3. Demerol? [IF 0, GO TO f4]</p>	<input type="text"/>	1	2	3	4	5
<p>f4. Percocet? [IF 0, GO TO f5]</p>	<input type="text"/>	1	2	3	4	5
<p>f5. Darvon? [IF 0, GO TO f6]</p>	<input type="text"/>	1	2	3	4	5
<p>f6. Codeine? [IF 0, GO TO f7]</p>	<input type="text"/>	1	2	3	4	5
<p>f7. Tylenol 2, 3, 4? [IF 0, GO TO f8]</p>	<input type="text"/>	1	2	3	4	5
<p>f8. Oxycontin/Oxycodone? [IF 0, GO TO CGS4g]</p>	<input type="text"/>	1	2	3	4	5

(CGS4. Continued)	In the past 30 days, how many days have you used...	r. What was the most severe route in which you used it?				
		Days	Oral	Nasal	Smoking	Intra-muscular injection
[IF NO PAST MONTH PCP, CLUB OR PHARMACEUTICAL DRUG USE (S2k-q<4), GO TO CGS4h]						
g1. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline? [IF 0, GO TO g2]	<input type="text"/>	1	2	3	4	5
g2. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)? [IF 0, GO TO g3]	<input type="text"/>	1	2	3	4	5
g3. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol - also known as roofies, roche, and cope)? [IF 0, GO TO g4]	<input type="text"/>	1	2	3	4	5
g4. Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal)? [IF 0, GO TO g5]	<input type="text"/>	1	2	3	4	5
g5. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)? [IF 0, GO TO g6]	<input type="text"/>	1	2	3	4	5
g6. Ketamine (known as Special K or Vitamin K)? [IF 0, GO TO g7]	<input type="text"/>	1	2	3	4	5
g7. Other tranquilizers, downers, sedatives or hypnotics? [IF 0, GO TO CGS4h]	<input type="text"/>	1	2	3	4	5
h. [IF NO PAST MONTH OTHER DRUG USE (S2r<4), GO TO CGS2a] Other illegal drugs? Please describe v. _____	<input type="text"/>	1	2	3	4	5

Using CARD G, please answer the next questions using “not at all, somewhat, considerably or extremely.”				
CGS2. During the past 30 days ...	Not at all	Somewhat	Considerably	Extremely

CGS2a. how **stressful** have things been for you because of your use of alcohol or other drugs? 0 1 2 3

CGS2b. how much has your use of alcohol or other drugs caused you to **reduce or give up important activities**? 0 1 2 3

CGS2c. how much has your use of alcohol and other drugs caused you to have **emotional problems**? 0 1 2 3

[IF NO PAST MONTH NEEDLE USE (R1<4 AND ALL ROUTES IN CGS4a-h <4), GO TO CGF3.]

Earlier you reported needle use in the past month.

- CGB4. During the past 30 days, how often did you use a syringe, cooker, cotton or water that someone else used? Would you say...
- Always 1
 - Frequently 2
 - Half the time 3
 - Sometimes 4
 - Never 5

[IF NO PAST MONTH SEXUAL ACTIVITY (R2<4), GO TO CGF4.]

Earlier you reported having sex in the past month.

- CGF3. During the past 30 days, how many
- a. sexual contacts (vaginal, oral or anal) did you have? [] [] [] [IF 0, GO TO CGF4]
 - b. unprotected sexual contacts did you have? [] [] [] [IF 0, GO TO CGF4]
- How many of these unprotected sexual contacts were with an individual who is or was...
- c. 1. HIV positive or has AIDS? [] [] []
 - 2. an injection drug user? [] [] []
 - 3. high on some substance? [] [] []

- CGF4. In the past 30 days, not due to your use of alcohol or drugs, on how many days have you...
- a. experienced serious depression? [] [] []
 - b. experienced serious anxiety or tension? [] [] []
 - c. experienced hallucinations? [] [] []
 - d. experienced trouble understanding, concentrating or remembering? [] [] []
 - e. experienced trouble controlling violent behavior? [] [] []
 - f. attempted suicide? [] [] []

[IF CGF4a-f ALL =0 AND M5h1 =0 or skipped, GO TO CGC1]

- CGF4_a. How much have you been bothered by these psychological or emotional problems in the past 30 days? Would you say...
- Not at all? 1
 - Slightly? 2
 - Moderately? 3
 - Considerably? 4
 - Extremely? 5

- CGC1. In the past 30 days, where have you been living most of the time?
- Shelter (safe havens, TLC, low demand facilities, reception centers, other temporary day or evening facility) 1
 - Street/outdoors (sidewalk, doorway, park, public or abandoned building) 2
 - Institution (hospital, nursing home, jail/prison) 3
 - Own/rent apartment, room or house 41
 - Someone else's apartment, room or house 42
 - Halfway house 43
 - Residential treatment 44
 - Other housed (**Please describe**) 99
- v. _____

[IF NO CHILDREN (E4=0), GO TO CGD1]

- | | <u>Yes</u> | <u>No</u> | |
|--|------------|-----------|----------------------------|
| CGC6b. Are any of your children living with someone else due to a child protection court order? | 1 | 0 | [IF NO, GO TO CGD1] |
| CGC6c. How many of your children are living with someone else due to a child protection court order? | | | |
| CGC6d. For how many of your children have you lost parental rights? [<i>The client's parental rights were terminated.</i>] | | | |

[IF NO PAST MONTH SCHOOL (V3<4 AND V7 < 8 or 9), GO TO CGD3]

Earlier you reported going to or being enrolled in a school or training program in the past month.

- CGD1. Are you currently enrolled in school or a job training program?
(IF ENROLLED: Is that full time or part time?)
- Not enrolled 1
 - Enrolled, full time 2
 - Enrolled, part time 3
 - Other (**Please describe**) 99
- v. _____

CGD3. Are you currently employed? (Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work.)

- Employed full time (35+ hours per week, or would have been) 1
- Employed part time 2
- Unemployed, looking for work 3
- Unemployed, disabled 4
- Unemployed, volunteer work 5
- Unemployed, retired 6
- Unemployed, not looking for work 7
- Other (**Please describe**) 99

v. _____

For the following question, please include your drug use, (if **UNDER 21**: alcohol use), and any other activities you thought might be against the law.

CGE4. In the past 30 days, how many times have you committed a crime, including any illegal (alcohol or) drug use?

CGG. In the past 30 days, how many times have you attended...

1. Any voluntary self-help groups for recovery that were **not** affiliated with a religious or faith-based organization, such as Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women of Sobriety, etc.? Times
2. Any **religious or faith affiliated** recovery self-help groups? Times
3. Meetings of organizations that support recovery other than the organizations described above? Times

CGG4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery? Yes No
1 0

CGG5. To whom do you turn when you are having trouble?
(Select only one)

- No One 1
- Clergy Member 2
- Family Member 3
- Friends 4
- Other (**Please describe**) 99

v. _____

For Staff Use Only GPRA Records Management

CGIM1.	What is the follow-up status of the client?		
	Deceased at time of due date	1	
	Completed interview within GPRA window	11	
	Completed interview outside GPRA window	12	
	Located, but refused, unspecified	21	
	Located, but unable to gain institutional access	22	
	Located, but otherwise unable to gain access	23	
	Located, but withdrawn from project	24	
	Unable to locate, moved	31	
	Unable to locate, other (specify)	32	
	v. _____		
CGIM2.	Is the client still receiving services from your program?	<u>Yes</u>	<u>No</u>
		1	0
CGTM.	How many additional minutes did you spend on the supplement CSAT GPRA questions?		
	a. With the participant	<input type="text"/>	minutes
	b. Answering additional staff questions for records	<input type="text"/>	minutes

Z. End

Thank you! That is all of the questions we have for you at this time. Please write down the time below. If you went straight through, we will figure out how many minutes you took. If you took a break(s), please make sure you write in about how many minutes total it took you to do this assessment.

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

- ** Z2. Are there any other special issues we need to know about to help you or help you come to treatment? Do you have any additional comments or questions?
- v1. _____
- v2. _____
- v3. _____
- v4. _____

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

<i>For Staff Use Only (Optional)</i>		
Z3. Once we have answered any of your questions and gone over the assessment with you, we will ask you to sign and date this form below.		
Person	Signature	Date (mm/dd/yyyy)
a. Client/Patient: _____	_____	_____
b. Counselor: _____	_____	_____
c. Clinical Supervisor: _____	_____	_____
d. Medical Staff: _____	_____	_____
e. Other: _____	_____	_____

For Staff Use ONLY

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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 below or at least say where we can find them.

a. What was the primary mode of administration (MOA)? (Circle all that apply)		
	<u>Yes</u>	<u>No</u>
1. Self-Administered (SA).....	1	0
2. Self-Administered with sound files (SAS)	1	0
3. Orally Administered by staff (ORS).....	1	0
4. Orally Administered by others (ORA).....	1	0
5. Done with Pen and Paper (PAP).....	1	0
6. Done on Computer (COMP)	1	0
7. Done on Telephone (TEL).....	1	0
99. Other (OTH) (Please describe)	1	0
v. _____		
b. What was the primary language in which it was conducted (LNG)?		
English (ENG)	1	
Spanish (SPN)	2	
Other (OTH) (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	

**

<i>For Staff Use ONLY</i>		
e.	Was there any evidence of the following observed participant behaviors (OPB)?	
		<u>Yes</u> <u>No</u>
	1. Depressed or withdrawn (DEP)	1 0
	2. Violent or hostile (VIO)	1 0
	3. Anxious or nervous (ANX)	1 0
	4. Bored or impatient (BOR)	1 0
	5. Intoxicated or high (INT)	1 0
	6. In withdrawal (WIT)	1 0
	7. Distracted (DIS)	1 0
	8. Cooperative (COP)	1 0
f.	Did the individual's appearance suggest ...(APP)	
	No problems/none (NO)	0
	Poor hygiene? (PH)	1
	Unkempt appearance? (UNK)	2
	Inadequate clothing? (INA)	3
	Not applicable? (NA)	4
g.	What was the participant's location during the assessment? (LOC)	
	Treatment unit (Tx)	1
	Specialized intake unit (INT)	2
	Correctional setting (COR)	3
	School (SCH)	4
	Employment or work setting (EMP)	5
	Home (HOM)	6
	Probation or Parole Office (PPO)	7
	Welfare or Child Protection Agency (WCP)	8
	Research Office or Setting (RES)	11
	Other (OTH) (Please describe)	99
v.		
g1-5.	Were there any problems providing a quiet, private environment? (PRI)	
		<u>Yes</u> <u>No</u>
	1. Noise or other frequent distractions (DIS)	1 0
	2. Divided attention or frequent interruptions (DIV)	1 0
	3. Other people present or within earshot (EAR)	1 0
	4. Police, guards, social workers or other officials present (OFF)	1 0
	5. Speaker or telephone call monitoring (MON)	1 0

Yes No

** XSS1. Do you want to enter additional special study information? 1 0 [IF NO, END]

<i>For Staff Use ONLY (Optional Special Study Detail)</i>					
XSS. Special Study Number:			Name: v.		
aa.		ba.		ca.	
ab.		bb.		cb.	
ac.		bc.		cc.	
ad.		bd.		cd.	
ae.		be.		ce.	
af.		bf.		cf.	
ag.		bg.		cg.	
ah.		bh.		ch.	
aj.		bj.		cj.	
ak.		bk.		ck.	
am.		bm.		cm.	
an.		bn.		cn.	
ap.		bp.		cp.	
aq.		bq.		cq.	
ar.		br.		cr.	
as.		bs.		cs.	
at.		bt.		ct.	
au.		bu.		cu.	
av.		bv.		cv.	
aw.		bw.		cw.	
ax.		bx.		cx.	
ay.		by.		cy.	
az.		bz.		cz.	