

# GAIN

---

## Global Appraisal of Individual Needs: Frequently Asked Questions (FAQ)

Version 5

August 2008

Edited by  
Janet C. Titus, Ph.D.  
Joan I. Unsicker, M.S.  
Michelle K. White, M.S.  
Michael L. Dennis, Ph.D.  
Tim Feeney, M.A.  
Chestnut Health Systems  
448 Wylie Drive  
Normal IL 61761-0078  
GAINInfo@chestnut.org

**This document was prepared under Center for Substance Abuse Treatment grant no. TI 11320 and contract no. 270-98-7047. The questions and answers build on work and issues raised by many clinicians and researchers without whom this document would not be possible. In addition, the Quality Assurance staff at Chestnut Health Systems has made a tremendous contribution to the content and clarity of this document. We would like to thank them all for their assistance.**

## **Frequently Asked Questions about the GAIN**

Below are the FAQs for the GAIN-I and GAIN-M90. The first several pages consist of general questions, followed by questions related to individual GAIN items. Answers can be found by looking up specific items, which appear in the same order as on the GAIN, or by doing a text search (ctrl + F) of the pdf version of this document.

- If the first keyword you try on a text search doesn't work, try using synonyms. For instance, if you want to look up information on hallucinogens, you can do a text search for "hallucinogen," "mushroom," "acid," or other related terms.
- Searching for short fragments of a keyword will also help find words that might otherwise be missed. For example, searching for "hallucinogen" would bring up only that word, but searching for the fragment "hallucin" could bring up "hallucinogen," "hallucinogens," "hallucinogenic," "hallucinate," "hallucination," "hallucinogen," "hallucinatory," "hallucinoses," and related forms of those words.
- If you can't remember a GAIN item number, you can search by words in the item text or words related to that item.
- Some items may not have their own FAQ but may be answered as part of other items. For instance, item S9p does not have its own entry but is instead covered under a question about item S3c. If you can't find an FAQ related to a certain item number, do a text search for that item in case it's addressed elsewhere.

The most current version of the FAQs, which is updated periodically, is located at <http://www.chestnut.org/LI/gain/index.html#Administration%20Manual>.

### **General Questions**

#### **Administrative ratings**

- Q: For XDIAG (the Optional Supplemental Diagnostic Impressions), if there are more diagnoses than space allows for, where should the additional diagnoses be recorded?
- A: In the notes field. In ABS or on the hard copy notes are recorded in item XADMj, "Additional comments about the administration."

#### **Clarifying response format**

- Q: For items that ask for the participant to respond with a number of days out of the past 90, what should I do if the participant answers, "Every day"?
- A: Check what "every day" means for the participant. For instance, does the adolescent mean every day for the past 3 months? Every day during the week but not on weekends? And so on. For example, "So 'every day' as in every day of every week for the full 90 days?" If this is correct, record "90." If not, clarify further and code.

#### **Data sharing agreements**

- Q: Does a data sharing agreement end on the last day of the grant for a site? The DSA paperwork has a start date but no end date.

A: The data sharing agreement does not expire, so there is no need for an end date. The DSA lasts through the life of your grant. If you decide to continue using the GAIN outside the grant and if you update your GAIN license to reflect your site's status, you will be able to use your current DSA to submit data to the GCC.

### **Denial-Misrepresentation Ratings (Items B11, S12, P15, R9, M8, E18, L12, V14)**

Q: What justifies a Denial-Misrepresentation rating other than NONE?

A: The DM ratings reflect the interviewer's impression of how much participants appear to be estimating, misunderstanding, denying, or misrepresenting the responses they give. These ratings are used as flags for clinicians because they communicate pressing problem areas, and they can be used to guide treatment planning. As purely subjective, qualitative ratings, there are no quantitative rules for assigning them—they simply represent interviewer opinion based on observation. Some guidelines:

- NONE is used when the interviewer observes no guessing, estimation, misunderstanding, denial, or misrepresentation in the participant's responses.
- SOME is used when the participant does some guessing or estimation when answering.
- MISUNDER is reserved for when the participant appears to misunderstand some questions, and the interviewer's attempts to clarify the responses are unsuccessful.
- DENIAL is used when the participant does not appear to recognize the actual severity of the problem or does not see their responsibility for the problem, even though at times they may acknowledge specific behaviors or service utilization.
- MISREP is used when the participant appears to be intentionally providing an inaccurate report or lying; for example, over- or underreporting a problem history or intervention history.

Some interviewers have had trouble with the DENIAL and MISREP ratings, so here are some guidelines. Examples of what would warrant a rating of DENIAL would be a participant saying he had no alcohol or other drug problems but endorsing multiple past-month symptoms of abuse/dependence in the S9 grid. Another example would be if a participant said that she had no health problems, even though she has been to the emergency room three times in the past 90 days. It might also be someone saying that she has never done anything against the law, even though she then reports a dozen arrests. Note that DENIAL may also include instances in which someone does not see or understand how a set of problems are related; does not see causation between actions and outcomes; or does not recognize an abstract class of problems, such as psychological problems.

By contrast, MISREP implies that you believe the participant is actively concealing information or lying. Examples would include a participant saying that he has not used cocaine, but you know that he has tested positive for coke. A rating of MISREP would be appropriate for a participant who says that he has engaged in no illegal activities or had any involvement with the law, yet you know that he is on probation. It may also include cases where you do not have a hard confirmation that the participant is lying, but their story simply does not add up. However, keep in mind that outright misrepresentation of answers or denial of problems appears to occur only 3 to 5 percent of the time, so assigning a rating of DENIAL or MISREP should be rare.

If the interviewer observes a variety of response styles that would warrant more than one DM rating for a section of the GAIN, the interviewer should choose the most prevalent rating for that section and write a note near the rating and in the Administration section at the end of the assessment to alert the clinician of the multiple response styles observed.

In summary, the ratings can be thought of like this:

**NONE:** The participant shows no signs of guessing, estimating, misunderstanding, denying, or misrepresenting.

**SOME:** The participant understands the questions but has to estimate the answer.

**MISUNDER:** The participant doesn't understand the questions even after the interviewer attempts to clarify them.

**DENIAL:** The participant understands the questions but doesn't see their problem.

**MISREP:** The participant understands the questions and sees the problem but doesn't want the interviewer to see the problem.

### **Fractions**

Q: Can fractions, like "half a beer" or "a quarter hour," be recorded on the GAIN?

A: No. Only whole numbers should be documented on the hard copy, and ABS will accept only whole numbers for data entry. If the participant responds with something other than a whole number, the response should be clarified by telling the participant that the answer can be recorded only in whole numbers. The response can then be rounded up to the next whole number. For example, for item S2a3, "Over how many hours did you do this?" if the participant responds, "Half an hour," the correct way to code the response would be to clarify the answer with the participant, and then, if necessary, explain that you're going to enter "1" (rounded up from half an hour to one whole hour). Similarly, if participants respond that they earned a dollar amount (V11a-q) of \$200.50, the correct documentation would be \$201 because only whole dollar amounts can be recorded for these items.

### **Functional assessments**

Q: Which GAIN items provide functional assessment information, that is, ask about how well a participant is getting along in life?

A: The GAIN contains a wide range of functional assessment items. There are past-year and past-90-day measures of functioning at school (item V3) and work (V6) as well as financial information (V8/V9). The health problem index in the P3 items provides a subjective rating (How would you rate your health...?) and a functional assessment (Does your health limit your ability to do light activities like bending, lifting...?) and checks other health issues (such as pain and bleeding). The past-90-day health (P9), mental health (M1), and substance use (S2) measures include specific questions about the extent to which problems in the respective area keeps participants from meeting their responsibilities at home, school, or work. The cognitive-impairment scale (A2, the Check for Cognitive Impairment) looks at the extent to which a participant is currently able to place themselves in space and time.

### **Group homes, child care institutions, and foster homes**

Q: What is the distinction between group homes, child care institutions, and foster homes?

A: A group home or child care institution is a supervised residential facility for people with mental illnesses, children who are not in foster homes, or other people who are unable to live on their own for some reason. Notice that in the GAIN a distinction is often made between foster homes and group homes or child care institutions. If an item asks about time spent in a foster home, for a subsequent item regarding group homes or child care institutions the participant should not include the time spent in foster care.

### **Identifiers**

Q: What information should be removed from the hard copy before sending it anywhere (like to the GAIN Coordinating Center for QA review)?

A: Everything that could identify the participant, other than the participant's participant ID number: full name (cover page and Z3); drivers license number (B8a); full names of anyone who referred the participant to treatment (A4b); even names of anyone whom the participant considers a source of social support (E12d). If it's a full name, it should be removed. (First names only are okay.)

### **Inconsistencies**

Q: Should inconsistencies be pointed out to the participant?

A: If it seems to be just that the participant simply spaced out, such as a participant from corrections reporting that he has never been arrested, you can repeat the question. Similarly, if it is an unequivocal inconsistency within the same question sequence, such as a participant reporting no lifetime cocaine use but then reporting cocaine use on 15 of the preceding 90 days, check the prior answer with the participant and revise. If it is inconsistent from questions several pages or sections earlier, ask the participant about the inconsistency in a way that does not provoke defensiveness: "Oh, I think I got confused a few items back. Didn't you say...?" However, be sure to make a note of the inconsistency and give it to the counselor. Often, apparent inconsistencies reveal complicated situations or things that the participant is trying to cover up, so they are very important to review carefully.

### **Legal concerns**

Q: There are concerns that the GAIN, if completed by a detention facility, during booking, or in some other way that would allow participants' responses to end up in their files, could be used against a participant by the court. How should we handle this potential problem?

A: If it's possible that a judge or probation officer will see a participant's responses, you have to let participants know that the information might be shared. That fact can have an effect on how they answer the questions, of course, but the GAIN's legal questions are designed to be useless in court (they don't ask about specific events or people). Admittedly, the participant's responses can bias people's judgment, so you should negotiate with the court or other facility in advance about how the information will or won't be used, and you should present that agreement to the participant. If you're doing research or a program evaluation, you can get a certificate of confidentiality (referred to in the introduction of the GAIN) blocking the courts from seeing or using the participant's responses.

### **Local, Regional, and National Trainers**

Q: What is the difference between a Local Trainer and a Regional Trainer?

A: Local Trainers and Regional Trainers are similar, but there are a few key differences in scope. A Local Trainer can train only within their specific site or agency, while a Regional Trainer can train at any licensed GAIN agency within their designated region. Regional Trainers are usually chosen and sponsored by a state or region to become a trainer, and they conduct trainings within their specified region. Regional Trainers typically do not train as consultants for the GCC.

Q: What is the difference between a Regional Trainer and a National Trainer?

A: A Regional Trainer has similar duties as a Local Trainer, but the scope of their trainings is larger. Regional Trainers are usually chosen and sponsored by a state or region to become a trainer, and they conduct trainings within their specified region. Regional Trainers typically do not train as consultants for the GCC. A National Trainer is invited by the GCC training team to work on a consultant basis on GCC-sponsored GAIN trainings.

Q: Do you have to attend a GCC training in order to become a GAIN Local Trainer?

A: In most cases, yes. Most Local Trainers are trained at GCC-sponsored GAIN trainings and work directly with the GCC to attain this level of certification. However, a certified National Trainer who is also a certified GAIN National QA Reviewer can, on a very limited basis and with permission from the GCC, train GAIN Local Trainers.

### **Long lists of responses**

Q: Do you have to read the entire list of responses before the participant can answer? For instance, item B2b, “Who currently has legal custody of you?” is followed by nine response choices.

A: No—if the participant gives a readily codeable answer, simply code it. You could also tell the participant to let you know when you’ve read the best-fitting response, making any clarifications as necessary.

### **Long lists of symptoms**

Q: Do you have to read the entire list of symptoms before the participant can answer? For example, for item M1b1 (During the past 12 months, have you had significant problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?) do you have to read all the symptoms before the participant can answer?

A: If the participant says “Yes” before you finish reading the all the symptoms, go ahead and circle 1, since the participant has already endorsed the item. However, if the participant interrupts you and says “No” before you finish reading the list of symptoms, diplomatically tell the participant that you need to read the list of symptoms to the end of the sentence.

### **Lying**

Q: What do you do if you know that the participant is lying?

A: First, make sure that at the beginning of the interview you explain the use of the data as detailed in the introduction to the GAIN (“How private is this?” and “Will you share this with anyone?”). If you have done this and you believe the participant is lying, don’t

confront your suspicions directly, such as by saying, “I know that you’re lying.” Rather, remind the participant about the use of the data and its confidential nature. If that doesn’t work, record your suspicions in the Denial-Misrepresentation (DM) area at the end of each pertinent GAIN section. Also record your suspicions in the Administrative comments section (XADMj), making note of any specific areas of concern (e.g., lying in the substance abuse section, lying about risk behaviors, lying throughout, etc.).

### **MENTIONED items**

A: What does “MENTIONED” mean next to some items?

Q: This item asks “Who have you lived with?” during the past 12 months. MENTIONED means that the interviewer can circle those responses mentioned directly by the participant. This saves the interviewer from having to read each response choice. Before moving on to the next item, be sure to ask whether they lived with anyone else during the past year.

### **Misrepresentation**

Q: Some participants figure out that if they answer “No” to every item, they can get through the interview faster. If we allow them to do this, our data is inaccurate and there’s no point in going through the interview. How do we prevent people from answering “No” to everything?

A: There are several strategies to combat this problem:

- One strategy is to not let the participant see the assessment itself. Smart participants realize what the skips do, so they’ll try to give as many answers as they can to skip items. If they don’t see the skip instructions, they may not know what will trigger the skip, so you can block their view of the assessment or hold it at an angle that makes it difficult to see the skips.
- If you know something about the client and you know that they’re under-reporting, you may want to express your confusion between what you do know (like why they’re at your agency in the first place) and what they’re telling you or if what they’re reporting seems unlikely given your experience.
- It’s also useful to tell participants ahead of time what information you have (e.g., from parent, probation officer, urine test results) so that you can prompt them if they start telling you something inconsistent. This is useful because they won’t get the impression that you’re trying to somehow catch them in a lie or trip them up.
- If you’re going to do a drug screen, you can do it before beginning the Substance Use section. If the participant knows that you already have the results of their drug test, they’ll be inclined to give honest answers.
- Helping participants understand how you’re going to use their information (to plan treatment and services) may help as well. Explain that you’re not asking the questions arbitrarily but because their answers will help them in specific areas of their treatment.
- If you do feel that a participant is underreporting, you should be sure to code the applicable sections as MISREP in the DM ratings and record your concerns in XADMj (Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment?) in the administrative ratings at the end of the assessment. The Diagnostic Worksheet at the end of the

GAIN can also be used to enter anything that you think won't be captured by the participant's answers, and interviewers should remember to use margin notes to record any concerns that would be helpful for the person interpreting the participant's responses to know.

- Finally, be aware that there are limits to self-reported information, and information from other sources should always be considered when making final planning decisions.

### **Multiple administrations**

Q: Sometimes we administer the GAIN over more than one day. How do we document this?

A: At the end of the first day of administration, record the administration time in item Z1d. Then, at the end of the second day (or however many days are required to finish the assessment), document the following in XADMh1a-d at the end of the GAIN:

- Final revision date: date of last sitting.
- Total breaks across all sessions: total number of breaks taken for all sessions.
- Total number of minutes: total number of minutes spent on the assessment across all days of administration.
- Staff ID: ID of the staff person who finishes the interview.

### **Parachuting**

Q: What is parachuting?

A: Parachuting is a method of taking drugs by wrapping and crushing pills in a piece of paper towel, toilet paper, or tissue paper and swallowing the wad. The belief is that crushing the pills makes the drug dissolve quicker and increases the surface area, thereby acting faster and more efficiently, and swallowing them in a paper product helps avoid any bad taste and the effects of saliva on the drugs.

### **“Past 90 days” stem and anchoring 90 days ago when follow-ups are not 90 days apart (M90)**

Q: Many of the GAIN-M90 items refer to events that have happened “in the past 90 days.” Given that the target dates for follow-up interviews are typically 90 days apart (3 months, 6 months, 9 months), the stem works great *if* we schedule our follow-ups right on the target date. Sometimes, though, the follow-ups are not scheduled exactly at 90 days. Sometimes they are scheduled a week or so after the 90-day point, and sometimes they are scheduled a week or so before. In one case a participant's 3-month interview was a month and a half late and his 6-month interview was right on time, meaning that there were only 45 days between the two interviews.

If we stick with using the stem “in the past 90 days” and use the date 90 days ago as the anchor point on the calendar, the current interview (and the information it collects) will overlap with the previous interview. Or, if the current follow-up takes place subsequent to the 90-day window, we will miss events that happened right after the participant's previous interview. In these situations what should we use as the reference date (to anchor the past 90 days on the calendar) and what should we say in the stem that we present to the participants?

A: This situation has caused much discussion and we have had to refine our answer several times to address the many nuances of multiple-wave follow-ups.

In truth, there is no good answer. If we stick with the stem as written (past 90 days) when there is a substantially shorter or longer period than 90 days between interviews, either we will get overlapping information (the time periods we ask about will overlap) or we will miss some information (not all days in the time period will be covered), so we end up having to assume that the resulting rates are representative of the 90-day time period. If we use the time period since the last interview for our stem, all participant responses would have to be adjusted for the observed time periods, which could vary considerably across interviews. Obviously, the best thing to do is to try to complete the follow-up interview as close to the target date as possible and avoid this problem.

However, given that this problem will occur, we recommend the simplest solution: a) stick with the item stems as written, no matter the amount of time since the last interview, and use “the past 90 days” as written in the items; b) if the follow-up is administered within one week of the target date, use the date of the last interview as the anchor when anchoring “the past 90 days” on the calendar; if the follow-up is administered outside of the +/- 7-day window, use the date 90 days ago as the anchor point on the calendar and be sure to get the participant to identify some salient anchoring event at that time, just as you do at an initial interview.

### **Poppers definition**

Q: What are poppers?

A: Poppers are amyl nitrite, a liquid that comes in plastic or glass vials covered with netting to prevent the pieces from flying when the vial is broken. The name comes from the sound heard when the vial is cracked open to release the vapor within. Although the user inhales it, the *DSM-IV-TR* classifies it as an “other” drug, not an inhalant. Because it dilates blood vessels, amyl nitrite originally was used to relieve heart pains associated with angina. For the illicit user, the decrease in blood pressure and accelerated pulse causes blood flow to the brain to decrease, so the user experiences a faint feeling or rush. Poppers have emerged on the club drug and rave scenes because of their affordability and the perception that they are harmless.

### **Reference time period (M90)**

Q: We have a participant who has been here at our agency for the past 90 days. He was sent to residential right after randomization. Do we pose his M90 questions for the period prior to being incarcerated in a controlled environment? If not, the questions do not make sense to him.

A: No, M90 questions are always asked in relation to the preceding 90 days (see FAQ above, “Past 90 days’ stem and anchoring 90 days ago when follow-ups are not 90 days apart”). If the participant has been in a controlled environment, then there should be a lot of 0s and skip-outs in the Substance Use section. Do not change the reference period because the people analyzing the information would have no way of knowing that you did, and they could interpret the answers as heavy use while in inpatient.

### **Repeating the stem**

Q: Do you have to keep repeating the stem for a list of grouped items? For example, “During the past 12 months” appears before many questions—do we have to repeat it every time?

A: No, only if there has been an interruption (like someone coming into the room or a side conversation) or for clarification. We suggest repeating the stem every few sub-items just to remind the participant of the appropriate time frame or other information in the stem.

### **Response choices**

Q: Two of the response choices from Card A are “1 to 3 months ago” and “4 to 12 months ago.” Two of the responses from Card B are “Past month” and “2 to 12 months ago.” How do we code a response that falls between those time frames? For instance, what if for a Card A item the participant says that she last used 3 and a half months ago, or for a Card B item the participant says that he last used six weeks ago?

A: Round up. For Card A, anything more than 3 months is coded as “4 to 12 months.” For Card B, anything that falls between the past month and 2 to 12 months ago is rounded up to “2 to 12 months.”

### **Snooting**

Q: What is snooting?

A: Snooting is a term used in some regions to describe the action of crushing pills and snorting the powder. Snooting would be coded under inhalation for items in the GAIN.

### **Staff notes**

Q: Many of the answers in this FAQ instruct interviewers to make a staff note if anything unusual occurs. What do staff notes do?

A: Staff notes provide extra facts or explanations about a particular assessment. Not everything about an interview or about a participant’s circumstances can be recorded by the preset questions on the GAIN, so staff notes allow an interviewer to record any additional information that may be important to the participant’s treatment planning, and they also help explain items that may appear inconsistent or otherwise doubtful but which can be explained. All of this additional information appears as part of the participant’s report and can be edited into the G-RRS.

### **Substance Use section**

Q: Is it necessary to ask all questions pertaining to substance use if the participant reports no substance use? Won’t asking so many questions early in the interview that don’t apply to them cause the participant to become resistant or uncooperative later in the interview?

A: Yes, it is necessary to ask all of the questions that the participant does not skip out of even if you think you know how the participant will answer. The GAIN asks items in subtly different ways to check for consistency and minimize under-reporting. If an interviewer sees signs that the participant is becoming bored or agitated, encouraging statements such as, “I know some of these questions may not apply, but I have to ask you all of them” or “Thanks for hanging in there with me” can be offered to maintain engagement.

Keep in mind that a lot of areas are skipped if participants say that they have never used. Examples: (a) the second and third pages of the S2 grid are skipped if the participant reports no substance use in the past 90 days; (b) if participant say for S2s1a that they have gone all 90 of the preceding 90 days without using alcohol and drugs, the GAIN skips to S2x; (c) if the participant’s answer to S3b is no, all of the withdrawal symptoms are

skipped; and (d) if none of the abuse or dependence criteria in S9h-u is met, the S9 grid is skipped.

### **Tobacco**

Q: Why isn't tobacco included in the substance use section?

A: Tobacco use and dependence are not sufficient for admission to alcohol and other drug treatment programs. We have kept them in a separate section to avoid confusion when asking questions about "any use." We do, however, measure them in the Risk Behaviors section and report tobacco use or dependence in the five-axis diagnosis.

### **Trespassing**

Q: Where would trespassing fit under the descriptions of various offenses in the Legal section?

A: Trespassing would go under "Status or other offenses" (L5a99, L5d99), unless breaking and entering was involved, which would be coded under "Burglary or breaking and entering" (L5a6, L5d6).

### **Triple Cs**

Q: What are triple Cs?

A: Triple Cs are Coricidin HBP Cough & Cold tablets, an over-the-counter cold medicine. One of its active ingredients is dextromethorphan, or DXM, a dissociative anesthetic that at low doses is used as a cough suppressant and at high doses can be used recreationally as a psychedelic. In Substance Use section items, triple C use is coded under "Other."

### **Urgency Ratings (Items B10, S11, P14, R8, M7, E17, L11, V13) (M90)**

Q: By the time participants complete the M90, they are often no longer in treatment. Should we treat the UR ratings on the M90 as if they were on a GAIN-I even though the information may not be used for any treatment that they're currently getting?

A: Yes, the ratings should be done with regard to the need for more treatment or for readmission to treatment. Here we want to document the extent to which some still appear to need more substance abuse treatment or other services.

### **Verbatim fields and Notes fields in ABS**

Q: For verbatim lines or to add comments in ABS, how much space is there in both fields to record any additional information?

A: For verbatim fields, there is space for 40 characters. Any text longer than that has to be entered into the Notes field. Click on Notes and continue writing the comments—there is no limit to the amount of text that you can enter in this field, and it can be printed out in a separate document.

Q: In many cases when administering an assessment via paper and pen, I jot down a lot of side information and notes. How can I make sure that all of this information gets entered?

A: When writing notes, please make sure it is very clear which item the note refers. Circle the notes if you want them to be keyed into ABS.

## **Youths under 12 years**

**Q:** Can the GAIN family of assessments be administered reliably to youths under the age of 12 years?

**A:** We have limited experience administering the GAIN to adolescents aged 12-13 and have only anecdotal experience administering the GAIN to anyone younger than 12. Unfortunately, the same is true of almost every other measure in this field. The GAIN is designed for use with adults and adolescents who are developmentally age 12 or older. In practice it works well with people who have an 8th grade or higher level of education. However, the items often require further explanation or assistance with children under age 15, as well as to people out of touch with reality (such as delusional or unable to place themselves in space and time) or who have developmental delays or other severe cognitive deficits.

For the GAIN or any other measure that you decide to use with children under age 12, it is important to consider a) collecting an abbreviated version (e.g., GAIN-Q), b) collecting a parent or other collateral report, c) using an interviewer experienced in working with the age group, and d) interviewer- (vs. self-) administering the questionnaire so that you can watch for confusion and be prepared to explain key concepts. The demand characteristics and risk of the kids trying to hide their ignorance (or not even being aware of it themselves) suggests the need for close monitoring (e.g., taped assessment) and supervision.

## **Questions on Specific GAIN-I Items**

### **Cover page**

**Q:** How do we use the Local Site Name (XSITEa) field? What is its purpose?

**A:** The Local Site name field is used for a secondary site ID, i.e., for a site with multiple facilities or a special study or other reporting system. The field represents the actual place at which the assessment takes place, such as the participant's home, the treatment location, or other location.

Let's say your agency has two locations: one called Agency North and the other called Agency South. You would want to establish a way to distinguish at which site the assessment was completed. To do that, you would identify two different Local Site Names, each up to six digits in length. As an example, for Agency North the Local Site Name [XSITEa] could be 100 and the XSITEa for Agency South could be 200. That way, when the data is entered into ABS, you will know exactly at which location the assessment was completed. The same would apply if you had two site locations and each location was using the GAIN but participating in two different research studies. In order to identify the difference you would again make up a Local Site Name to identify each location.

If you have only one location at which the assessment will be completed, the XSITEa field would be left blank.

**Q:** What is the optional field XPIDA? It is in the format of a Social Security number.

**A:** It is for a Social Security number or another local study or program ID.

- Q: Above the Edit Date is a verbatim line. What is it for?  
A: For a comment about an observation wave that does not match a traditional intake (0) or follow-up (3-, 6-, or 9-month, etc.) format.

### **Cover page, XFRSTDT (M90)**

- Q: Should this be the actual interview date or the reference date (if there is one) for when the next interview due date is based on the reference date?  
A: The XFRSTDT date should be the actual date of the first interview.

### **Item A1d – Reference Date**

- Q: What does “Reference Date if Different” mean?  
A: In some studies the GAIN is done up to a week after the participant starts treatment, but the questions in the instrument cover the 90 days prior to the day on which that he came to treatment (the intake date; in this case, the reference date). If the reference date (intake date and the day from which you will count back 90 days or a year) is different from the date of the assessment, record the reference date in the appropriate space.

### **Item A2c – Check for Cognitive Impairment**

- Q: For the item in the Check for Cognitive Impairment that asks, “About what time is it?” how far off does the participant have to be before we count it as an error?  
A: If the participant is off by more than 1 hour, count it as an error.

### **Item A2e – Check for Cognitive Impairment**

- Q: For the item that has participants recite the days of the week in reverse order, which day should they start with?  
A: Participants can start with any of the seven days. Whichever one they choose, listen carefully to be sure that they include all of the days in the correct reverse order.

### **Item A2f – Check for Cognitive Impairment**

- Q: For the item where participants are asked to repeat the name and address, do they have to do it in order? For instance, sometimes participants will say, “John Brown, Mark Street, Detroit—and oh yeah, 42,” so they get all the pieces but not in the correct order. Does getting all the pieces but not in the correct order count for full credit?  
A: Yes, it counts. It also counts if they make a mistake but then correct it themselves.
- Q: How do we count “Mark Street,” which has two words between the slashes instead of one?  
A: If the participant misses either “Mark” or “Street,” it counts as one error, but note that if the participant misses both words, it still counts as only one error because both words are considered part of the same segment of the phrase. Each missed segment counts as one error: John / Brown / 42 / Mark Street / Detroit.
- Q: What do we do if a participant is unable to repeat the “John Brown” phrase correctly the first time we say it to them (when it is introduced)? Do we repeat it again? What if they still don’t repeat it correctly? How many times can we repeat it for them initially?  
A: If the participant repeats the phrase incorrectly by changing a word (say, “Jim Brown” or

“32 Mark Street”), then use the phrase he came up with as the one to test on. However, if the participant cannot repeat the equivalent of the entire phrase after you say it, then yes, repeat the phrase. The goal is to get the participant to say the entire phrase (or its equivalent) once on his own, so if you have to repeat it for him, do so. If he still gets it incorrect, repeat it up to three times. If he cannot say the sentence after three repetitions, this is a major problem. It might be a language processing disorder, but such a person is nevertheless unlikely to be able to fully respond to the assessments or the treatments we have to offer. Still, complete the rest of the Test for Cognitive Impairment and see if he has other problems.

Participants can get every part of the “John Brown” test incorrect and score 10, which means that they’re likely borderline for experiencing cognitive impairment. If they do proceed with the assessment, watch out for a) a history of inhalant abuse (there may be permanent brain damage); b) recent (past 3-4 days) PCP use or chronic PCP-induced cognitive dysfunction (history of intellectual deterioration related to heavy PCP use in most people or less intense PCP use in particularly susceptible individuals); or c) cannabis- and alcohol-related memory deficits.

### **Items A3b1-3 – Initial literacy questions**

- Q: If we decided in advance to administer the GAIN to a participant (rather than have him self-administer), do we still have to ask the literacy questions?
- A: Yes. These questions indicate not just the participant’s level of literacy but their level of general comprehension. Depending on their responses to the literacy questions, you may have to be prepared to take the interview somewhat slower than usual and give additional, simple explanations for many items.

### **Item A3b2**

- Q: Adolescents will not necessarily understand the item that asks, “Do you have any problems writing English in something like a job application or resume?” since some of them may have never worked. How do we deal with this?
- A: Change the example to “something like a school assignment.”

### **Item A4a – Presenting Concerns**

- Q: This item asks for only the main reason that the participant is coming to treatment. Suppose that the participant gives more than one reason. How do we know which is the most salient?
- A: Ask the participant which reason is the most important and code that one.
- Q: For item A4a, do we write in the top three reasons that the participant is coming to treatment?
- A: The item asks for only the *main* reason that the participant is coming to treatment, not the top three reasons. The three lines are there to give the interviewer enough room to write. Also, don’t forget to circle the code that corresponds to the reason.
- Q: Once we obtain the verbatim reasons for why the participant is coming to treatment, do we then ask the participant to code the reasons from the list provided?

A: No. The interviewer codes the most salient reason from the list at the bottom of the page. The verbatim and coded information should be consistent (or at least overlap).

#### **Item A4d**

Q: For the referral code item, suppose the participant says that he was referred by a friend. Should it be coded as 19 (Other individual) or 99 (Other)?

A: Use 19 (Other individual).

Q: Suppose the participant says that “both parents” referred him to treatment. How do we code this?

A: You could ask which parent is pushing the most and then record the correct code. However, you could also preserve the actual response by entering “99” for the referral code and recording “Both parents” in item A4c.

Q: What should be coded when participants say that they were referred to treatment by a school counselor?

A: A school counselor could be coded under “Behavioral health provider” (22) but could also be coded under “Social worker” (13). It’s also possible that participants might say that the school referred them to treatment, in which case “School” (25) would be coded. The most accurate answer depends on whether the counselor works for the school directly or is contracted through a social work agency or behavioral-healthcare provider. The response should be clarified to the best of the participant’s knowledge and then coded accordingly.

#### **Item B2b**

Q: Regarding item B2b (Who currently has legal custody of you?), there is a difference between legal custody and legal guardianship. Legal custody is whom the participant lives with, while legal guardianship is who makes the participant’s decisions. Sometimes they can be different for the same kid. We were assuming that what was intended was legal guardianship (who has the power to make the participant’s decisions). Is this accurate?

A: Yes—given that distinction, item B2b refers to legal guardianship.

Q: For the item about legal custody, do we have to read all the responses if the participant gives a codeable answer right away?

A: This is an example of a clarify and code item. The interviewer doesn’t have to read all of the response choices but can instead get an answer from the participant and match that answer to the most applicable response choice (with clarification from the participant, if necessary).

Q: The issue of legal custody is troublesome because a) juveniles may not know their legal custody status; b) juveniles may not understand the term “legal custody” (as opposed to physical custody); c) their status may be in limbo because judges sometimes defer a decision pending admission to treatment; and d) a juvenile might feel that there is a stigma attached to being a ward of the court, among other possibilities. In these instances, the adolescent’s self-report often contradicts what we find in our review of the adolescent’s records. What should we do with contradictory information like this?

A: The legal-custody items (B2b), insurance items (B5-B5b), and family income (V11s) are all items for which we often rely on family or other collateral reports. For these items it's acceptable to record what the staff believes to be the most valid answers and not rely solely on the adolescent's self-report. Continue to get responses for these items from the participant, but if you have specific data, you should rely primarily on that.

Q: Suppose an adolescent participant answers that her biological parent and stepparent have custody of her. Should this be coded as 1 (parents living together) or 99 (some other situation)?

A: Technically, this item taps legal guardianship: who makes decisions for the participant. Clarify with the participant to make sure she understands that this item gets at decision-making rights rather than whom she currently lives with. If she answers that both have the legal right to make her decisions, code it as 1, "parents living together." If only one has the legal right to make her decisions, code it under 3, "a single parent." If the participant is not sure, record it under 99, "some other situation," and write an explanation in the verbatim field.

### **Item B2d**

Q: "During the past 90 days, on how many days were you in any other kind of group home or child care institution?" Is this question meant to include days spent in juvenile detention? What about days spent in an adolescent psychiatric ward?

A: No to both. Days in juvenile detention are recorded in item L6f and days in an adolescent psychiatric ward are recorded in item M5g. For item B2d, record days spent in a home for foster kids who are problem placements but who are not specifically in trouble with the law. Days spent in specific placements are generally recorded in separate places. One exception is for item E2f, where all kinds of controlled environments are covered.

### **Items B2e-j**

Q: What if the adolescent has not lived with either biological or adopted parents? Do we still ask the question about biological/adopted parents or change the question to be in reference to their caretaker (e.g., aunt, grandmother)? Also, if they have lived with several different people, none of whom are the biological/adopted parents, how do we handle that question?

A: The question is in relation to their parents (biological or adopted). If they have not been involved with them the answers would all be no.

### **Items B2f, E14a-b (formal activities)**

Q: Item B2f asks, "During the past 12 months, have you gone with your parents to an organized activity or event?" What counts as an organized activity?

A: If a participant feels that something was a formal activity in their household, count it. In many ways it depends on the situation: simply hanging around watching TV isn't an organized activity, but a family movie night at home could be. Or if hanging around and watching TV happens infrequently and the participant considers it to be a notable event in his life (like spending quality time with their parents), it could count as well. The intent is to measure how involved the parents are in their child's life, so if an adolescent felt that an

activity is a bit more structured and should count, go ahead and count it.

### **Item B2j**

Q: “During the past year, have you done any of the following things with your biological or adopted parents? Had them meet with a teacher, social worker, lawyer, court official or police officer about you.” Does this item mean that the adolescent arranged or asked that the parent meet with a teacher, social worker, lawyer, court official, or police officer? Or does it mean that the parent met with any of those people but not necessarily that the adolescent arranged it?

A: The latter—did it happen at all.

### **Item B3a**

Q: Item B3a asks, “Which races, ethnicities, nationalities or tribes best describe you?” Most of the response choices are races, however, with a few Latin American nationalities broken out. What should we do when a participant reports a nationality instead of a race?

A: This item is looking specifically for racial groups, as indicated by the instruction following the question that reads, “Please select at least one race.” If a participant reports a nationality but no race, you should clarify by explaining the difference between a race and a nationality. The *American Heritage Dictionary of the English Language* (4th ed., 2000) defines race as “a local geographic or global human population distinguished as a more or less distinct group by genetically transmitted physical characteristics.” Nationality, on the other hand, is “the status of belonging to a particular nation by origin, birth, or naturalization.” If the participant insists on answering with only a nationality, code the nationality under “other” (99). FYI: the race and nationality categories on the GAIN are the same used on the U.S. census.

Q: Do Indian (not Native American) and Arabic fit into an existing race or ethnicity category? If not, how should they be coded?

A: There are several races and ethnicities that the U.S. government does not recognize on the census, and Indian and Arabic are two examples. Therefore, they should be coded as 99 (Some other group) and described in the verbatim field.

Q: I recently had a participant who reported being Mexican. I coded B3a5b in the MENTIONED list, but should I have coded B3a5 (Hispanic, Latino, or Chicano) as well?

A: Yes. If the participant reports being Puerto Rican, Mexican, Cuban, Dominican, or other Central or South American, code the corresponding item under B3a5 but be sure to also code B3a5 itself.

Q: For B3a (Which races, ethnicities, nationalities, or tribes best describe you?), if the participant reports that they are Hispanic, should the interviewer probe to find out whether one of the subcategories under “Hispanic, Latino, or Chicano” also applies?

A: Yes. The interviewer should mark one of the subcategories (Puerto Rican, Mexican, Cuban, Dominican, etc.) each time it is mentioned by the participant. If the participant mentions a culture that isn’t covered by B3a5a-g, B3a5z (Other Hispanic, Latino, or Chicago) should be marked “Yes” and the culture documented on the B3a verbatim lines.

### **Items B4, B4j**

- Q: We have a number of clients who do not feel under pressure to be in treatment because they are coming voluntarily. However, often their treatment has been mandated by the criminal justice system. If clients have been mandated to go to treatment (item B4j), should item B4 (Are you currently under pressure to come to or stay in treatment from...) also record that they are under pressure from the source that mandated the treatment?
- A: It would be a good idea to clarify the participant's responses, but if the participant prefers to respond that they don't feel pressured to go to treatment even though they've been mandated to do so, the interviewer should record the participant's response and make a staff note describing the situation.

### **Item B4e**

- Q: "Are you currently under pressure to come to or stay in treatment from...?" Suppose the adolescent answers no to B4e (your church or close friend?), but then for B4h (any other source?) reports that his girlfriend pressured him to come to treatment. Would "girlfriend" stay on line B4h or should it be coded in B4e or even in B4f (your spouse, partner, or family)?
- A: That's a close call that could go either way. Leave it as is since a girlfriend can mean a pretty wide range of relationships to an adolescent, not all of which carry the significance of a close friend or partner.

### **Item B7**

- Q: "How do you plan to get to this treatment program in the next 90 days?" is an awkward question for adolescents who have entered residential treatment. Any suggestions for quick clarification?
- A: If participants still seem confused but you know that they're going to be in residential treatment, it's acceptable to clarify by asking, "Are you going to be living at the treatment facility?" and then confirming that none of the other response choices apply. B7 is a "clarify and code" item, so you don't have to read all of the response choices to the participant.

### **Item B7, B7a**

- Q: When participants report for B7 that they will be living at the treatment center where the interview is conducted, should B7a (minutes to get to treatment) be 0, since they will be living right there at the center, or should it be the time it takes participants to get to the treatment center from home? Why does it matter?
- A: B7a should be how long it takes the participant to get to the treatment center from home. How long it takes the participant to get to treatment may impact parental participation and the effectiveness of aftercare.

### **Item S1a**

- Q: For S1a (Between alcohol, marijuana, cocaine, heroin, and any other drugs, which do you like to use the most?), what should be coded when participants name two different drugs as their favorites?
- A: Ask them to choose their single most favorite. If they cannot, then write down both and

code it as “Other” (99Z).

### **Item S1b**

- Q: If the participant says “None” (believes he doesn’t need treatment), do we write “None” and leave the code boxes blank?
- A: Write “None” and enter “0” in the code boxes.

### **Item S2**

- Q: For item S2, “1-3 months” is coded as “3” and “4-12 months” is coded as “4.” How do we code anything from 3.1 to 3.9 months? For instance, how do we code 95 days?
- A: Anything over 3 months (e.g., 3 months and 1 day) is coded as “4-12 months,” or choice 4.
- Q: For item S2 on the GAIN-I, an adolescent mentioned using “mini-thins.” This is ephedrine (an over-the-counter medicine to treat asthma). She also mentioned using caffeine pills (also called Vivarin or pick-me-ups). How should these be coded?
- A: Code them under “some other drug” (item S2r) and write in the names of the drugs.
- Q: The term “ecstasy” seems to be used for a number of different drugs: it shows up as both a stimulant and a sedative. Can you provide some clarification?
- A: Ecstasy/MDMA has the effects of a stimulant (though it is a mixture between a stimulant and a hallucinogen), but liquid ecstasy/GHB is a sedative. If a participant says only “Ecstasy,” you will need to clarify which type of ecstasy. If he doesn’t know, ask the participant for the drug’s effects. This should help you code it correctly.
- Q: Sometimes participants don’t know what drug class a particular drug belongs to, so when I ask about their use of acid or other hallucinogens, they look at me blankly, even after giving them the examples in the parentheses. What should I do?
- A: If a participant doesn’t know the drug classes of substances she has used, ask her about the effect of the drug. How did it make her feel? What happened after she used it? Using this information, try to identify which class to code it in. If it is still unclear how to code it (e.g., the participant says the effect of the drug “was like drinking six beers and smoking six joints”), write what the participant said in S2r (Any other drug that has not been mentioned) and move on.

### **S2 grid**

- Q: What should we do when a participant tests positive for something that they swear they didn’t use? In this case I have a client who was given a urinalysis and tested positive for PCP, after which she was recommended to us for an evaluation. She said that she didn’t know how she tested positive for PCP, that it must have gotten onto her cigarette or that something else she took was laced. (I’ve worked with her long enough that I believe her.) When I asked S2k (When was the last time, if ever, you used PCP or angel dust?) she answered, “Never” because in her mind, she never used the drug, even though she tested positive for it. Do I code “Never” or should I code the time frame when she tested positive (3-7 days ago)?

A: You should document the participant's response even if you have other documentation contradicting that response, but you should then write a note in the margin stating that she tested positive for PCP but doesn't know how she was exposed to it. You can also make note of it for item XADMj (Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment?) at the end of the assessment. If you documented what you thought to be true rather than what the participant told you, there would be no record of her conception of her own use, which is important for treatment planning, particularly motivational enhancement therapy. (There's also a chance that she may be in denial or trying to minimize her reported use.)

Q: Several of the trainers have been seeing clients smoking nutmeg, salvia, and marigolds (the plants) to get high. Doing so apparently results in psychedelic effects. Where would these be classified?

A: Code them under S2r (any other drug). All three substances have varying degrees of psychedelic effect, but all are weak and short lasting compared to any of the true hallucinogens.

Q: Where should diet pills be coded?

A: If the participant wasn't taking the pills as directed, code them under S2r (any other drug).

### **Items S2a, S2c**

Q: Early in the interview, the adolescent participant said he used only alcohol and marijuana, nothing else. Do I still have to ask about all the other drugs listed in this item?

A: Yes. This item is the first time in the assessment that you are getting information in a systematic way on the participant's drug use. Let the participant know that you need to ask about his use of any other drugs at any other time in his life. Once you have that information, you can shorten up other items and skip out of items that deal with other drug use.

### **Item S2c**

Q: Suppose a participant answers "1 to 3 months ago" for item S2c but then answers "Zero" when asked how many days he has used marijuana in the past 90 days. How should I question this sort of inconsistency?

A: Question it in a non-confrontational way and have the participant clarify. For example:

- "Zero days? Hmm, I must have recorded some information wrong on the previous question. On the item that says 'When was the last time you used marijuana?' you answered '1 to 3 months ago.' But on this item we just did, you said you haven't used any marijuana in the past 90 days. Can you help me out? Did I record something wrong?"
- "Oh, okay. But didn't you just say that you had used marijuana in the past 1-3 months? I just want to be sure I got it right—what would you like me to put down?"

### **Item S2f**

Q: What is an inhalant?

A: The GAIN uses the definition of inhalants recognized by *DSM-IV*, APA, and ASAM. In this clinical definition, inhalants are defined solely as inhaled petroleum-based products such as correction fluids, gasoline, glue, lighters, spray paints, or paint thinner. This is in contrast to the definition of inhalants recognized by NIDA. The NIDA epidemiological definition characterizes inhalants as a class of drugs that share one main characteristic: they are rarely, if ever, taken by any route other than inhalation. The NIDA definition includes more than petroleum-based products, such as sprays, nitrites, and poppers. One of the key reasons the clinical definition was chosen was the substances grouped by the clinical definition have relatively consistent pharmacological effects that are discrete from the larger, epidemiological class. Other drugs that happen to be inhaled but are not petroleum-based (such as amyl nitrite, cyclohexyl nitrite, butyl nitrite, nitrous oxide, ether, and poppers) should be coded as “Some other drug.” Inhaled (snorted) cocaine should be coded under “Other forms of cocaine.”

### **Item S2pb**

Q: What do you mean by “speed”?

A: Speed refers to different drugs, depending on geographic location. In this item, we are referring to stimulants like amphetamines prescription drugs like Biphedamine, Benzedrine, Dexedrine, Methedrine, or Ritalin. Note that if a participant reports using speed but then describes a form of methedrine (such as Desoxyn), it should be coded under S2pa, “methamphetamine, crystal, ice, glass, or other forms of methedrine,” instead of S2pb.

In some locations people will occasionally refer to taking over-the-counter caffeine pills, ephedrine pills, mini-thins, or asthma medication as speed. If this happens, code them as “Other” and check with the participant to see whether any of the above true stimulants were also used.

### **Item S2r**

Q: For item S2r (When was the last time, if ever, you used any other drug that has not been mentioned?), suppose the participant mentions having abused cough syrup and laughing gas (nitrous oxide) separately. I can write both drugs on the line, but how do I provide a rating for each one? There is only one rating scale.

A: Record both drugs on the verbatim line, but circle the code for only the drug that was used most recently. So if the participant in this example abused cough syrup 1-3 months ago and nitrous oxide 1+ years ago, you would circle “3” for 1-3 months ago. Also note that the code is associated with cough syrup.

### **S2 conversion chart**

Q: How many drinks are in a 40-ounce malt liquor?

A: There are more than 3 standard 12-ounce beers in a 40-ounce bottle, so round up to 4.

### **Item S2a2**

Q: For the “past 90 days” part of this item, we record in number of drinks rather than in number of ounces. Is one drink considered 8 ounces?

A: “One drink” depends on what is being consumed. One drink is equivalent to one shot, one mixed drink, one glass of wine, or one 12-ounce beer. If the participant is using 40-ounce

beers, that is equivalent to 4 drinks. If the participant reports an unusually high number of drinks in one sitting (like 20 or more), clarify with the participant, since it's unlikely that anyone but a late-stage alcoholic could have 20 or more drinks in one sitting.

- Q: For item S2a2 (What was the most drinks you had in one day?) how do we code a fifth of hard alcohol, like a fifth of vodka?
- A: A fifth is 26 ounces, so since a one-ounce shot is roughly equal to one drink, a fifth would equal 26 drinks. However, a fifth is difficult (even fatal) for all but late-stage alcoholics to consume in one sitting, unless that sitting takes place over many hours or a long day of drinking. More likely, when the participant reports drinking an entire fifth, they may be exaggerating the amount or there may be something else at work, so you should clarify the response. The goal is to try to quantify exactly how many drinks the participant actually consumed all by themselves. For instance, ask the participant probing questions like, "Was the bottle full when you started?" "Was the bottle empty when you finished?" "Did you share with anyone?" "Did you throw up any of it?" With the participant's help, try to narrow down exactly how many shots the participant really had and convert that to the standard number of drinks.

#### **Items S2a2, S2a4**

- Q: Suppose that a participant reports drinking 60 drinks in one day (item S2a2), but then says that he shared them with 5 other people (item S2a4), so he really drank only 4 all by himself. What should I record in item S2a2, that he drank 60 drinks or 4 drinks? And for item S2a4 should I say that he shared with 5 people (given an answer of 60 above) or with nobody (given an answer of 4)?
- A: If you can, reduce answers to the individual level (what the participant consumed all by himself). In this case, record 4 drinks (S2a2) shared with nobody else ("0" in S2a4). If the participant really doesn't know how much he consumed himself and you cannot reduce the number of drinks to the individual level, then report the gross amount consumed among the group (e.g., 60 drinks) and the total number of other people who shared it (e.g., 5). Note that for the total number of people who shared the alcohol, you would exclude the participant in the count. So in this case, the participant and 5 other people shared the alcohol, but "5" would be recorded in S2a4. Note that item S2a4 is not intended for recording the total number of people who happened to be in the room while alcohol use was going on—it is for the total number of other people who actually shared the alcohol—excluding the participant.

#### **Items S2a3, S2c3, S2d3, S2e3, S2f3, S2g3**

- Q: For these items we record the number of hours over which the participant used alcohol and other drugs. The issue here is that someone may drink or smoke for only a very short period of time but be high for hours. How do we record times that are so small? And should we record the duration of the effects instead?
- A: For times less than one hour, round up to one hour. Do not record the duration of time for the effects.

- Q: What if a participant reports using certain substances over one and a half hours? How should we round?
- A: Whenever the time reported is halfway between two values, round to the nearest even whole number. So if a participant reports one and a half hours, round to 2 hours. Otherwise, round to the closest whole value (e.g., 1 and a quarter hours would be 1 hour, 1 and three quarter hours would be 2 hours). Exception: If the value reported is less than 1 hour, round to 1 hour.

### **Item S2c2**

- Q: Suppose the participant reports smoking blunts, not joints. How do we code them?
- A: Ask the participant to estimate the number of joints in each blunt, then compute and record the total number of joints. If he cannot estimate, then use the conversion grid at the bottom of the S2 grid.

### **Item S2d2**

- Q: How much crack is in an eightball?
- A: One eightball = 1/8 oz. = 3.5 grams (14 quarters) = 32 rocks.

### **Item S2e2**

- Q: How do you convert two lines of cocaine into quarters (quarter grams)?
- A: Depending on the size of the lines, there are approximately 5-10 lines of cocaine in one quarter-gram. If the participant reports using two lines, this is definitely under one quarter-gram. Given that we can't report fractions of quarter grams, just round up and record one quarter-gram.

If the participant reports using five or fewer lines, record one quarter for item S2es, but also record the number of lines used in the Additional Comments section, item XADMj in the back of the instrument, as well as in the notes field for that item in ABS.

If the participant reports using six or more lines, try to get the participant to estimate the amount in quarters, similar to the way you ask participants to estimate the number of joints they had when they report using a blunt. If the participant still cannot estimate in quarters, leave the item blank and write the number of lines in the margin. Record this information in XADMj and in the notes field for that item in ABS. The data analytic staff will attempt to fill in the answer.

It is likely that if the participant reports using at least 10 lines, he knows how much he or someone else bought in terms of quarters.

### **Items S2s3, S2x3, S9h, P3g, P9, P9b, M1g**

- Q: A number of items in the Substance Use, Physical Health, and Mental Health sections ask about how often the participant's alcohol or other drug problems kept him from "meeting your responsibilities at work, school, or home." What are some concrete examples of "responsibilities at work, school, or home" that we could offer?
- A: Examples of "responsibilities at work" include arriving on time, getting your work done, adequately performing your assigned work tasks, and staying for the entire scheduled time. Examples of "responsibilities at school" include arriving on time, paying attention, participating in class, getting your in-school work done, and staying for the entire

scheduled time. “Responsibilities at home” vary somewhat by age level. For adolescents, these might include getting your homework done, completing assigned household tasks or chores, or watching younger siblings. For adults, examples include completing household tasks, caring for children, paying bills on time, or preparing meals.

### **Item S2t6**

Q: What is a shooting gallery?

A: A shooting gallery is a slang term for a place used by addicts to shoot heroin, similar to a crack house or opium den. Shooting galleries are often abandoned buildings but can also be functioning buildings, private residences, or public spaces.

### **Item S2u9**

Q: For item S2u9 (During the past 90 days, did you use alcohol or other drugs with a drug dealer or pusher?) kids typically answer “No” even though friends with whom they use sell drugs. They don’t think of their friends as drug dealers or pushers. Should interviewers clarify that further with the kids, asking them whether they use with the people they buy from (their drug-dealing/pushing friends), and then code accordingly?

A: No. By dealers we’re talking more about the high-end dealers, the people who actively support themselves and their habits by dealing to larger numbers of people or in larger quantities. It does not refer to friends whom they buy from.

### **Item S2w6**

Q: What are some examples of heavy machinery that adolescents may have used?

A: Adolescents may have used farm equipment (e.g., tractors, swathers, combines, etc.), heavy-duty lawn care equipment (e.g., tractors, riding lawn mowers), equipment used in car washes, garbage trucks, bulldozers, snowplows, fast-food fryers or grills, or carnival equipment. Interviewers may think of more.

### **Item S2x**

Q: Since the time frame for 90 days in the community should be the most recent period of 90 consecutive days, what do I do if the participant has not had 90 consecutive days in the community within the last year?

A: Sometimes it can be difficult to establish a block of 90 days in the community because a participant may have been in and out of controlled environments several times in the recent past, and it may have been some time since they were in the community for 90 consecutive days. Even so, the interviewer should be prepared to go back as long as necessary to get 90 consecutive days when the participant was in the community, even several years before the interview.

The one and only exception is if going back to the most recent 90-day period in the community means going back to a point before the participant started using substances. A young participant, for example, may have begun using at the same time they began going in and out of controlled environments, in which case their most recent 90-day period in the community would have been a time before they used substances at all. In this case, and *only* in this case, should an interviewer put together the longest and most recent blocks of time to total 90 days or to use a 90-day period with the least amount of time in a

controlled environment. (The 12-month guideline is more important to apply to adolescents than adults, since adults tend to have more stable behavioral patterns.)

- Q: Item S2x asks about the number of days the participant spent in a controlled environment during the past 90 days. An interviewer described an adolescent who, during the preceding 90 days, had been in a controlled environment for more than 13 but fewer than 90 days, but then it turned out that he had been in that controlled environment for 16 months—he was released from the controlled environment during the preceding 90 days. In this case, should the interviewer record the 90 days prior to the 16-month period spent in the controlled environment?
- A: The intent is to record the relative recent period of risk in the environment. In the example above, the interviewer would go back to the 90 days preceding the 16 months in the controlled environment.
- Q: I recently administered a GAIN where the participant had been in jail for almost a month out of the preceding 90 days. When we established the new time line for the S2x grid, he said that he had 7 additional days in jail during the new, earlier 90-day time frame. Was I correct to accept this 90-day period for the S2x grid, even with the week in jail?
- A: Yes. When establishing the new 90-day time frame, it's okay if the participant has up to 12 days in a controlled environment (either all in a row or altogether) within those 90 days. The new 90-day time frame doesn't have to be entirely free of time in a controlled environment, but it can't have more than 13 or more days.
- Q: Item S2x asks, "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?" Item E2f asks, "During the past 90 days, on how many days did you lived someplace where you were not free to come and go as you please—such as jail, an inpatient program, or a hospital?" Should the answers to items S2x and E2f be the same or do the questions have enough variance, because one is related to living arrangement and the other to substance use, that the answers can be different?
- A: In many instances the responses to these two items are the same, but they do not necessarily have to be. The qualification in E2f is living someplace where participants could not come and go as they please, whereas S2x asks about days in a place where participants could not use alcohol, marijuana, or other drugs. Some inpatient treatment programs, for example, have an open-door policy. It is still a good idea to clarify if the responses to these two items are different.
- Q: Some of the participants I interview say that they have been in jail during the past 90 days but that they could and did use drugs. So what should I record for this item?
- A: Each day of the past 90 that the participant spent in a controlled environment should be included for this item. Unfortunately, it is true that sometimes people can and do use in supposedly "controlled environments." If the participant raises this issue with you, clarify by asking, "During the past 90 days, on how many days have you been in a jail, hospital, or other place where you were not supposed to use alcohol, marijuana, or other drugs?" and go from there.

- Q: When determining 90 days in the community, do those 90 days need to occur in a row (consecutively) or can they be taken from different time periods?
- A: The general rule is to get 90 consecutive days that the participant lived in the community. The reason for this is because people can typically remember a block of time better than several put-together blocks of time. This rule works for most people with no time in a controlled environment or short-term (1-12 days) stays and for people with a continuous period (13 days to 1 or more years). Keep in mind that these 90 days can include up to 12 days in a controlled environment (e.g., short-term stays in residential treatment, hospital, detention, jail).
- Q: The Pre-Controlled-Environment Use grid is administered only if the participant has been in a controlled environment (a jail, a hospital, or some other place) for 13 or more days out of the 90 days preceding the interview. What is the significance of 13 or more days?
- A: When we interpret the information collected by the GAIN, we can control for a discrepancy in a participant's usual pattern of behavior by looking at the percentage of days on which clients use while in the community. But as clients reach 13 or more days in a controlled environment, this measure becomes increasingly less reliable; and if they are coming from 90 or more days in detention or jail, it cannot even be estimated. Thus we also ask about use in the 90 days before being in a controlled environment.

#### **Item S2z1-5 (M90)**

- Q: On the M-90, if a participant reports being completely abstinent from all substances at the 3-month follow-up, how many days should be recorded for S2z1 and S2z2?
- A: The correct response would be the number of days since the participant's previous assessment plus 1, which would count both the day of the participant's previous assessment and the day of the current assessment.
- Q: On the GAIN-M90 these items ask participants about use since their last interview. What should we do in the few cases where the 3-month interview is missed? Should we continue to ask the question with the last interview date (in this case, the baseline) as the referent? Or should we project to where the 3-month interview would have been and ask from then?
- A: Since the last interview, whenever that was. Just make sure that when you present the questions you note correctly how many days it was since the last interview (e.g., item S2d0m would be about 180 days).

#### **Item S3b**

- Q: This question asks whether the participant has stopped, tried to stop, cut down on, or tried to limit use of alcohol or other drugs *during the past week*. An interviewer mentioned that she had several participants who reported not using for at least a month, yet they responded, "Yes" to this question, prompting her to ask all of S3c1-99. Is the intent of this question to determine withdrawal symptoms only within the past week or does it include symptoms for people who have not used for a longer period of time?
- A: The intent of the question is to document withdrawal symptoms for people who have quit during the past week. If in the S2 grid participants report that they quit using more than one week prior to the date of the interview, the answer to S3b should be "No." You may

need to define the difference between withdrawal symptoms and lingering cravings to the participant.

If participants insist on answering “Yes” to S3b and then endorse some of the items in S3c1-99, the interviewer should first clarify the S2 grid to see whether they forgot more recent use of any substance. If not, their positive responses in S3c1-99 might be related to something besides withdrawal. You can mark the Denial-Misrepresentation rating as MISUNDER.

To clarify this item without leading the participant, if the participant hasn’t used in more than a week, you can start by asking, “Which substance did you stop using or cut down on in the past week?” If participants answer “None” or say that they haven’t used anything, you can ask, “So you didn’t quit or cut down on anything in the past week?”

### **Items S3c, S9p**

Q: Would a hangover count as a withdrawal symptom?

A: No. A hangover is an aftereffect of alcohol use and can happen to anyone who uses alcohol, while withdrawal symptoms occur when a person who regularly uses alcohol stops using. Some of the same minor symptoms (such as shaky hands) are common to both, so sometimes a participant will report withdrawal symptoms when they don’t mean to. If you suspect that a participant had only a hangover, not withdrawal, you should clarify the response.

### **Items S4, S5, S6, S7, P11, M5**

Q: For items S4 through S7 do I include treatment or counseling just for substance abuse, or do I also include counseling for psychological difficulties?

A: For these items, as well as for items P11 and M5, you are focusing on treatment for a specific type of problem (which category the problem best fits may need to be further clarified with participants): in items S4-S7, you are focusing on treatment only for alcohol and drug use; in item P11, you are focusing on treatment only for physical problems; and in item M5, you are focusing on treatment only for psychological problems.

### **Items S4, S4a**

Q: Should participants include any work-related breathalyzer or urine tests? For instance, tests that they were given as part of a job application process or for drug testing at work?

A: No, those would not count.

### **Items S5, S6, S7**

Q: When asking about treatment and urine analyses, do we count our program as well as any treatment received since the participant left our program?

A: Yes, but remember that the S7 items do not count the participant’s current treatment episode if the GAIN-I is being administered as an intake assessment.

### **Items in S7 series**

Q: Does a detox program count for any of the S7 items?

A: No. Detox is not a treatment program, though it is often part of one. Do not count episodes of detox in the S7 series. Detox is covered in items S5 and S5a.

### **Items S7, S7 grid, S7a1-99**

- Q: Items S7 and S7a are about how many times in the participant's life they've had various kinds of treatment. What do you mean by how many times?
- A: For item S7, "times" refers to the number of admissions into treatment. If a participant goes from one level of care to another within the same treatment episode, each admission would be counted for item S7 but each level of care would be recorded in a separate row in the S7 grid. For example, if a participant was admitted one time into residential treatment, then stepped down to intensive outpatient and finally to regular outpatient, the correct response for item S7 would be 1, while three different levels of care would be recorded in the S7 grid.

The S7a1-99 treatment items should reflect the grid, not item S7. In the above example the correct responses to S7a2 (How many of these times were you admitted for at least one night to a residential, inpatient, or hospital program for your alcohol or other drug use problems?), S7a3 (...admitted to an intensive outpatient or day program for your alcohol or other drug use problems?), and S7a4 (...admitted to a regular (1-8 hours per week) outpatient program for your alcohol or other drug use problems?) would all be 1.

### **S7 grid**

- Q: What is the "index treatment" mentioned in item S7\_99 at the bottom of the S7 Pre-Controlled-Environment Use grid?
- A: The index treatment is the treatment episode for which the GAIN-I was used as an intake interview. You do not include the participant's current treatment episode in the S7 grid when administering the GAIN-I, so the index treatment S7\_99 isn't coded until the M90 (at which point the interviewer codes it on their own).

### **Item S7 b1**

- Q: Where do we get the codes to enter in column b1 of the Treatment History grid (S7\_b1)?
- A: Each location/site/program where the GAIN is administered should have its own local program codes. The individual site can create these codes, or state program codes can be used. (There is room to record the complete list of codes on the page following the grid.) The important thing is for everyone within the same agency to use the same codes.

### **Item S7 g**

- Q: In the S7 Detailed Treatment History Grid, item S7\_g asks about how many days the participant was in treatment. In this case the participant has been in an outpatient treatment program, not a residential program. However, the question asks for the number of days in treatment, so would the correct response be the number of days that the participant attended treatment or the total time that they were in treatment?
- A: The correct response would be the total time that the participant was in each treatment episode. The S7\_g items record the duration of the participant's treatment, while the frequency of treatment is recorded in S7e1-99. In your participant's case the correct response would be the number of days that they were enrolled in the program, not just the number of days they attended.

### **Items S7, S7a1-99**

- Q: Suppose the participant says that she has been to two different treatment programs before her current treatment episode. So I enter “2” for item S7. At that point do I have to read each of the choices in S7a1-99 to identify which type of treatment the two treatment episodes were? It seems easier to have her describe them and to ask her clarifying questions rather than to have to read each choice.
- A: Your strategy is a good one. Yes, at that point engage the participant in a conversation to identify the types of treatment programs she has been enrolled in. Ask any necessary clarifying questions and code her responses. Enter “0” for the treatment programs she has not attended. On the other hand, if the participant says she has been enrolled in treatment more than five times, then we advise asking each item in S7a.

### **Item S7a1**

- Q: When and how should an alcohol or other drug-related visit to an emergency room be counted on the Treatment History Grid and in Item S7a1?
- A: If a participant reports receiving some kind of counseling (such as Motivational Enhancement Therapy) in an emergency room for alcohol or drug use, code that in its own row as “other” in the treatment history grid, as an episode in S7a1, and under P11f if physical health problems such as an overdose or alcohol poisoning were also treated. If, on the other hand, a participant reports going to the ER for alcohol or other drug-related concerns but didn’t receive any counseling or treatment other than physical treatment, that episode should not be coded in the Substance Use section but instead in the Physical Health section under P11f.

### **Item S7a99**

- Q: What would be included in “other” kinds of treatment?
- A: These would be other forms of treatment that are not restricted to but must include dealing with the issues of alcohol and drug use. For instance, family or psychiatric counseling with a focus on drug use, pediatric assessment of drug and alcohol use, alcohol and drug education, or personal counseling for emotional problems that also includes dealing with alcohol and drug use. Before you count an “other” form of treatment as “other,” make sure it is not already covered by one of the categories above. Also, don’t count self-help or 12-step meetings here. They are counted in items S6 and S6a.

### **Item S7d**

- Q: What do you mean by “the *last* time you received treatment, counseling, case management, or aftercare for your use of alcohol or any other drug”?
- A: This item refers to the last, or most recent, treatment session (e.g., group counseling meeting, individual session, etc.) of a prior treatment experience. For the GAIN-I intake interview, the item does not count the most recent session of the participant’s current counseling episode. If the interview is a follow-up interview (GAIN-M90), it does include the last session of the treatment that was part of the study.
- Q: On the GAIN-M90 a participant who had only one Motivational Enhancement Therapy (MET) individual session in our program reported no prior counseling. Do we record what he reports even if we know that he did have counseling in our program?

A: Clarify with the participant that it's okay to include any counseling they received through the project. If he persists in saying he didn't get any counseling, simply record what he says. Participants do not always recognize that receiving feedback on a questionnaire (e.g., during an MET individual feedback session) is a counseling session.

### **Item S7e**

Q: Should our study's treatment be included here?

A: Yes. For example, the Cannabis Youth Treatment (CYT) project provides five types of outpatient treatment (all choice 4 here); the Adolescent Treatment Models (ATM) projects have a range of inpatient and outpatient treatments and should be recorded consistently with their level of care. The only time a project is coded as "Other" (choice 99) would be if it does not fit in the main levels of care, such as aftercare in the Assertive Aftercare Project (AAP).

### **Item S7e1-99**

Q: For the S7e items we ask about how many *times, nights, or days* (depending on the item) in the past 90 days that the participant has had various kinds of treatment. It looks like we are after the number of days/nights (out of 90) that the participant has been involved in the different types of programs, with the range being 0 through 90. Is this correct? This is confusing because sometimes the word "times" is used and sometimes "days" or "nights" is used, but it looks to me like they are both meant to record the number of days or nights spent in a particular type of program.

A: Yes, you are essentially correct. For example, if someone has spent a month in an inpatient treatment program, the answer to item S7e2 would be 30 nights. And if someone went to an intensive outpatient program five days a week for the whole 90 days, the answer to item S7e3 would be 64 days. Even though, for instance, item S7e1 asks for "times" and item S7e3 asks for "days," we're counting days (of the last 90) spent in programs. However, in theory, at least one of the items (e.g., item S7e99) could happen more than one time per day, in which case you would want to record the total number of times attended in the past 90 days (counting multiple instances per day). This would be very rare, though. (These items are worded the way they are in order to map onto the National Household Survey of Drug Abuse.)

### **Items S7e1, P11a, M5b**

Q: These items ask the participant about the number of times in the past 90 days (or in his life) that he's been treated in an emergency room for either substance use (S7e1) or physical (P11a) or psychological (M5b) conditions. Substance overdose "treatment" in the emergency room generally consists of a medical intervention alone. An example of this would be a person who gets his stomach pumped and then goes home without ever discussing the event in relation to the substance use with a treatment provider. By this rationale (medical intervention only with no treatment for the substance abuse issue), such an event should be included in item P11a, correct? Would P11a also include people who go to the emergency room after an overdose with suicidal intent if only the physical component of this episode was addressed (i.e., they never received any counseling or case management prior to discharge)?

A: Yes to both questions. If both physical and psychological issues were addressed, you would count it in more than one place.

### **Item S7f**

Q: When asked about current treatment for alcohol and other drug problems, should the participant include the treatment program they are in as part of the study?

A: All treatment for drug and alcohol problems should be included as of the reference date (the participant's intake date), which is recorded along with the administrative information at the beginning of the GAIN. If a participant is transferring in from another level of care, include the prior levels of care as prior treatment.

Q: Does item S7f (Are you currently being treated regularly for alcohol or other drug problems?) include going to 12-step meetings?

A: It would not count going to 12-step self-help groups (those are counted in item S6a), although it would count going to a 12-step treatment program. This item does not count 12-step groups, halfway houses, or recovery houses.

Q: Suppose when a participant completes a GAIN-I, he is at treatment center X, and he stays at the same treatment center through the next 90 days, when he is interviewed for his first GAIN-M90 follow-up. Given that the participant attended the same treatment center across the two assessments, does it matter what we record for the treatment center names?

A: Information should be recorded consistently within a site on both the hard copies and in the ABS data entry system. So for instance, suppose that at site A, in answer to item S7f the participant says that he is currently being treated at the Institute for Living Skills. In all cases that a participant provides this same answer, interviewers would record that answer on both the hard copies and in ABS in the same way: it could be "Institute of Living Skills" or "ISL," etc., but not both. Each site should agree on how they want to designate projects that are mentioned often so that all interviewers are consistent. There is no need to go back and change the information on the hard copies or in ABS that has already been coded.

### **Item S7g**

Q: Does this item (How long have you been treated regularly?) mean all of the participant's treatment episodes together or only their current treatment episode?

A: Item S7g corresponds only with item S7f (Are you currently being treated regularly for alcohol and other drug problems?), not all of the participant's lifetime treatment episodes together. Only if the participant reports being treated regularly for S7f would you ask S7g, which is a follow-up item. If the participant answers "No" to S7f, S7g is skipped.

### **S7m items (family nights)**

Q: What are family nights?

A: It depends on the agency. At some facilities family nights simply mean that the participant is able to visit with their family. At other agencies family nights are a formal part of treatment and may involve counseling, at-home activities, family meetings, etc. The

interviewer should explain that the S7m items on the GAIN refer primarily to more structured family nights rather than simple family visits. If the participant did have family nights that didn't incorporate more formal elements, the interviewer should make a staff note stating that family nights were for visiting only.

### **Item S8**

- Q: I don't understand why we administer the S8 items (Do you currently feel like...?), because generally at follow-up, the kids will not be in a program. S8a (...being in a treatment program is too demanding for you?), S8b (...you have too many other responsibilities now to be in a treatment program?), S8f (...you can get the help you need in an alcohol or treatment program?), S8g (...you need to be in treatment for at least a month?), and S8h (...you will probably need to come back to treatment again one or more times during your lifetime?) seem confusing.
- A: Many may transfer or be back in treatment at this or a later follow-up.

### **Item S8r**

- Q: This item is, "Do you currently think you have any problems related to alcohol or other drug use (including those things we just talked about)?" Generally, our adolescent participants respond "No," which means a skip to items in the S9 series, in particular, all the use/abuse/dependency items (when was the last time you used where it was unsafe, got into trouble, used more than expected, had reduction in important activities, etc.). If the adolescent answers "No" to S8r but endorses a lot of the S9 use/abuse/dependency items, should we point this out as an inconsistency, since the adolescent denies any problems but reveals high dependency?
- A: If the participant answers "No" to S8r, the only skipped questions are S8s-w:
- S8s. You have a good understanding of how drug and alcohol use is related to your current problems?
  - S8t. Your current problems can and will go away?
  - S8u. You know the course most of your current problems will follow?
  - S8v. Your current problems are out of control?
  - S8w. Your current problems are solvable?

The interviewer would then start up with the text above question S9ab1-20 ("Below are some reasons ...") and administer the S9ab series. No items in S9ab1 through S9b are skippable. FYI, the GAIN never skips past the beginning of a new question number.

In terms of whether to go back to S8r and point out the discrepancy, no, don't do it. While we perceive these abuse and dependence symptoms as problems, the question is about whether participants perceive them as problems. You would have to do a mini Motivational Enhancement Therapy session to convince some adolescents that they have problems, which is inappropriate in this context. In any event, what we are actually looking for in the S8r-w question is people who a) believe that they have problems but b) are hopeless about getting out from under them, a variation of learned helplessness that can be devastating in many cognitive behavioral therapies that focus on problem solving or relapse prevention.

### **Items S9ab1-20, S9ac1-13, S9ad (RFQ)**

- Q: An interviewer described the following situation encountered while conducting an ASAM review. The adolescent reported minimal lifetime use and that she had already quit, yet she still responded “Yes” to a lot of the RFQ items. Since this did not make conceptual sense, the interviewer felt that the youngster had interpreted the questions in a general rather than a personal sense. Should the stem have been repeated and clarified to read, “Do you (personally) want to quit using alcohol or other drugs at this time for any of the following reasons?”
- A: Normally, a study eligibility screener (e.g., the GAIN-Q) is used to eliminate someone with no use before a full GAIN is conducted. In general, if the interviewer thinks the participant does not fully understand the intent of the RFQ, the stem should be repeated to clarify that the questions refer directly to the participant. In the situation described above in which the participant claimed to have quit, the stem could have been slightly altered to, “Please answer yes or no to the following questions about why you quit using alcohol or other drugs” The responses could then be framed in the past tense, e.g., “So that you would be able to think more clearly....”

### **Items S9b1, S9b2**

- Q: These items ask the participant how ready they are to remain abstinent from or quit using alcohol and other drugs. A problem arises when a participant may be ready to quit using one drug but not another—for instance, the participant may be ready to quit using alcohol but not cocaine. However, these questions lump all substances together. How should we handle the issue if a participant says that they’re ready to stop using one substance but not another?
- A: The best way to handle the situation would be to administer the item with reference to the participant’s drug of choice (which was named in item S1a) and then make staff notes regarding readiness to change for other substances.

### **Item S9v**

- Q: For a participant who has never gotten drunk or used drugs, what should be coded for S9v (How old were you when you first got drunk or used any other drugs?)?
- A: If the participant has never used any substances, leave this item blank. Coding “0” would indicate use under the age of 1 (which could be coded if the participant had been given alcohol in a bottle, for instance), so leaving the item blank will indicate that the participant has never used.

### **Item S9 – Detailed Substance Use Disorder Worksheet**

- Q: Given that the recency codes in items S9h-u are the same recency codes that get filled in on the next page (the detailed matrix for specific drugs), can one just recopy the same codes rather than re-ask the same questions?
- A: No, because for any given item in S9h-u, the participant could be answering in reference to more than one substance. If you just rewrite the codes and the participant has used multiple substances, you do not know which substance caused the symptom or when (e.g., they could have had problems meeting their responsibilities due to use of marijuana in the past week and due to use of alcohol in the past year). As you re-ask the recency codes in

the detailed matrix, check to make sure that the adolescent is consistent with what was reported on the previous page. If not, reconcile any differences. If multiple substances are reported for an item in the detailed matrix, at least one of the recency codes should match what was reported on the previous page.

Q: Why do we need to administer all the S9 items on the page before the S9 grid before administering the grid itself? Why can't we go across the pages for each item?

A: There are two reasons why this must be done page by page. First, the S9 items ask about concrete behaviors, while the grid attributes the behaviors to specific substances. Self-reports on behaviors are more reliable. Second, some agencies do not use the grid (the grid is not used on the general Core version of the GAIN), and in order to compare any data across agencies the items need to be administered the same way. Otherwise, differences in measurement could be due to the way it was administered.

Q: It doesn't make sense to administer all of the items in the S9 grid, given that the participant often answers "Never" for some of the problems in S9h-u. Do we have to administer all of the items in the matrix?

A: Remember, only the S9h-u items that the participant reports lifetime problems with (any response besides "Never") should be asked in the detailed S9 grid. See the instructions in the top-left corner of the S9 grid to guide you through the appropriate questions for the matrix. You are recording a number in the appropriate boxes on the matrix—the number corresponds to the participant's estimate of "About when did this happen?" according to Card B.

Remember: at least one time frame recorded for each item in the matrix must match the one reported for the corresponding item in S9h-u on the preceding page, and none can be more recent.

Q: For the second question asked when administering each item in the S9 grid, "About when did that happen?" suppose the problem has happened on several occasions. Should participants answer regarding the last (most recent) time it has happened?

A: Yes, most recent.

Q: Suppose it is clear from the interview that the participant used only alcohol—alcohol is the only substance that is consistently reported. When we get to the matrix, it seems odd to ask the participant, "Which substance caused you to..." given that he uses only alcohol. There is really no need to ask this given everything is for alcohol. Do we have to do the matrix in a situation like this?

A: This happens every now and then. Just like we ask only the S9 matrix items that the participant endorsed on the previous page, you can also knock out columns of individual substances if the participant reported never using a substance. If you are down to one column, you can present the matrix by asking a confirmatory question: "Were all of these problems that you just endorsed here caused by alcohol? Were any of the problems you just endorsed ever caused by any other substances?"

Q: Is the intent of items S9v-x to determine 1+ in either abuse *or* dependence or 1+ in both

abuse *and* dependence (2 responses total)?

A: S9v-x should be recorded as a single response in either abuse *or* dependence.

### **Item S9w**

Q: For item S9w (How do you usually take...), when would “not applicable” apply?

A: We have never seen it used, but it is a required field for the TEDS (Treatment Episode Data Set) reporting system. The name of this dataset varies by state (e.g., CDS/Participant Data Set, CODAP/Participant Oriented Data Acquisition Process), but it is the state form where the primary, secondary, and tertiary substance of abuse is reported.

Q: For item S9w (How do you usually take...) can we assume the route of administration if it's obvious (e.g., alcohol is taken orally)?

A: No, because there is only one that can be assumed: inhalants are always inhaled. All remaining substances have been reported being taken in multiple ways (including alcohol), so do not assume the route of administration for anything else.

Q: For item S9w, if a participant reports snorting cocaine, does the route get coded as “Other”?

A: No. Snorting is coded as inhalation (3).

### **Item S9x**

Q: In item S9x (Order of Clinical Focus), who determines the order of clinical focus and how is it determined?

A: Either the computer or the clinician can determine it. The computer determines the order for any given substance based on the sum of the values assigned to the 11 symptoms. The substances with the highest number of endorsed symptoms or the most recent use determine the order of clinical focus. For instance, five symptoms is considered more severe than two symptoms, and three symptoms in the past month are considered more severe than three symptoms 2 to 12 months ago. The clinician determines clinical order in the same way, but with some important exceptions. The clinician often has additional information (e.g., collateral reports, knowledge of interactions between substance use and specific medical or psychological conditions, etc.) that may alter the order, particularly when two or more substances are scored identically or very closely.

### **Item S9s – Definition of heavy use or using “a lot”**

Q: Item S9s asks, “When was the last time that 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)?” What do you mean by “a lot”?

A: The perception of “a lot” and similar terms vary by the person and are not explicitly defined in the *DSM-IV*. In general it's best to leave them up to the participant to define. If asked that question, one way to respond would be to say, “More than you think is good for you” or “More than you thought you should.” That's one way of putting the decision back into the client's hands. But if pressed to quantify, spending more than 40 hours a month getting, using, or recovering from alcohol or other drugs (e.g., getting drunk or staying high much of the day for 5 or more days a month) would be consistent with

modern definitions of “heavy use” and is the point at which physical, mental, social, and legal problems start to become significantly more prevalent.

### **Items S9x, S9y, S9z**

- Q: Does the interviewer ask these items to the participant, or does the interviewer or someone else code them?
- A: These are staff ratings that do not need to be completed during the assessment.

### **Item S10**

- Q: “How soon, if at all, do you need (more) help with your current alcohol or other drug situation?” All the participants I interview are already in treatment, so they say that they are already getting help. Why do we ask this question?
- A: The GAIN assumes that the participant is being interviewed prior to enrolling in treatment—it is an intake interview. For participants who are completing the GAIN-I after having been in treatment for at least a few days, you should have documented a reference date while documenting the other administrative information at the start of the GAIN. The reference date is the intake date, and all items (and the anchors established at the start of the interview) are answered in reference to that date. So for this item, ask the participant to think back to the day of their intake and answer according to that date.

### **Items P3d, M1b9**

- Q: Would gaining weight because of a pregnancy count for P3d (During the past 12 months, have you lost or gained 10 or more pounds when you were not trying to?) or M1b9 (During the past 12 months, have you had significant problems with losing or gaining 10 or more pounds when you were not trying to)?
- A: No, since the weight gain was a result of (and necessary for) the pregnancy.

### **Item P5c1**

- Q: Suppose a woman delivers twins. How do we record the twins’ weights? There is space for the weight of only one baby.
- A: Record the weight of the smaller baby. This item taps cost to society, and low-birth-weight babies can incur cost to society if a mother is on public assistance.

### **Item P5\_1s (M90)**

- Q: This question asks participants whether they have gotten pregnant or gotten someone pregnant since their last assessment. The situation has arisen in which a participant got pregnant or got someone pregnant prior to their GAIN-I assessment, but they found out about it only between their GAIN-I and first 3-month follow-up assessment. Since the time between the occurrence and the knowledge of the event lagged quite a bit, how should it be recorded in P5\_1s and the subsequent question P5a1?
- A: For P5\_1s you should enter “Yes” as if the event happened since the last assessment. Then for P5a1, the recency question, enter the time frame when the pregnancy actually occurred. It may be useful in this situation to record some explanatory notes. If you are using the paper version, notes can be entered in the margin adjacent to the questions. If you are administering the GAIN using ABS, record such comments in the notes field.

### **Item P6a-e**

- Q: Suppose the participant answers “Never” to items P6a-e (ever had hepatitis, tuberculosis, HIV/AIDS, other sexually transmitted diseases, or other infectious diseases). Do we still have to ask item P6f (Are you currently receiving treatment for any of these diseases?) A participant became irritated when I asked that question after he answered “Never” to the items above.
- A: No, just circle 0. Note the instruction “[IF NONE REPORTED, GO TO P7A BELOW].”

### **Item P6c**

- Q: Suppose that during the GAIN interview the participant volunteers that he has HIV/AIDS. Given the nature of this information, how should we record it?
- A: The legality of recording this information varies from state to state. For instance, in Illinois this item cannot be asked; if the participant volunteers this information, it needs to be stored in a separate, secure place. In general, if your state does not have specific requirements about recording this information, researchers can record it in the space provided.

### **Item P6e**

- Q: This item asks about disease. P6e specifically asks about infectious diseases not listed in P6a-d. Are the flu and strep throat considered infectious diseases and should they be listed in P6e if the participant mentions either of them?
- A: Yes. The CDC lists the flu and strep throat (streptococcus) as infectious diseases. If the participant mentions either, they should be written in the verbatim line for P6e.

### **Items P11a-d**

- Q: Should pregnancies count for P11a-d? The transitional statement says that the items are about health problems but then states, “including pregnancy and giving birth” in parentheses. Are pregnancies considered a health “problem”?
- A: Only if participants have been treated for health or medical problems related to or caused by pregnancy. Pregnancy itself is not a health problem, so it should not be included in items P11a-d. Information about pregnancies is collected in items P5\_1 through P5d.

### **Items P11c, P11h, P11j**

- Q: What are examples of outpatient surgical procedures?
- A: Basically any procedure for which a patient is not hospitalized but is able to return home afterwards. This can include receiving stitches, having warts or other growths removed, dental surgery, vasectomies, and other invasive but relatively minor procedures.

### **Item P11d**

- Q: “Are you currently taking medication for allergies or health problems? If yes, please describe below.” If the participant answers “Yes,” what sort of information should be sought in the description?
- A: If possible, get the name of the medication or at least what it is for. The medications should be for physical health conditions, not psychiatric conditions or to help with drug/alcohol abuse.

### **Item P11e**

Q: If an adolescent goes for a school physical, do you count that as the last time she saw a doctor for a problem?

A: Yes.

### **Item P11e and P11j**

Q: These items ask, “When was the last time you saw a doctor or nurse about a health problem or took prescribed medication for one?” (P11e) and “How many times did you see a doctor or nurse in an office or outpatient clinic (for a health problem)?” (P11j). Does seeing a dentist applies to these items?

A: Yes, seeing a dentist applies to both items. If for item P11e an interviewee reports seeing a dentist within the preceding 90 days, the number of times should be recorded for P11j.

### **Item P11f**

Q: This question asks for the number of times that the participant has been treated for injuries or physical health problems. Should an alcohol or other drug-related visit to an emergency room be counted here?

A: If a participant reports going to the ER for alcohol or other drug-related concerns but not receiving any counseling or treatment other than physical treatment, that episode should be recorded in P11f. However, if a participant reports receiving some kind of counseling (e.g., MET) for alcohol or other drug use in an emergency room, code this in the treatment history grid in its own row as 99 (Other) and as an episode in S7a1 and in P11f if physical health symptoms (e.g., overdose, alcohol poisoning) were also being treated.

### **Items P11k-m, P11d-e**

Q: If a participant takes prescribed medication only occasionally for a recurring health problem (such as using an inhaler for asthma), how should he respond to the P11 items?

A: First, remember that taking medication isn’t the same as receiving treatment. For prescribed medication that the participant takes only when needed, the questions about treatment for physical health problems wouldn’t count unless the participant has also received actual treatment (for example, they receive massage therapy). So unless they’ve been to a doctor for some other health issue, the response to P11k would be “No,” and the response to P11m would be the last time the participant had been actually been treated regularly for a health problem. Also, if the participant takes prescribed medication only when needed, P11d (Are you currently taking medication for allergies or health problems?) would be “Yes” and P11e (When was the last time you...took prescribed medication?) would be the last time the participant took the medication.

### **Item P12**

Q: Should a stroke be coded under “heart or blood problems”?

A: No. ICD-9-CM and *DSM-IV* classify a stroke as a disease of the nervous system. For this item, it can be entered under 99 (Other).

### **Item P12g**

Q: The definition of “adopted” can be elusive. Suppose that a youth lives with his biological mother and stepfather, and that the stepfather has adopted him. In this situation, should the answer to P12g be “Yes” or “No”?

A: The answer should be “Yes.” The item’s intent is to collect information about physical problems present in the youth’s family. There are adopted people who know their family history, and conversely, people who live with their biological family and do not know the family history. So, the item should be interpreted literally.

### **Item R1**

Q: Do the needle use items include tattoo needles?

A: No. While illnesses can certainly be spread via dirty tattoo needles, tattoo parlors use new needles for each customer and sterilize their equipment with autoclaves, which greatly reduces the risk of infection from the needle itself. In addition, tattoo needles penetrate only the top layers of skin, while the needles referred to in the R1 items are intravenous or intramuscular, which leads to a much higher risk of infection. Piercing needles penetrate through flesh, but as with tattoo needles, a new needle is used for each customer.

### **Item R2b**

Q: This question asks whether the participant has had sex with an injection drug user in the past 12 months. Given that item R1 (last time a needle was used to inject drugs or medication) includes the injection of licit and illicit drugs, should the term “injection drug user” in item R2b refer to someone who injects both licit (e.g., insulin) and illicit drugs?

A: This may seem inconsistent, but no, item R2b refers only to injection drug users who use illicit drugs.

### **Items R2k, R2s**

Q: If a participant’s girlfriend is using the pill, does that count as some sort of barrier for items R2km and R2s?

A: No, the pill doesn’t count because it’s not a barrier. The intent of the item is about protection from STDs and other disease and pregnancy via barriers, not about birth control method per se.

### **Items R2p-r**

Q: For items R2p-q (During the past 90 days, how many sex partners did you have who were male/female?) and item R2r (During the past 90 days, how many times did you have any kind of sex with another person?), can someone legitimately report having 200 partners and yet having sex only 175 times?

A: Certainly someone can have that many sexual partners or have sex that many times—prostitutes, for example, can have multiple sex partners per day. The discrepancy could be explained if on several occasions the participant engaged in sex with multiple partners at once (threesomes, group sex, etc.). As far as how to handle this discrepancy, check in a professional manner that you heard and recorded the response correctly: “Let me make sure I wrote this correctly—in the past 90 days you said 200 partners and had sex 175 times—did I get that right?” If the participant says that this is correct, do not change the

answer or challenge the participant. Remember that you can always take staff notes to record any additional comments.

### **Items R2r-s**

- Q: For item R2s (During the past 90 days, when you had sex, how many times did you use any kind of barrier to protect you and your partner from diseases or pregnancy?), can a participant report using a barrier 20 times and yet have sex (item R2s) 10 times?
- A: No. The items are written such that the value reported in R2r (number of times had sex) should be less than the value reported in R2s (number of times protection was used). Clarify this with the participant.

### **Item R3a**

- Q: Is it necessary to ask a participant about contraception if she is not sexually active (she answered “never” to R2)?
- A: Yes. The participant may have never been sexually active but may still fit some of the categories in R3a1-99—a female participant may be taking oral contraceptives to regulate her period, for instance.

### **Items M1a-M1e**

- Q: Item 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?) comes up frequently as inconsistent. Could you explain why?
- A: All of the M1a-M1d items (During the past 12 months have you had significant problems with...) count toward M1e. In other words, as soon as a participant answers “Yes” to any item in M1a-M1d, remember that the time-frame they give for M1e must fall within the preceding 12 months and can’t be “More than 12 months ago” or “Never.” However, many participants seem to have trouble with the phrase “significantly disturbed.” It may help to remind participants of the statement at the beginning of the Mental and Emotional Health section: “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.” If the problem is the word “disturbed,” it may help to rephrase the question by saying, for example, “When was the last time that you were significantly bothered by these problems?” or “When was the last time that these problems significantly affected your everyday life?” You can also repeat some of the items that the participant endorsed in M1a-M1e and ask, “When was the last time those happened to you?”

### **Items M3b4, M3b5**

- Q: What does “physically cruel” mean?
- A: Physical cruelty would refer to systematic, repeated physical acts designed to inflict pain, such as a juvenile who repeatedly pokes someone or slaps them hard on the back, ties their shoelaces together, etc. Something like throwing food at someone every day at lunch would also count. Physical cruelty stops short of assault (described in L3), which would cover something like beating someone up, abuse, or torture.

### **Item M4z1**

- Q: Would scarification count for this item (During the past 12 months, have you cut, burned, or hurt yourself on purpose)?
- A: Scarification is a body modification in which the participant's skin is deliberately cut so that the scar tissue forms a pattern or design. Some body modifications, such as scarification, piercing, tattoos, branding, and others, are considered body art by many people. If the participant reports something outside of obvious self-mutilation, it's best to probe to determine the participant's motives—if the participant feels that his or her scarification is a body modification and not self-harm, then it shouldn't be counted for M4z1. But if the participant is cutting without considering it a body modification, it should be counted.

### **Item M5a**

- Q: How is manic-depressive disorder coded?
- A: Manic-depression is coded as 8 for "Depression, dysthymia, bipolar, or other mood disorder."
- Q: If the participant names all of the conditions that he remembers ever being told that he has, do you still need to read the entire list of conditions?
- A: No, do not read the list of conditions to the participant. Since M5a is a Mentioned item, simply ask the question, write out the participant's answer, code the answer by circling the pertinent items, and ask whether there are any others. Repeat the process until the participant says that there are no more conditions.
- Q: The introductory paragraph that precedes M5a states, "Do not count treatment that was only for substance use or health problems." The interviewer wondered whether that statement might inadvertently screen out a response of "Alcohol or drug dependence" (choice 2).
- A: The "only" in the transitional statement is a way to get participants to focus throughout that section on treatment that was primarily for mental health issues, not primary health or substance abuse. It is natural that, for instance, substance abuse issues may be raised by a mental health professional or a medical doctor, since technically an SUD is a psychiatric condition. So if the participant reports that a therapist, substance abuse counselor, or doctor said that the participant has or may have an SUD, it should be reported under the Mentioned column in item M5a. For the rest of the section, get the participant to focus on treatment that was provided for primary mental health. It is possible that SUD problems would come up during primary mental health treatment, but focus only on treatment that was primarily for mental health, not treatment in a substance abuse program (even if mental health issues came up).
- Q: For the verbatim response to item M5av (Has a doctor, nurse or counselor ever told you that you have a mental, emotional or psychological problem, or told you the name of a particular condition you have or had? What did they say?), my trainee coded the participant's response, "obsessive-compulsive disorder," as other (99). Should he have

clarified to see whether the participant meant OCD or obsessive-compulsive personality disorder?

- A: Yes, if it wasn't clear what the participant meant. OCD (which the DSM classifies as an Axis I anxiety disorder) should be coded under M5a4, "anxiety or phobia disorder," while OCPD (an Axis II personality disorder) is coded under M5a16, "other personality disorder." The two sound similar, but they have different diagnostic criteria (though in rare cases a person may have been diagnosed with both). If the participant doesn't know which of the two they've been diagnosed with, the interviewer should make a staff note and make the appropriate notation on the diagnostic worksheet and ASAM worksheet at the end of the GAIN.

### **Item M5e**

Q: Does "treatment" include a psychiatric evaluation that may or may not lead to further mental health interventions?

A: Yes.

Q: The question asks for the last time the participant saw a "mental health specialist," which could be a mental health counselor. This is whom a lot of children in our program see, but there is no place to mark the number of times because M5h asks for the last time the participant saw a *doctor* in an office or outpatient clinic. The kids in behavioral programs do see mental health specialists, but we have nowhere to code this response. We feel that it is important to record that these kids are receiving treatment for mental health even if it is not from a doctor.

A: The treatment with the mental health counselor should be recorded in M5h, and the interviewer should make a staff note stating that the treatment was with a counselor rather than a doctor. That way, the information will be recorded and the interviewer will avoid an inconsistency if the participant responds "No" to M5e but "Yes" to M5j (Are you currently being treated for a mental, emotional, behavioral, or psychological problem?)

### **Items M5e & M5j**

Q: M5e asks for the last time that the participant was treated for a mental, emotional, behavioral, or psychological problem, and M5j asks whether the participant is currently being treated for the same. However, the validity report says that it's an error if a participant answers with anything other than "Within the past two days" for M5e at the same time they answer "Yes" for M5j. However, some participants see their counselors only every two weeks or once a month, so they're currently being treated, just not every day. What do you suggest?

A: The reason this comes up in the validity report is because it is a possible inconsistency and a reminder for the administrator to check to make sure that the participant's responses make sense. If the accurately collected information reflects the participant's care, then please disregard this message in the validity report. In this case the information is correct—if a participant received treatment but not daily and less recently than the past two days, then they could respond to M5e with a time other than the preceding two days but still answer for M5j that they're currently being treated.

### **Item M5h**

Q: This item asks how many times the participant saw a doctor in an office or outpatient clinic for mental, emotional, behavioral, or psychological problems during the past 90 days. Does it include being seen by other mental health specialists (besides doctors)? For example, if the participant participates in group therapy or receives in-home therapy sessions with other mental health specialists besides doctors, should these kinds of sessions be included?

A: Yes. If mental health treatment was the purpose, the above situations would be included. Note that this item also includes seeing a physician about medications (such as Ritalin) for mental health.

### **Item M5j**

Q: When asked about current treatment for mental, emotional, behavioral, or psychological problems, should the participant include any help provided through the study's treatment?

A: Include *all* treatment for non-substance-abuse problems as of the reference date for the interview. So if the study provides any non-substance-related help, then yes, you would include that. Also include any regular treatment related to the management of psychopharmacological drugs.

### **Item E1**

Q: This question asks in which type of housing the participant currently lives. Do we need to read all the response choices to the participant or can we just code whatever the participant says?

A: This is another example of a "clarify and code" item, meaning that the interviewer doesn't have to read every response choice but can instead read the question, get an answer, and match that answer to the closest response choice (with clarification from the participant, if necessary). If the participant answers the question directly, clarify the response sufficiently so it can be coded (e.g., read the response choice that you are coding it under, being sure to distinguish it from other similar response choices that the answer could possibly fit into). If the item is read as a list of options, discontinue reading the rest of the list once the participant offers an answer (being sure to clarify the response so as to code it correctly). However, if there are two or more possible ways to code the participant's answer, clarify with the participant. For instance, if the participant answers, "An apartment," the interviewer would clarify, "Would that be an apartment your family rents or owns, is it someone else's apartment, or is it in public housing?"

Q: How should mobile homes or trailers be coded?

A: Mobile homes and trailers are still homes, so code it as 1 (A house, apartment, or room that you, your spouse, your partner, or your parents rent or own).

Q: An interviewer described a situation in which a residential facility is used for correctional problems but is not specifically for medical, mental, or drug-related problems and treatment. Should this be coded as 7 (hospital, inpatient or residential facility for medical, mental or alcohol/drug-related problems), 8 (jail, detention center, correctional halfway house or other correctional institution), or 99 (other housing situation)?

- A: If the youth is at the residential facility because of a court order, code it as 8. If the adolescent has not been mandated to the residential facility and is not receiving treatment, code it as 99 and describe it as “other group quarters.”
- Q: Which choice should be used for a recovery home?
- A: A recovery home should be coded as 5, “An unsupervised dormitory or quarters, such as at college, religious or military quarters or agriculture or other workers’ quarters.”
- Q: If the participant is living in detox at the time the interview is administered, should the answer be “Any kind of hospital, inpatient or residential facility for medical...”? or the housing that they lived in prior to intake?
- A: The interview is based on everything up through the day before the intake. Thus, the housing where this participant lived prior to intake (which is prior to being in detox) is the correct response. For example, if a participant lived in their parent’s owned house prior to intake, the response would be 1. There may be situations in which the participant is coming from a day or two in detox, jail, or an emergency room, but the participant still has a main residence they consider home, e.g., someone whose spouse maintains the home while they are incarcerated.
- Q: How would item E1 be coded if the participant is currently living in a hotel, motel, hostel, or similar place?
- A: One of the things item E1 measures is environmental stability, so you should clarify to see whether the participant is staying in an extended-stay hotel or other residence designed to accommodate longer-term but temporary stays. Ask whether the participant can continue to stay at the residence, in which case “a house, apartment, or room that you, your spouse, your partner, or your parents rent or own” (1) will count. Other hotels, motels, and similar lodgings that are usually rented by the day, week, or even hour are considerably less stable (and thus higher risk) environments and should be coded under “any other housing situation” (99).
- Q: If a participant is homeless and not living in a shelter but is living on the street, would you record this situation in “Other”?
- A: No, code it under choice 10, “Vacant buildings, public or commercial facilities, parks, cars or on the street because you do not have a place to stay.”

### **Item E1b**

- Q: For E1b, “When was the last time, if ever, that you considered yourself to be homeless?” suppose that the participant answers that he has been homeless within the past 2 days. Do we have to ask item E1c (Can you continue to stay where you are now)? It is insensitive in this situation and may rile the participant.
- A: It would be more appropriate to ask, “Do you want to stay there?” Some will say, “Yes.” If you think it is going to be a problem, though, code “No” without asking.

### **Item E2b**

- Q: Would section 8 housing (subsidized rent payment) be included under item E2b?
- A: Yes.

### **Item E2d**

Q: “During the past 90 days, on how many days have you lived someplace where anyone else used alcohol there?” For this item, do we want to know the number of days that the participant lived in a home where alcohol was used, or are we trying to find out during the past 90 days how many times other people in the home used alcohol?”

A: The number of days that other people used alcohol. So if other people in the house drank on 5 days, the answer would be 5.

### **Item E2f**

Q: Item E2f asks, “During the past 90 days, on how many days have you lived someplace where you were not free to come and go as you please—such as jail, an inpatient program, or hospital?” Item S2x asks, “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?” Should the answers to items E2f and S2x be the same or do the questions have enough variance because one is related to living arrangement and the other to substance use that the answers can be different?

A: In many instances, the responses to these two items are the same, but they do not necessarily have to be. The qualification in E2f is living someplace where you could not come and go as you please, whereas S2x asks about days in a place you could not use alcohol, marijuana, or other drugs. Some inpatient treatment programs, for example, have an open-door policy. It is a good idea to clarify if the responses to the two items are different.

### **Item E3a1**

Q: “During the past 12 months, have you lived with anyone besides yourself?” This item refers to “anybody at all,” not “anybody besides the people I have already told you about,” correct?

A: Yes, anybody at all.

### **Item E4**

Q: For E4 (How many children do you have?) the participant reported having 6 children, but then when asked E4a (During the past 12 months, who has had legal custody of the children?) she said that she had custody of 3 of the children but that the other 3 were deceased. Should the interviewer have clarified E4 to report only the number of living children or should the interviewer have noted in E4a99 (Some other situation) that three of the participant’s children were deceased?

A: The interviewer should code E4 as 6 for the total number of her children. Then the interviewer should mention in E4a99 that 3 of the children are deceased. A staff note with any additional information should be made as well.

### **Item E4**

Q: Would children 21 years old and older count for this item and its sub-items?

A: No, because these items gather information on dependent children. Children 21 and over would not be included even if they still live at home.

### **Item E4g**

- Q: For item E4g (During the past 90 days, how many children (under 21) do you have who have been living with someone else?), what do you mean by “someone else”?
- A: “Someone else” means anybody not yet mentioned in items E4c and E4e (e.g., foster care, group home, or child care institution). This would include people like other family members, friends, a non-custodial parent, etc.

### **Item E4h**

- Q: For the item that asks for the age of the youngest child, how do you record a child’s age in months (for children who are less than one year old)? The GAIN does not allow decimals or fractions.
- A: For ages less than 1 year, round up and record 1 year on the GAIN and in ABS.

### **Items E4-E4q (foster children)**

- Q: I had a situation where a participant was a foster parent. Should she report the child for item E4 (How many children do you have, if any, under the age of 21?) and subsequent items?
- A: No, because these items measure the cost to society of the participant’s children. If the participant is acting as a foster parent, they should not report those children for any of the E4 items because those items are concerned with the participant’s own children, not the shorter-term parenting roles that usually apply to foster situations.

### **Items E5, E6, E7**

- Q: When counting the number of people whom the participant has lived with, she does not count herself, right?
- A: Right. In addition, for items E6 (people at work or school) and E7 (people the participant hang out with), the participant should not count herself.
- Q: For adolescents who are in detention/jail, would people they have regularly lived with (E5) include all those in the facility in which they are housed? Would E6 (people you spend time with at school/work) and E7 (people you spend most of your free time or hang out with) include other adolescents in placement?
- A: Make sure to read the transitional statement at the top: these items refer only to the participants’ immediate roommates, coworkers or classmates with whom they spend most of their time in a job or learning environment, or small groups with whom they spend most of their free time. It wouldn’t include everyone at a facility or everyone at a school or workplace.

### **Items E5a-g, E6a-g, E7a-g**

- Q: When the participants answer with only one or two people for E5, E6, or E7, how should participants answer the subsequent items? How many people is “None,” “A Few,” “Some,” “Most,” and “All”?
- A: In the case of one other person, the response choices should be “None” or “All.” In the case of two, use “None,” “Some,” or “All.” When there are three or more, use all of the response choices.

### **Items E6, E6a**

- Q: Item E6 (During the past 12 months, how many people would you say that you spend most of your time with at work, a training program, or school?) and E6a (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 were employed in school or training full-time?) seem redundant. Do we need to ask both?
- A: Yes, ask both. They are not redundant. E6a refers only to those who are working/going to school full-time.

### **Item E9**

- Q: If the participant endorses items of physical abuse and of being currently worried that someone might hurt them, are we allowed to ask them about the situation? We're not referring to doing any counseling with them, but when we go over the Urgency Ratings for the Environmental section, we will need to have more facts about the participant's situation for the decision about whether the study is appropriate/enough treatment for them. Do you have any suggestions on how to keep this brief? We could go back after the GAIN is over and ask these questions, but it seems more appropriate to ask questions regarding immediacy and current threat to them at that time rather than later.
- A: Yes, if someone tells you they are currently being threatened, finish the questions in that section (to see how recently this happened, how frequently they have been beaten, or whether they are already getting help). Then ask them what they are worried about and make very careful notes (figuring you will need to use them shortly). If it is truly serious, stop and ask more detailed questions at that point in the assessment. But in most cases you can proceed with the assessment, since most reports of victimization are manageable for participants and they can typically proceed without any problems. Once the assessment is done, review the GAIN with clinical staff prior to deciding whether to randomize. In particular, look at rates of mental distress (M1), traumatic stress (M2), other sources of stress (E10 and E11), and the extent of social support (E12c). Victimization that occurred in the past, is not leading to major problems with functioning, or is being dealt with will not preclude participation, though it may require a report to the local welfare agency.

### **Item E9g**

- Q: This item asks, "Did any of the previous [violent or abusive] things happen with more than one person involved in hurting you?" Does this mean that there were multiple people hurting the participant as part of the same incident or multiple incidents that involved different people?
- A: It could mean either of those things—was there one bad incident in the participant's life involving multiple people, or was there a series of abusive incidents with different people inflicting the abuse.

### **Items E9n-r**

- Q: "Are you currently worried that someone might...?" What do you want staff to do with this at follow-up if a participant states that she is worried? Should we just offer treatment elsewhere, and if it's a crisis proceed as at intake?
- A: Yes.

### **Item E12d**

- Q: I was reviewing a tape for QA and, for item E12d (Which people, agencies, and things do you consider your most important sources of social support?) the participant answered, “People.” The interviewer then asked, “What people?” and the participant gave the names of several people. Did the interviewer handle this correctly?
- A: No. Based on the participant’s answer, he seems to have understood the question as “Are people, agencies, or things your most important sources of social support?” In this case, repeating the item and stressing the words “which” and “and” should help the participant’s understanding of the item. If the participant only gives names of people, the interviewer should probe to see if any agencies and things are also sources of support.
- Q: This question asks, “Which people, agencies or things do you consider your most important sources of social support?” One interviewer told us that a participant answered, “Mary Smith” to this question. The interviewer wanted to know whether the name “Mary Smith” should be recorded in the verbatim line since it is exactly what the participant said.
- A: No. The intent of this question is to determine which sources of social support the participant considers important. Therefore, the interviewer needed to record Mary Smith’s relationship to the participant, not the name “Mary Smith.” The interviewer should have clarified the response by asking, “Who is Mary Smith?” and then recorded the answer (e.g., teacher, friend, mother). Names should not be recorded in this verbatim field. Remember, it is acceptable to clarify a verbatim response and to write only the clarified answer and not the participant’s original response.

### **Item L1**

- Q: What is the difference between criminal and civil offenses?
- A: Criminal offenses are crimes against the public interest, such as theft, vandalism, violence, drug offenses, and other matters where the police would be involved. Civil law generally involves litigation between people, such as a lawsuit or a divorce, and involves lawyers rather than the police. Sentences in criminal law involve punishment and rehabilitation, while sentences in civil cases involve restitution or compensation. Arrests are never made in civil cases. There are other substantial differences in how the cases are initiated and tried, as well, but for the purposes of the GAIN they aren’t necessary to go into here.
- Q: Item L1 asks participants for information about current civil proceedings in which they are involved. An interviewer from the state of Missouri had the following situation occur: an adolescent responded, “Yes” to L1\_99 and reported truancy because in Missouri truancy is a civil issue for minors. The interviewer noted that truancy is listed as a status offense in both L5a\_99 and L5d\_99. She asked whether truancy should still be identified in L1\_99 as well as in L5a\_99 and L5d\_99.
- A: Whether truancy is reported in L1\_99 is largely a local choice. In many states it is not a civil offense, but if it is in Missouri, it makes sense to record it in L1. It is very important, however, to record truancy in L5a and L5d, where it will be summarized with other data nationally.

### **Items L3, L3a99, L3d**

Q: This item asks for the last time that the participant did anything that could have gotten him in trouble or been against the law besides using drugs. I know we don't count using drugs, but what about getting caught using drugs? What about selling drugs? What kind of alcohol- or drug-related crime counts for this question?

A: Do not include getting caught using drugs, but do include selling drugs. Count any alcohol- or drug-related activity that goes past simple purchase, possession, and use, such as dealing or driving under the influence.

Q: Should cigarette use be included as an illegal activity for adolescents?

A: No, simply using cigarettes or other tobacco doesn't count. However, if an adolescent resells cigarettes it would be a form of dealing and should be included here.

### **Item L3a18**

Q: When this question asks, "During the past 12 months, how many days have you been a member of a gang?" does it refer to initiation times, specific days of gang-related activities, or the number of times a participant considered themselves members of a gang?

A: Each day is counted for this item. For example, if a participant was a member of a gang every day for the past 12 months, their response should be 365. This gets tricky with some other items that are related to L3a18. For example, item L3d (During the past 90 days on how many days were you involved in any activities you thought might get you in trouble or be against the law?) does not necessarily include all the days a participant was a member of a gang in the past 90 days—being a member of a gang is not a crime per se, but many gang activities are illegal.

### **Item L3d**

Q: When counting the number of days in the past 90 that participants are involved in any activities that they thought might get them into trouble or be against the law, should they include days of drug use?

A: No, do not include days restricted to only using drugs. However, do include days related to drug activities (selling, etc.)

### **Item L4**

Q: Should we count parking tickets when we ask how many tickets a participant has gotten in their lifetime for minor traffic violations?

A: No, just offenses like moving violations or ordinance violations like expired registration.

### **Item L5**

Q: "How many times have you been arrested and charged with a crime?" Adolescents sometimes answer "Zero" because although they believe that they have been arrested, they don't think that they have been charged with a crime. A similar issue comes up on item L5b (When was the last time you were arrested and charged with a crime?). Both would have to be true (arrested and charged) if a participant gives any response other than 0. Is this the intent of that item?

A: This item attempts to get at those times when the adolescent is truly arrested (includes being charged), not those times the police might talk tough with him when he is out in the community or times when the police “suggest” that he come down to the station for a talk. To be arrested and charged with a crime, a number of events would have to happen: the police would read the adolescent his rights, he might be handcuffed, he would be taken to the station for fingerprints, his photo would be taken, and he would be given a date to appear in court. (Note that fingerprints are rarely done with inkpads anymore but are done electronically.) You may need to clarify these things with adolescents, since they often don’t understand what it means to be arrested and charged. The single clearest signal that the adolescent was arrested and charged was if he was told to appear in court on a specific date.

There is one exception to this scenario that you will want to code: if the participant is held in jail for a period of time but then released (arrested but not charged), count it. Ultimately, this item is about cost to society, and being held in jail incurs a cost to society.

### **Item L5ac**

Q: Item L5ac asks, “How many times were you found guilty and sentences, including being adjudicated as an adolescent or convicted as an adult?” What does “adjudicated” mean?

A: Adjudicated means to hear and settle a case by judicial procedure. Adjudication requires the same burden of proof as a conviction but is used in juvenile cases and does not result in a permanent record (usually juvenile records are sealed). A youth processed through the juvenile justice system (in most states) is referred to as an adjudicated offender, not a convicted offender.

Q: Adolescents often say that their charges were filed without a finding or were dismissed. Is that “adjudicated”?

A: No. Think of it this way: if someone was charged with armed robbery but the case was dismissed for lack of evidence, that person would not be convicted of armed robbery. An adolescent can appear before a judge but not be adjudicated.

Q: How is it that an adolescent could be involved in the criminal justice system and monitored by a probation officer but not be an adjudicated offender?

A: In some states juvenile offenders are sentenced to a type of supervision by a probation or juvenile-justice officer for a specific period of time without being adjudicated. This supervision is imposed in order to avoid adjudication.

### **Item L5d**

Q: Items L5-L5d address the number of times a participant has been arrested and charged with a crime. An interviewer asked for clarification in the following situation: a participant ran from treatment to which she was mandated. She was picked up by her probation officer and given 2 days’ detention. It was not a formal arrest or booking, but she was charged with two probation violations. Would these be coded as being arrested and charged?

A: Items L5-L5d contains two separate elements: an arrest and a charge. In the situation described above, the fact that she was picked up and brought in for booking constitutes

arrest, even though it was the probation officer who brought her in. So yes, the probation violation in this situation would be coded with a response other than 0 in L5 as well as in the subsequent questions, L5a-d. Additionally, a response other than 0 would be coded for L6g, “How many days did you get into trouble with your probation officer or parole officer...?”

#### **Item L5a99, L5d99**

Q: We recently had a kid who said he was arrested for and charged with “possession of permanent markers.” We’re not clear on the basis of the arrest, and we’re not sure how to code it. We put it in the “Status or other offenses” (99) category. Can you help us understand the offense?

A: If a participant is using permanent markers (or white-out) as an inhalant, it is indeed a status offense (paraphernalia) and should be coded under 99 as you have done. If the markers were used for vandalism, it would be coded under 1, “Vandalism or property destruction.”

#### **Item L6j**

Q: This item asks how long the participant anticipates being in jail, prison, or detention, and the answer is coded in years, months, weeks, and days. What should we do when the participant says that he doesn’t know? Also, should we convert the length of time to fill up as many of these fields as we can?

A: Just tell the participant to take his best guess. As for the time fields, don’t worry about converting the length of time to fill up as many of the fields as possible. For example, if the participant gives you an answer of “10 weeks,” record “10” in the “weeks” field and move on. When the data is entered into ABS, the computer will make any necessary adjustments.

#### **Item L7**

Q: For the item “Are you currently involved with the criminal justice system in any of the following ways?” it seems that if someone replied “Yes” to L7\_4 (On probation), L7\_99 (Assigned to a sentencing alternative or treatment program), or L7\_10 (Under house arrest), then by implication the participant should also say “Yes” to L7\_11 (Under other forms of court supervision) since the others all involve court supervision. If participants don’t mention it, should we code it ourselves?

A: In this situation (where the participant has already endorsed L7\_4, L7\_9, or L7\_10), there is no need to code “Yes” for L7\_11 (Under other forms of court supervision) since it is implied by the others. Note that it is possible to be under court supervision without being on probation, assigned to a sentencing alternative, or placed under house arrest.

#### **Item V1a**

Q: One of our participants answered “Yes” to this question because she had been in the gifted and talented educational program at her school. Is this item asking only about special-needs classes or would a gifted class be coded “Yes” as well?

A: It is correct for a gifted class to be coded as “Yes.” Often, gifted students are easily bored and get into trouble because of it. Special education classes or programs, whether remedial, behavioral, or gifted, are all counted as special education or services for V1a.

### **Item V2**

- Q: Suppose that in item V2 we learn that the participant has earned a GED. Should we go back to item V1 and enter grade 12?
- A: No. Item V1 is the actual grade that the participant has completed. A participant can complete, say, through only 3rd grade or 8th grade (reported in V1), but for V2 he could report having completed a GED.

### **Items V3, V3k-q**

- Q: For those questions about days in school/training, do we include classes that participants are attending in placement (detention, jail, inpatient treatment, etc.)? Or should the response be “No” if the participants are not in a regular school situation?
- A: Yes, you would include days of school in any controlled environment, not just regular school situations.

### **Items V3-V3s, V7**

- Q: Several items in the Vocational section ask about the participant’s school or training status. The complication is that many of our participants are suspended, expelled, or have dropped out, which can make coding the number of days on which they attended school or were absent tricky. How would we code these situations?
- A: First, keep in mind that a student on suspension is considered still in school, while expulsions and dropouts are not. Most suspensions last for only a week or two, so for V7 a suspension should be coded as 8 (In school or training). A code of 9 (In school or training but not currently going to classes) would be reserved for when the GAIN was administered while the participant was on summer vacation, for example, or if a participant were in residential treatment but still enrolled in school. Expulsions and dropouts would be coded something other than 8 or 9 because the participant is not enrolled in school.

For the V3-V3s items, say that a participant were suspended for 5 days. V3f (During the past 12 months, have you been absent 5 or more days from school or training for any reason?) should be “Yes,” and the same 5 days would count for both V3n (During the past 90 days, how many days did you miss school or training?) and V3q (...how many days were you suspended from school or training for any reason?). On the other hand, if a participant were expelled or had formally dropped out, then the response to V3f would be “No,” and the responses to the other items would depend on when the participant had last been in school or training.

### **Item V3**

- Q: This item asks for the last time that the participant was in any kind of school or training program. Does homeschooling count?
- A: Yes. Record it like you would any other schooling. Homeschooled students complete curriculum associated with specific grade levels. Record completed homeschooling grades as you would any other schooling. If the adolescent doesn’t know, put “DK.”
- Q: For the questions that deal with going to school or training (V3, V3a-s) do we include school or classes that participants are attending in placement (e.g., in detention, jail,

inpatient treatment, etc.)? Or should we get responses only if the participant is in a regular school situation?

A: You would also include days of school in any controlled environment.

Q: We have a participant who is home while recovering from a gang-related stab wound and is not physically going to school. He is doing schoolwork from home and his mom delivers his work to the school. Should this still be counted as being in school?

A: Yes.

### **Item V3m**

Q: V3m asks the participants for the number of days that they attended school or training full-time during the past 90 days. If adolescents are enrolled in regular school full-time but go for only part of one day (because they skip out early or go home sick), does that day count?

A: No. Days such as that described above do not count as a full day. That day, however, would be counted in V3k for the number of days the participant attended any kind of school or training.

Q: This item asks participants for the number of days that they attended school or training full-time during the past 90 days. If a youth is enrolled in an alternative school that meets only 4 hours each day, does this count as full-time school?

A: Yes, because the adolescent has attended the full time required, even though it is a shorter day than would be required in a regular school.

### **Items V3a-j**

Q: These items do not seem to apply for home schooling because the participant does not have a formal set schedule but rather an informal program that the parents have put together (her work is not graded but reviewed). Should these items be skipped when a participant is home schooled?

A: No, don't skip the items. See whether the participant can approximate an answer. If not, enter "DK" and make a note in the file.

### **Items V3k-m, V6k-m**

Q: These items ask for the number of days that the participant when to school or work in the past 90 days. If a participant is in school or work full-time for all the days that he is supposed to be there (i.e., 64 days out of 90), do you enter "64" in item V6k (...did you go to any kind of school or training?) and subtract official holidays and sick time from the response for item V6n (...did you miss school or training for any reason?)?

A: If the participant is in school/work full-time and went to school/work every day he was supposed to be there (i.e., five days a week minus the weekends), you would enter "64" in item V6k. If he also stayed the entire day, you would enter "64" in item V6m. Sick days and personal vacations would be noted in the response to V6n. If there were official school or work holidays in that time frame, those would be subtracted from the total possible (item V6k).

For example, say that the 90-day time frame goes from December to February. The participant goes full-time to a school that lets students off for a 5-day holiday in which the

school is officially closed, and the participant was sick for 1 day. Given this situation, you would enter “58” for V6k, “58” for V6m, and “1” for V6n.

### **Items V3k-q**

- Q: In the school attendance questions, how do we account for school being out in the summer?
- A: If the participants are not in school over the summer, the answers will largely be 0. We understand that this happens and take it into account as a seasonal trend. We also look at the days in school as a percent of days that the participants were supposed to be in school, which reduces this problem. Note, though, that for many adolescents, school still would have been in session at some point during the preceding 90 days, even late in the summer season.

### **Items V3k-q, V6k-q**

- Q: Although it’s not going to be exact, would it be easier to say that 5 days per week for the past 90 days is 65 days (rather than 64)?
- A: Either is okay. Go ahead and leave it as is because it is already printed on the questionnaire.

### **Item V3n**

- Q: For item V3n (During the past 90 days, on how many days did you miss school or training for any reason?) what would be coded if participants dropped out of school but should still be in class because they’re not of legal age?
- A: If the participant has formally dropped out of school, the proper response would be 0—the participant wasn’t enrolled in school and so couldn’t be said to have missed any days. If the participant hasn’t formally dropped out of school but still hasn’t attended any classes for the preceding 90 days, the response would be 64.

### **Item V5a**

- Q: Is illegal work like drug dealing a valid answer for this item?
- A: No, any illegal work is not counted in this item. Income from illegal activity is recorded in V11k, and V10 allows a response of illegal activities as a primary source of income. In addition, several items in the Legal section record illegal acts committed to support oneself or to purchase drugs or alcohol (L3e-g).
- Q: This item asks the participant for their length of work experience. Should participants include jobs like babysitting and working a paper route?
- A: Yes.
- Q: An 18-year-old participant said that he had 2 to 5 years of job experience as a plumber, but he actually worked only during the summers. Should this be counted as a full year?
- A: The time worked should be cumulative, so for instance, say that the participant worked 3 months each year for 3 years. For V7a it should be counted as 9 months, not 3 years.

### **Item V5b**

- Q: Can you give us some more direction on how to code typical adolescent jobs?

A: Below are examples of jobs that adolescents have reported, followed by their appropriate codes. One general point: when it comes to coding a cashier or sales clerk position, which code you use depends on the level of responsibility. Generally you would choose between 10 (service worker) or 3 (sales). Sales requires more responsibility and knowledge than simple cashiering—people who do sales work know a great deal about their products and can answer questions knowledgeably. A cashier at a fast-food restaurant most likely would fall into category 10.

<b>Job</b>	<b>V5b code</b>	<b>V5b job type</b>
Auto detailer	5	Craft and Kindred
Babysitting	9	Private Household Worker
Bagger at store	8	Non-farm Laborer
Bussing tables at restaurant	10	Service Worker
Camp counselor	10	Service Worker
Customer service at store	10	Service Worker
Dietary aide	10	Service Worker
Dishwasher	8	Non-farm Laborer
Fast-food worker or cashier	10	Service Worker
Fixing vacuums	5	Craft and Kindred
Forklift operator	8	Non-farm Laborer
Gardener at nursery	8	Non-farm Laborer
Inspector at a shipping department	4	Clerical or Office Worker
Employee at exotic pet store	3 or 10	Sales or Service Worker depending on responsibilities
Lawn maintenance (mowing/raking/cleanup)	10	Service Worker
Lifeguard	10	Service Worker
Maintenance, high level (e.g., repair)	8	Non-farm Laborer
Maintenance, lower level (e.g., raking/cleanup)	10	Service Worker
Music lessons	5	Craft and Kindred
Newspaper route/paper delivery	8	Non-farm Laborer
Restaurant host	10	Service Worker
Sales clerk at department store	3	Sales
Skate guard/rental	10	Service Worker
Stocker	8	Non-farm Laborer
Trim work, hanging doors	5	Craft and Kindred
Usher at theater/show	10	Service Worker
Waitstaff	10	Service Worker

### **Item V6**

Q: This item asks for the last time a participant worked at a civilian job or was self-employed. Does working as a volunteer count here?

A: No. Volunteer work is generally not considered being employed. However, volunteer efforts are recorded in item V7 (code 14).

Q: For the questions that deal with working at a job (V6, V6a-s), do we include jobs that participants have in their placement (in detention, jail, inpatient treatment, etc.)?

A: Yes, include paid jobs in any controlled environment.

### **Item V7**

Q: For the item that asks about the adolescent's present work or school situation, how do we code for students who go to school but are on summer break?

A: During the summer months use 9, "In school or training, but not currently going to classes." For kids who are in school (during the regular school year or summer school) but regularly skip school, code 8, "In school or training only," as if they were going to school because they are enrolled. Kids are considered in school until they graduate, are expelled, or formally drop out. If the adolescent is not in school but working full-time, the code should be 1, "Working full time, 35 hours or more a week."

Q: How should item V7 (Which of the following statements best describes your present work or school situation?) be coded for participants who are involved with both school and work?

A: There has been a lot of ongoing discomfort with this item because none of the responses work well for participants involved in both school and work. However, the wording of the item and response choices needs to stay as it is for comparison purposes because it has appeared on an epidemiological survey. Also, items V3 and V6 provide us with more detail about the level of work and school involvement, so we are not only relying on item V7 for this information.

To answer the coding question, first remember that as with any item, you should read the item and circle the response that the participant chooses. If participants do not want to choose an answer because none fits their situation, use the following coding guidelines:

(1) If one (meaning either work or school situation) is full time and the other is part time, code the full-time situation.

(2) If both are full time or both are part time, code the one that the participant engages in most frequently based on the responses from items V3m and V6m for full time and V3k and V6k for part time.

(3) If both school and work have the same frequency, then use the most recent based on responses to items V3 and V6.

(4) If all of the above are the same, pick work.

Note that if an adolescent is working but skipping school, you would code it as work only (either response 1 or 2). Please do not use "Other" to code this item in cases where you can use the decision rules given here.

### **Item V7a**

Q: Item V7a asks, “How long have you been in this situation?” Does this mean the participant’s overall time in school or work, or should it count only since the last time they were on vacation?

A: Item V7a should count the participant’s overall time in school or work. Vacations and other minor breaks should not reset the count, so to speak. For instance, if a participant has been working the same job for 10 years and has taken no more than the usual time off, the response to item V7a would be 10. However, if the participant took a significant break from school or work, such as taking a couple years off of school before going to college or being unemployed for a length of time, then the response to item V7a should reflect that break by counting the time since the participant reentered school or work. The response to item V7a should also reflect any changes in the participant’s situation: if the participant recently moved to full-time work after working part time for many years, the response should count only the full-time work.

Q: For participants who say that they are in school full-time, should they count time in preschool?

A: It isn’t necessary to count time in preschool but okay to count time in kindergarten.

Q: Suppose that the adolescent answers, “11 years” and cannot get any more specific. Should we just fill in “0” for the rest of the boxes?

A: Recording “11” in the years box is fine. You do not need to fill in the other boxes because the default is 0.

### **Items V8**

Q: Suppose that the participant answers, “4-12 months ago.” It makes sense to ask items V8a-k next, since those items ask about things that happened during the preceding 12 months. However, given an answer of “4-12 months ago,” asking item V8m (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?) does not make sense, since it’s based on the preceding 90 days. What should I do?

A: Go ahead and ask V8m but assume that the response will be 0. If participants do end up reporting some days in the past 90 when they initially answered, “4-12 months ago,” you will need to resolve the inconsistency.

### **Item V8d**

Q: Would a student loan be counted for V8d (During the past 12 months have you, not counting a home or car loan, owed more than what you make in two months)?

A: No. V8d looks for information on high-interest debts like outstanding credit-card balances. A student loan wouldn’t be counted.

### **Item V10**

Q: This question asks for the participant’s primary source of income. An interviewer asked whether it is possible for a teenage mother to receive TANF benefits.

A: Yes. However, the interviewer should clarify whether the adolescent or someone else in

her family actually receives benefits. If the latter, the proper coding should be 7 (Income from spouse, family or friends).

Q: For the primary source of income, we're not sure what kind of response we're looking for from adolescent participants. When participants do not have a job, they usually respond that their parents give them money or that the parents receive TANF or welfare. What is the best way to explain the question's intent to them?

A: The intent is to determine where the participants get their money. If the primary place that is from parents, the correct response is 7 (Income from spouse, family or friends). If the primary income source for the adolescent is parental TANF or welfare benefits, the correct response is 5 (Temporary Assistance for Needy Families).

Q: A participant reported their primary source of income as savings, which was coded under 99 (Other). Should we consider savings a source of income?

A: No.

Q: For the item "What is your primary source of income?" does this mean current primary income or source of income during the past 90 days? I interviewed a participant who is currently unemployed but had income to list in item V11 because she had had a job during the first half of the past 90 days.

A: The item refers to the source of income on the day of the interview. So if the participant was employed a few weeks ago but is no longer employed, do not code "Wages or a salary from a legitimate job or business."

Q: For the item "Which of the following is your primary source of income?" what does SSDI stand for?

A: SSDI stands for "Supplemental Security Disability Income." It is the main form of government support (health benefits and living allowance) for people with serious mental or physical disabilities. While we're on the topic, SSI stands for "Supplemental Security Income" and is a benefit for widows, orphans, and foster kids.

### **Item V11**

Q: I recently interviewed a participant who was paid in drugs rather than in money. For instance, she was given \$100 to buy drugs, and her "pay" for doing this was "a dime's worth." Should the estimated value of "a dime's worth" be figured into her personal income in item V11? And should that same value be added into the amount of money spent on drugs in item V11q?

A: Yes, estimate the value of the drugs and add it to item V11, specifically to V11k (Criminal or possibly illegal activities, including hustling or dealing). And yes, also add it to V11q (How much did you spend on drugs?).

Q: For the items that ask about the participant's sources of income, is that gross or net income?

A: Gross. Federal and state guidelines measure by gross income for such things as poverty levels and assistantship programs, so ask for the participant's pretax income.

### **Administration ratings**

Q: Sometimes one interviewer will start the assessment but another one will finish it on the same day. How do we document that another person finished it?

A: In the administration ratings at the end of the assessment, document the second interviewer's ID number in XADMh1d.

### **Administration ratings – Item XADMf**

Q: How should item XADMf (“Did the individual’s appearance suggest...”) be completed when the interview is done over the phone?

A: Enter 4 for “Not applicable.”

### **Administration ratings – Item XADMh (What administration protocol was followed?)**

Q: What are administration protocols and how should they be coded?

A: Administration protocols describe the format of the interview:

- If you began the assessment but left it incomplete, code “Partial assessment/incomplete to date” (5).
- If you completed the assessment according to the standard procedures at your site, code “Regular site protocol” (6).
- If you completed your site’s standard protocol and any supplements (such as GPRA), code “Regular site protocol supplemented with additional questions” (7).

“Other” (99) can be used with the advice of a site or project’s primary investigator, research project coordinator, or clinical supervisor to cover any other administration protocol not described by the three main choices.