

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

Version [GVER]: GM-0598

Site ID [XSITE]:	_ _ _ _	Local Site Number [XSITEa]:	_ _ _ _
Staff ID [XSID]:	_ _ _ _	Staff Initials [XSIN]:	_ _ _ _
Participant ID [XPID]:	_ _ _ _	Last Name [XPNAM]:	_____
Tx Pr. ID [XTPID]:	_ _ _ _	First Name :	_____ M.I. ____
First GAIN Assessment Date:	_ _ _ _	_ _ _ _	_ _ _ _
Observation [XOBS: 0,3,6,9]:	_ _ _ _	v.	_____
Edit Staff ID [XEDSID]:	_ _ _ _	Edit Date [XEDDT]:	__ / __ / ____
DE Staff ID [XDESID]:	_ _ _ _	Initial Key Date [XDEDT]:	_ _ _ _
ReKey Staff ID [XRKSID]:	_ _ _ _	ReKey Date [XRKDT]:	_ _ _ _

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This is a standardized assessment designed to help clinicians and program evaluators track client progress. As with any self-report it is limited by the veracity of the individual respondent's answers and should be combined with other information collected by an appropriately trained staff person prior to taking any specific actions.

The information on this form must be handled in the strictest confidence and will not be released to unauthorized personnel. In accordance with the provisions of the Privacy Act of 1974, unauthorized disclosure can result in fines up to \$5,000 for each violation. All staff with access to the specific answers on this form must understand this restriction and agree to resist sharing specific answers without prior written consent.

The current version of this instrument was developed by Dr. Michael Dennis and others at Chestnut Health Systems under a grant from the Center for Substance Abuse Treatment (TI 11320). It draws heavily on earlier versions developed for the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, and the Interventions Foundation. It also incorporates several scales and questions based on the National Household Survey on Drug Abuse and work by the American Psychiatric Association and the American Society of Addiction Medicine, as well as by the following individuals: L. Adams, D. Anglin, J. Becnel, P. Bokos, K. Bossert, V. Burgest, J. Caddell, W. Compton, W. Condelli, G. Deleon, L. Deragotis, S. Eisenberg, J. Fairbank, P. Flynn, J. Fraser, M. French, D. Fountain, R. Funk, M. Godley, S. Godley, R. Hagen, H. Higgins, R. Hubbard, P. Ingram, J. Jaffe, A. Jones, G. Karuntzos, R. Katzman, M. Kenney, B. Lee, M. McDermeit, A.T. McLellan, S. Ray, R. Risberg, K. Rourke, B. Rush, C. Scott, E. Senay, D. Simpson, A. Sodetz, M. Strauss, J. Titus, J. Unsicker, H. Waldron, R. Webber, W. Wechsberg, W. White and others who are more fully acknowledged in the manual.

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For Staff Use Only

A1. Administrative Information

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

PURPOSE AND INTRODUCTION

This assessment is designed to help us track how you are doing during and after treatment or counseling. The information we collect will only be used for your treatment and to help us evaluate our own services. This assessment has questions about what you have done and what services you are using. Depending on how much has been going on in your life, it will take about 10-20 minutes to do. If there is anything you do not understand, I will explain it.

This form is designed to help you tell us how you are doing. We will use it to evaluate our own services and plan a better program.

As with everything we do in treatment, your answers are confidential and are protected under the privacy act of 1974. We can be fined up to \$5,000 for revealing information about you without your consent. All staff with access to your answers understand this restriction and have agreed to resist sharing your specific answers without your prior written consent or a court order.

GENERAL DIRECTIONS

Several questions will ask you about things that have happened during the past year or past 90 days. (To help you remember these time periods, please look at the calendar on the next to the last page. We have marked today's date and about 90 days ago when we last interviewed you. When we talk about things happening to you during "the past 90 days" we are talking about things since your last interview. (Please use this calendar as we go through the interview to help you remember when different things happened.)

It is important that you try to answer each question if you can and are willing to. We know that you will not always know the exact answer and may have to give us your best guess. When we ask you about the number of days or times something happened, for instance, we are trying to understand if something happened often, sometimes, or never. You can take breaks if you need to and always have the right to refuse to answer any question.

Before we begin, do you have any questions?

For Staff Use Only

A2. Check for Cognitive Impairment

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

ERROR

SCORES

a. What year is it now? _____
 (Circle 4 for any error) 0 4

b. What month is it now? _____
 (Circle 3 for any error) 0 3

Please repeat this phrase after me: John Brown, 42 Mark Street, Detroit.
 (No score -- used for 1f below)

c. About what time is it? _____
 (Circle 3 for any error) 0 3

d. Please count backwards from 20 to 1.
 [20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1]
 (Circle 2 for one error, 4 for 2 or more errors) 0 2 4

e. Please say the months of the year in reverse order.
 [Dec, Nov, Oct, Sep, Aug, Jul, Jun, May, Apr, Mar, Feb, Jan]
 (Circle 2 for one error, 4 for 2 or more errors) 0 2 4

f. Please repeat the phrase I asked you to repeat before.
 [John/ Brown/ 42/ Mark Street/ Detroit]
 (Circle 2 for each subsection of /text/ missed) 0 2 4 6 8 10

g. (Add up scores from a through f and record): |__|__|

(If total is greater than 10, the individual is experiencing some degree of cognitive impairment. You can attempt again later if intoxication is suspected, or proceed and take into account when making the interpretation. If you do this section over, record the original score below before revising.)

h. (Original score) |__|__|

For Staff Use Only

A3. Literacy and Initial Administration Questions

a. How well can you read English in something like a newspaper or magazine? Would you say ...

- Not at all 0
- Slightly well 1
- Moderately well 2
- Considerably well 3
- Extremely well 4
- Not asked 9

b. How well can you write English in something like a job application or resume? Would you say ...

- Not at all 0
- Slightly well 1
- Moderately well 2
- Considerably well 3
- Extremely well 4
- Not asked 9

c. Would you prefer to try to answer these questions on your own, or would you like me to read them to you and help you fill it out?

- Orally administered by interviewer 0
- Self-administered 2
- Not asked 9

(If a, b or c is 0 or 1 it is strongly recommended that you orally administer the GAIN. It is also recommended that you administer the assessment orally if you have any concerns about cognitive impairment, need to speed up the interview or plan to initially use only the split assessment items {*} until you decide whether to admit the individual.

d. **(Document your initial decision)**

- Done orally because of literacy or client choice . . . 0
- Staff chose in advance to administer 1
- Self-administered (see back page) 2
- Other (Describe) 99

v. _____

B. Background and Treatment Arrangements

B2a. How old are you today? |__|__|[If 18 OR OVER,
Age GO TO B10]

b. Which of the following best describes who currently has legal
custody of you? (Circle one)

- Parents living together 1
- Parents that are separated and share custody 2
- A single parent 3
- Other family members 4
- Legally emancipated minor living on your own 5
- Runaway/on own (without legal emancipation) 6
- County/State (foster home or protective services) 7
- Juvenile or correctional institution 8
- Some other situation (**Please describe**) 99

v. _____

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

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

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

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

S2a. As (I/You) read each of the following substances, please tell us the <u>last</u> time (if ever) that you used it. Please respond if it was 1-2 days ago, 3-7 days ago, 1-4 weeks ago, 1-3 months ago, 4-12 months ago, 1+ years ago, or never. (Card A)	1-2 Days	3-7 Days	1-4 Weeks	1-3 Months	4-12 Mons.	1+ Years	Never
	6	5	4	3	2	1	0

1. Any kind of alcohol (such as beer, wine, whisky, gin, scotch or mixed drinks)	6	5	4	3	2	1	0
2. Marijuana or hashish	6	5	4	3	2	1	0
3. Crack or free base cocaine.	6	5	4	3	2	1	0
4. Other forms of cocaine	6	5	4	3	2	1	0
5. Inhalants (such as correction fluids, gasoline, glue, lighters, spray paints or paint thinner) . .	6	5	4	3	2	1	0
4. Heroin	6	5	4	3	2	1	0
5. Pain killers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, "Karachi," Percocet, Propoxyphene, street methadone, morphine, opium, Talwin or Tylenol with codeine).	6	5	4	3	2	1	0
6. PCP (Phencyclidine)	6	5	4	3	2	1	0
7. "Acid" or other hallucinogens (such as LSD, mushrooms, mescaline, peyote or psilocybin)	6	5	4	3	2	1	0
8. Anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Equanil, Diazepam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax)	6	5	4	3	2	1	0
9. "Speed," "uppers," amphetamines, or other stimulants (such as methamphetamine, Biphphetamine, Benzedrine, Desoxyn, Dexedrine, Methedrine or Ritalin)	6	5	4	3	2	1	0
10. "Downers," "sleeping pills," barbiturates or other sedatives (such as Dalmane, Donnatal, Doriden, Flurazepam, Halcion, methaqualone, Placidyl, "quaalude," Secobarbital, Seconal or Tuinal)	6	5	4	3	2	1	0
11. Some other drug (Please describe) (such as amyl nitrite, cough syrup, nitrous oxide, Nyquil, "poppers" or Robitussin)	6	5	4	3	2	1	0
V. _____							

[IF ALL NEVER, GO TO S3]

S2b. When was the last time you got drunk (5 or more drinks) or stayed high for most of the day?	6	5	4	3	2	1	0
S2c. When was the last time you went a month without using any alcohol, marijuana, cocaine, heroin, or other drugs?	6	5	4	3	2	1	0

(Remember, write in 0 for none)

- S2d. During the past 90 days... Days
1. on how many days have you used any alcohol, marijuana or any other drugs? [IF 0, GO TO S3]
 2. on how many days have you stayed drunk or high for most of the day?
 3. on how many days did alcohol or drug use problems keep you from meeting your responsibilities at work, school or home?
 4. what is the most days you have gone (in a row) without using alcohol, marijuana or other drugs?
 5. on how many days were you were in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs?
- S2e. During the past 90 days,
1. on how many days have you used any kind of alcohol? Days [IF 0 DAYS, GO TO S2f
 - 1a. after your last interview, how many days did you go before you had another drink? Days BELOW]
 2. what was the most drinks you had in one day? Drinks
 3. over how many hours did you have these drinks? Hours
- S2f. During the past 90 days,
1. on how many days have you used any kind of marijuana or hashish? Days [IF 0 DAYS
 - 1a. after your last interview, how many days did you go before you used marijuana again? Days GO TO S2g BELOW]
 2. what was the most joints (or pipes) of marijuana you smoked in one day? Joints
 3. over how many hours did you have these joints? Hours
- S2g. During the past 90 days,
1. on how many days have you used any other kind of drug? Days [IF 0 DAYS,
 - 1a. after your last interview, how many days did you go before you used any other drug? Days GO TO S2h]
 2. what was the most times you have used any other drugs in one day? Times
 3. Over how many hours did you do this? Hours
 4. on how many days have you used any kind of crack, free base or other forms of cocaine? Days
 5. on how many days have you used any kind of heroin, heroin mixed with other drugs (speedball, Karachi) or other opioid? Days
 99. on how many days have you used any "other" kind of drug? Days
(Please describe) v. _____

S2h. <u>During the past 90 days</u> , did you use alcohol or drugs. . .		<u>Yes</u>	<u>No</u>
1.	at home?	1	0
2.	at someone else's home?	1	0
3.	at a party/bar?	1	0
4.	at work?	1	0
5.	at school?	1	0
6.	at a shooting gallery/dealer's house?	1	0
7.	outdoors?	1	0
8.	in a car?	1	0
99.	somewhere else? (Please describe)	1	0
	v. _____		

S2j. <u>During the past 90 days</u> , did you use alcohol or drugs . . .		<u>Yes</u>	<u>No</u>
1.	alone?	1	0
2.	with your spouse/sexual partner?	1	0
3.	with family?	1	0
4.	with friends?	1	0
5.	with a club or gang?	1	0
6.	with coworkers?	1	0
7.	with classmates?	1	0
8.	with a running partner (someone you regularly do drugs with)?	1	0
9.	with a drug dealer/pusher?	1	0
99.	with someone else? (Please describe)	1	0
	v. _____		

S2k. <u>During the past 90 days</u> , have you taken alcohol or drugs by. . .		<u>Yes</u>	<u>No</u>
1.	drinking or taking pills orally?	1	0
2.	smoking?	1	0
3.	inhaling or huffing?	1	0
4.	injecting into skin or muscle (intramuscular)?	1	0
5.	injecting into a blood vein or artery (intravenous)?	1	0
99.	any other way? (Please Describe)	1	0
	v. _____		

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

S4a. During the past 90 days, on how many times have you been given a breathalyser or urine test to check for your alcohol or drug use? (do not count any today) |__|__|__|
Times

S5a. During the past 90 days, on how many days have you been in a detoxification program? |__|__|
(A detox program is a place to help you through severe withdrawal) Days

S6a. During the past 90 days, on how many days have you attended one or more self-help group meetings (such as AA, NA, CA or Social Recovery)? |__|__|
Days

S7c. Are you currently taking medication for alcohol or drug problems? Yes No
 (If yes, please describe v. _____) ... 1 0

S7d. When was the last time you received treatment or counseling
 (including case management or aftercare) for your use of
 alcohol or any drug? (Circle one) (Card A)

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

S7e. During the past 90 days, on how many

1. days were you in an inpatient treatment program (1-40 days)? . |__|__| Days
2. days were you in a longer-term residential program
 (2-12 months)? |__|__| Days
3. times did you go to an intensive outpatient program
 (9-12 hours per week)? |__|__| Times
4. times did you go to a regular outpatient program (1-8 hours
 per week)? |__|__| Times
5. days did you go to a program that gave you methadone
or antabuse to help with withdrawal or cravings? |__|__| Days

99. times did you go to any other kind of treatment provider? |__|__| Times
 (Please describe) v. _____

S7f. Are you currently being treated regularly for alcohol or drug Yes No
 problems? (If yes, where do you go?) 1 0
 v. _____

S7g. As a part of the substance abuse treatment, counseling, or case management you received in the past 90 days did

anyone (If not applicable, circle as No):	<u>Yes</u>	<u>No</u>
1. Work with you at your home?	1	0
2. Call you on the phone in between appointments?	1	0
3. Ask you what you thought were the benefits of being drug-free?	1	0
4. Teach/review with you relapse prevention procedures?	1	0
5. Ask you to talk about the fun things you could do without drugs/alcohol?	1	0
6. Talk about different ways to solve problems?	1	0
7. Meet with family members of yours more than one time?	1	0
8. Work with members of your family on communication?	1	0
9. Talk with you about your friends?	1	0
10. Require you to take urine tests?	1	0
11. Talk with you about probation?	1	0
12. Talk with your probation officer?	1	0
13. Talk with a counselor, teacher, or other adult at school?	1	0
14. Hook you up with other services?	1	0
15. Hook your family up with services?	1	0
16. Encourage you to attend appointments?	1	0
17. Ask if you went to appointments?	1	0
18. Provide you with transportation to appointments?	1	0
19. Help you to figure out agency procedures or understand your rights?	1	0
99. Other than the treatment you've told us about or the services mentioned above, were there other services you received?	1	0
(Please describe) v. _____		

S7h. At what agency(s) did you receive treatment or case management?

Who was your counselor?

- 1. Name of the agency v. _____
- 1a. Name of the counselor v. _____
- 2. Name of the agency v. _____
- 2a. Name of the counselor v. _____

S8. Do you <u>currently</u> feel that...	<u>Yes</u>	<u>No</u>
a. Being in a treatment program is too demanding?	1	0
b. You have too many other responsibilities now to be in a treatment program?	1	0
a. It will be hard for you to resist drugs where you currently live, work or go to school?	1	0
d. Your old friends may try to get you to drink or use drugs again? . .	1	0
e. There is a lot of pressure for you to be in alcohol or drug treatment?	1	0
f. You can get the help you need in an alcohol or drug treatment program?	1	0
g. You need to be in treatment for at least a month?	1	0
h. You will probably need to come back to treatment again one or more times?	1	0
j. You need support from friends and relatives to deal with your alcohol or drug use?	1	0
k. You spend a lot of time thinking about alcohol or drugs?	1	0
m. You think you could avoid using alcohol or drugs <u>at home</u> ?	1	0
n. You think you could avoid using alcohol or drugs <u>at work or school</u> ? .	1	0
p. You think you could avoid using alcohol or drugs <u>with your friends</u> ? .	1	0
q. You think you could avoid using alcohol or drugs <u>when people</u> <u>around you were using them</u> ?	1	0
r. You have <u>any</u> problems related to alcohol or drug use?	1	0 [IF NO, GO TO S9]
s. You have a good understanding of how drug and alcohol use is related to your current problems?	1	0
t. Your current problems can and will go away?	1	0
u. You know the course most of your current problems will follow? .	1	0
v. Your current problems are out of control?	1	0
w. Your current problems are solvable?	1	0

Next we want to go over a list of common problems related to alcohol or drug use. After (hearing/reading) each of the following statements, we would like you to tell us the <u>last</u> time you had this problem by responding in the past month, 2-12 months ago, 1 or more years ago, or never.	Past month	2-12 Months	1+ Years	Never
S9. When was the <u>last</u> time that (Card B)	3	2	1	0
c. you tried to hide when you were using alcohol or drugs?	3	2	1	0
d. your parents, family, partner, co-workers, classmates or friends complained about your alcohol or drug use?	3	2	1	0
e. you used alcohol or drugs weekly?	3	2	1	0
f. your alcohol or drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems?	3	2	1	0
g. your alcohol or drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease or any other health problems?	3	2	1	0
h. you kept using alcohol or drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home?	3	2	1	0
j. you used alcohol or drugs where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might have been forced into sex or hurt?	3	2	1	0
k. your alcohol or drug use caused you to have (repeated) problems with the law?	3	2	1	0
m. you kept using alcohol or drugs even after you knew it could get you into fights or other kinds of legal trouble?	3	2	1	0
n. you needed more alcohol or drugs to get high or found that the same amount did not get you as high as it used to?	3	2	1	0
p. you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?	3	2	1	0
q. you used alcohol or drugs in larger amounts, more often or for a longer time than you meant to?	3	2	1	0
r. you were unable to cut down or stop using alcohol or drugs?	3	2	1	0
s. you spent a lot of your time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	3	2	1	0
t. your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	3	2	1	0
u. you kept using alcohol or drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having?.	3	2	1	0

P. Physical Health

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

- P3. During the past 90 days, would you say your health in general was. . . (Circle one)
- | | | |
|-----------------|---|--|
| Excellent | 0 | |
| Very good | 1 | |
| Good | 2 | |
| Fair | 3 | |
| Poor | 4 | |

For Staff Use Only (Optional Health History Detail)

- P5. Have you ever been pregnant? Yes No
 (If male, circle no and go to P6) 1 0 [IF NO, GO TO P9]

- P5a. About when did your last pregnancy begin? (Circle one)
- | | | |
|-------------------------------|---|------------|
| During the past 90 days | 1 | |
| 4 to 6 months ago | 2 | |
| 7 to 9 months ago | 3 | |
| 10 to 12 months ago | 4 | [GO TO P9] |
| More than a year ago | 5 | [GO TO P9] |

- P5b. What happened (or is happening) during your last pregnancy? (Circle one)
- | | | |
|---|---|------------|
| Carried the baby to term--live birth? | 1 | [CONTINUE] |
| Had a miscarriage? | 2 | [GO TO P9] |
| Had an abortion? | 3 | [GO TO P9] |
| Are you uncertain? | 4 | [GO TO P9] |
| Are you currently pregnant? | 5 | [GO TO P9] |
| Something else? (Please describe) | 6 | [GO TO P9] |
- v. _____

- P5c. How much did your baby weigh at birth? |__| |__|
Pounds Ounces

P9. When was the last time (if ever) that you were bothered by health or medical problems or that they kept you from meeting your responsibilities at work, school or home? (Please include asthma, allergies and problems with your period) **(Circle one) (Card A)**

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago 3
- 4 to 12 months ago 2 [GO TO P11d]
- More than 12 months ago 1 [GO TO P11d]
- Never 0 [GO TO P11d]

P9a. During the past 90 days, on how many days were you bothered by any health or medical problems? [IF 0, GO TO P11d]
Days

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

The next questions are about treatment for injuries or physical health problems. Do not count counseling or treatment that was only for alcohol/drug use, or psychological problems here.

P11d. Are you currently taking medication for allergies or health problems? (If yes, please describe below) Yes No
1 0
v. _____

P11e. When was the last time you saw a doctor or nurse about a health problem? **(Circle one) (Card A)**

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

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

f. times have you had to go to the emergency room? |_|_| Times

g. nights total did you spend in the hospital? |_|_| Nights

h. times did you have an outpatient surgical procedure? |_|_| Times

j. times did you see a doctor in an office or outpatient clinic? . |_|_| Times

k. Are you currently being treated for a medical problem? (If yes, where do you go?) Yes No
1 0
v. _____

R. Risk Behaviors and Disease Prevention

Next, we would like to ask a few very personal questions about behaviors that may have put you at risk or reduced your risk for getting or spreading infectious diseases. Please remember that all your answers are strictly confidential.

- R1. When was the last time (if ever) that you used a needle to inject drugs or medication? (Please include medication prescribed by a doctor.) **(Circle one) (Card A)**
- | | | |
|--------------------------------|---|-------------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | |
| More than 12 months ago | 1 | [GO TO R2] |
| Never | 0 | [GO TO R2] |

For Staff Use Only (Optional Needle Use Detail)

R1j. During the past 90 days, on how many days did you use a needle to inject any kind of drug or medication? |_|_| **[IF 0, GO TO R2]**
Days

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

m. During the past 90 days, on how many days did you share needles with other people? |_|_|
Days

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

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

During the past 90 days, how many sexual partners did you have who were. . . Partners

p. male	_ _ _
q. female	_ _ _

R2r. During the past 90 days, how many times did you have |_|_|_| [IF 0, GO TO R4]
 any kind of sex (vaginal, oral, or anal) with another person? Times

R2s. Of these times when you had sex, how many of these times did you use any kind of condom, dental dam or other barrier . . |_|_|_|
 to protect you and your partner from diseases or pregnancy? Times

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

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

- a. During the past 90 days, on how many days have you smoked or used any kind of tobacco? [IF 0, GO Days TO R5]
- b. On those days, how many times per day did you usually smoke or use any kind of tobacco? Times

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

<i>For Staff Use Only (Optional Risk Behavior Detail)</i>	
R5. <u>During the past 90 days</u> , on how many days have you...	Days
a. gone without eating any food?	<input type="text"/> <input type="text"/>
b. exercised for at least 20 minutes per day?	<input type="text"/> <input type="text"/>
R6. <u>During the past 90 days</u> , how many times have you attended classes or sessions on the following topics?	Times
a. Diet or nutrition.	<input type="text"/> <input type="text"/>
b. Exercise	<input type="text"/> <input type="text"/>
c. Relaxation.	<input type="text"/> <input type="text"/>
d. HIV/AIDS prevention	<input type="text"/> <input type="text"/>
e. HIV or other health testing, counseling or education	<input type="text"/> <input type="text"/>
f. How to stop smoking	<input type="text"/> <input type="text"/>
g. Other health education or prevention classes	<input type="text"/> <input type="text"/>
(Please describe) v. _____	

M. Mental and Emotional Health

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?

(Circle one) (Card A)

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

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

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

M2. When was the last time (if ever) your life was disturbed by memories of things from the past that you did, saw or had happen to you?

(Circle one) (Card A)

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

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

M3. When was the last time (if ever) you had any problems paying attention, controlling your behavior or broke rules you were supposed to follow? (Circle one) (Card A)

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	[GO TO M5d]
Never	0	[GO TO M5d]

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

M5d. Are you currently taking medication for mental, emotional or psychological problems? **(If yes, please describe)** Yes No
1 0

v. _____

M5e. When was the last time (if ever) that you were treated for a mental, emotional or psychological problem by a mental health specialist or in an emergency room, hospital or outpatient mental health facility? (Circle one) (Card A)

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	[GO TO E1]
More than 12 months ago	1	[GO TO E1]
Never	0	[GO TO E1]

During the past 90 days, how many . . .

- f. Times have you had to go to the emergency room? Times
- g. Nights total did you spend in the hospital? Nights
- h. Times did you see a doctor in an office or outpatient clinic? Times

- j. Are you currently being treated for a mental, emotional or psychological problem? **(If yes, where do you go?)** Yes No
1 0

v. _____

E. Environment and Living Situation

E1b. When was the last time (if ever) that you considered yourself to be homeless? **(Circle one) (Card A)**

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

E2. During the past 90 days, on how many days have you lived someplace. . . Days

- a. Where you paid any rent or mortgage or money to stay there? . |__|
- b. Where any part of your rent was paid for by public housing or a public housing voucher? |__|
- c. That would be considered a homeless shelter or emergency housing? |__|
- d. Where anyone used alcohol there? |__|
- e. Where anyone used drugs there? |__|
- f. Where you were not free to come and go as you please (such as jail, an inpatient program, or hospital)? |__|

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

E4. How many children do you have under the age of 21? [IF 0 GO
Number TO E5]

b. Do you still have or want legal custody of any of your children? . . [IF NO,
Yes No GO TO E5]
1 0

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

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

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

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

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

For Staff Use Only (Optional Environment Indices)

For the following questions, please do not count people just because you see them, they are in the same building, or you only see them a few times.

E5a. During the past 90 days, how many people would you say that you have regularly lived with (including your parents or family)? **[If 0, GO TO E6]**
 People

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

	None	A Few	Some	Most	All
aa. were employed or in school or training full-time?	4	3	2	1	0
ab. were involved in illegal activity?	0	1	2	3	4
ac. weekly got drunk or had 5 or more drinks in a day? . . .	0	1	2	3	4
ad. used any drugs during the <u>past 90 days</u> ?	0	1	2	3	4
ae. shout, argue, and fight most weeks?	0	1	2	3	4
af. have ever been in drug or alcohol treatment?	4	3	2	1	0

E6a. During the past 90 days, how many people would you say that you spend most of your time with at work or school? **[If 0, GO TO E7]**
 People

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...

	None	A Few	Some	Most	All
aa. were employed or in school or training full-time?	4	3	2	1	0
ab. were involved in illegal activity?	0	1	2	3	4
ac. weekly got drunk or had 5 or more drinks in a day? . . .	0	1	2	3	4
ad. used any drugs during the <u>past 90 days</u> ?	0	1	2	3	4
ae. shout, argue, and fight most weeks?	0	1	2	3	4
af. have ever been in drug or alcohol treatment?	4	3	2	1	0

E7a. During the past 90 days, how many people would you say that you spend most of your free time with or hang out with? **[If 0, GO TO E8]**
 People

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

	None	A Few	Some	Most	All
aa. were employed or in school or training full-time?	4	3	2	1	0
ab. were involved in illegal activity?	0	1	2	3	4
ac. weekly got drunk or had 5 or more drinks in a day? . . .	0	1	2	3	4
ad. used any drugs during the <u>past 90 days</u> ?	0	1	2	3	4
ae. shout, argue, and fight most weeks?	0	1	2	3	4
af. have ever been in drug or alcohol treatment?	4	3	2	1	0

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

E8. When was the last time (if ever) that during an argument with someone else you swore, threatened them, threw something, pushed or hit someone in any way? **(Circle one) (Card A)**

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	[GO TO E9n]
More than 12 months ago	1	[GO TO E9n]
Never.	0	[GO TO E9n]

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

E9n-r. Are you <u>currently worried</u> that someone might...	<u>Yes</u>	<u>No</u>
n. <u>attack</u> you with a gun, knife, stick, bottle or other weapon?	1	0
p. <u>hurt you by striking or beating</u> or otherwise physically abuse you?	1	0
q. <u>pressure or force you to participate in sexual acts</u> against your will?	1	0
r. <u>abuse you emotionally?</u>	1	0

(If nothing has happened and/or you are not currently worried, circle No to E9s below)

E9s. Have you gotten the help you needed to deal with these problems?

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

E9t. When was the last time (if ever) you were attacked with a weapon, beaten, sexually abused or emotionally abused? **(Circle one) (Card A)**

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	[GO TO E10]
More than 12 months ago	1	[GO TO E10]
Never	0	[GO TO E10]

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

For Staff Use Only (Optional Stress Indices)

E10a. During the past 90 days, have you been under stress for any of the following reasons related to your family, friends, classmates or co-workers?

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

(Please describe) v. _____

E11a. During the past 90 days, have you been under stress because of the following other kinds of demands on you?

	<u>Yes</u>	<u>No</u>
1. Major change in housing or bad housing?	1	0
2. New job, position or school?	1	0
3. Hard work or school schedule?	1	0
4. Problems with transportation?	1	0
5. Discrimination in community, work, school or transportation?	1	0
6. Threat of losing current housing, job, school or transportation?	1	0
7. Interruption or loss of housing, job, school or transportation?	1	0
99. Other environmental demands on you?	1	0

(Please describe) v. _____

<i>For Staff Use Only (Optional Support Indices)</i>		
E12a. <u>During the past 90 days</u> , did you have the following kinds of <u>social support</u> ?	<u>Yes</u>	<u>No</u>
aa. A professional counselor or other health provider?	1	0
ab. Friends or colleagues from <u>other</u> companies or schools you could talk to <u>without worry about things getting back to others at work or school</u> ?	1	0
ac. People at work or school you could talk to about day-to-day things?	1	0
ad. People at work or school who could help you get your assignments done?	1	0
ae. Family members or close partners you could talk to and rely on? . .	1	0
af. Friends you could just hang out with and not talk about work or family issues?	1	0
ag. A (legal) hobby or activity that you enjoyed <u>and did</u> for yourself? .	1	0
ah. Someone you felt like you could talk to about needs and emotions?	1	0
aj. Someone you felt could help you figure out how to cope with any problems you were having or might have?	1	0
E13. Would you say that you are ... (Circle one)		
<u>A lot less spiritual</u> or religious than most people?	0	
<u>A little less spiritual</u> or religious than most people?	1	
<u>About as spiritual</u> or religious as most people?	2	
<u>A little more spiritual</u> or religious than most people?	3	
<u>A lot more spiritual</u> or religious than most people?	4	

<i>For Staff Use Only (Optional Satisfaction Index)</i>					
The next questions ask you to tell us how satisfied you are on a scale of 0 to 4, where 0 is not at all, 1 is slightly, 2 is moderately, 3 is considerably and 4 is extremely satisfied.					
E15a-f. How <u>satisfied</u> are you with. . .	<u>Not</u>			<u>Consid-</u>	<u>Extre-</u>
	<u>at all</u>	<u>Slightly</u>	<u>Moderately</u>	<u>erably</u>	<u>mely</u>
a. where you are living?	0	1	2	3	4
b. your family relationships?	0	1	2	3	4
c. your sexual and/or marital relationships?	0	1	2	3	4
d. your school and work situations?	0	1	2	3	4
e. how you spend your free time?	0	1	2	3	4
f. the extent to which you are coping with or getting help with your problems?	0	1	2	3	4

L. Legal (Civil and Criminal)

L3. When was the last time (if ever) that you did anything you thought might get you in trouble or be against the law (besides using drugs)?

(Circle one) (Card A)

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago 3
- 4 to 12 months ago 2 [GO TO L5b]
- More than 12 months ago 1 [GO TO L5b]
- Never 0 [GO TO L5b]

L3v. During the past 90 days, on how many days were you involved in any activities you thought might get you into trouble or be against the law?

|_|_| [IF 0, GO TO L5b]
Days

L3w. During the past 90 days, on how many days did you support yourself financially from activities that you thought might get you into trouble or be against the law?

|_|_|
Days

- L5b. When was the last time you were arrested, charged with a crime and booked? **(Circle one) (Card A)**
- Within the past two days 6
 - 3 to 7 days ago 5
 - 1 to 4 weeks ago 4
 - 1 to 3 months ago 3
 - 4 to 12 months ago 2 [GO TO L6]
 - More than 12 months ago 1 [GO TO L6]
 - Never. 0 [GO TO L6]

- c. During the past 90 days, how many times have you been arrested and booked for breaking a law? Please do not count minor traffic violations **[IF 0, GO TO L6]**
- Times

L5d-w. How many times have you been arrested and booked for each of the following offenses during the past 90 days? Times

- d. Vandalism or property destruction
 - e. Forgery, fraud or passing bad checks
 - f. Larceny or theft.
 - g. Burglary or breaking and entering
 - h. Motor vehicle theft
 - j. Robbery.
 - k. Simple assault or battery
 - m. Aggravated assault
 - n. Forcible rape
 - p. Murder, homicide or non-negligent manslaughter
 - q. Arson.
 - r. Driving under the influence
 - s. Drunkenness or other liquor law violation
 - t. Possession, distribution or sale of drugs
 - u. Prostitution or commercialized sex
 - v. Probation or parole violations
 - w. Other offenses **(Please describe)**
- v. _____

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

During the past 90 days, on how many days did you... Days
 (NOTE: 5 days per week in 90 days is equal to 64 working days.)

- k. work for money at a job or in a business? |_|_|
- m. work full time (7 or more hours per day)? |_|_|
- n. miss work for any reason? |_|_|
- p. get in trouble at work for any reason? |_|_|
- q. get suspended or fired from work for any reason? |_|_|

- V7. Which of the following statements best describes your present work or school situation? (Circle one)
- Working full-time, 35 hours or more a week 1
 - Working part-time, less than 35 hours a week 2
 - Have a job, but not at work because of treatment, extended illness, maternity leave, furlough or strike 3
 - Have a job but not at work because it is seasonal work 4
 - Unemployed or laid off and looking for work 5
 - Unemployed or laid off and not looking for work 6
 - Full-time homemaker 7
 - In school or training only. 8
 - In school or training, but not currently going to classes. 9
 - Retired.. 10
 - In jail or prison. 11
 - Too disabled for work (Please describe disability) 12
 - v. _____
 - Some other work situation (Please describe) 99
 - v. _____

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

<i>For Staff Use Only (Optional Financial Problem Detail)</i>	
<p>V8m. <u>During the past 90 days</u>, on how many days have you had any money problems, including arguing about money or not having enough for food or housing?</p>	<p> _ _ Days</p>

- V9. When was the last time (if ever) you gambled for money, drugs, sex or other things? (Circle one) (Card A)
- Within the past two days 6
 - 3 to 7 days ago 5
 - 1 to 4 weeks ago 4
 - 1 to 3 months ago 3
 - 4 to 12 months ago 2 [Go to V10]
 - More than 12 months ago 1 [Go to V10]
 - Never 0 [Go to V10]

<i>For Staff Use Only (Optional Gambling Problem Detail)</i>	
<p>V9m. <u>During the past 90 days</u>, on how many days have you gambled for money, drugs, sex or other things?</p>	<p> _ _ Days</p>

- V10. Which of the following is your primary source of income? **(Circle one)**
- Wages or a salary from a legitimate job or business? 1
 - Social Security or Railroad Retirement payments? 2
 - Supplemental Security Income or SSI? 3
 - Other public assistance or welfare payments from the state
or local welfare office such as general assistance? 4
 - Temporary Assistance for Needy Families (TANF, formerly AFDC)? . . 5
 - Interests, dividends, rent, royalties or inheritance? 6
 - Income from spouse, family or friends (including child
support, allowance or alimony)? 7
 - Gambling (including a loss)? 8
 - Hustling, dealing or other illegal activities? 9
 - Some other source? **(Please describe)** 99

v. _____

V11. During the past 90 days, . . . Dollars

- a. what was your total personal income from this
and all other sources? \$|_|_|_|_|,|_|_|_|_|.00
- b. how much did you spend on alcohol? \$|_|_|_|,|_|_|_|_|.00
- c. how much did you spend on drugs? \$|_|_|_|,|_|_|_|_|.00

For Adults or Legally Emancipated Minors Only (Get from Parent if Adolescent)

The next two questions are about your household. This may include people with whom you share your income and expenses, such as husband, wife, children, parents, relatives, sexual partners.) We do not need an exact number. You can give your answer to the nearest hundreds or thousands of dollars if that is easier. **(Put "DK" if you do not know.)**

V11d. During the past 90 days, what was the total family
income of everyone in your household together? \$|_|_|_|_|,|_|_|_|_|.00
Dollars

c. How many people are there in your household? |_|_| People

Z. End

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

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

Z2. Do you have any additional comments or questions?

- v1. _____
- v2. _____
- v3. _____
- v4. _____

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

For Staff Use ONLY	
XADM. Administration	
a.	MOA: CAS <input type="checkbox"/> ₁ CA <input type="checkbox"/> ₂ SAS <input type="checkbox"/> ₃ SA <input type="checkbox"/> ₄ ORS <input type="checkbox"/> ₅ ORO <input type="checkbox"/> ₆ TEL <input type="checkbox"/> ₇
b.	LNG: ENG <input type="checkbox"/> ₁ SPN <input type="checkbox"/> ₂ OTH <input type="checkbox"/> ₉₉ v. _____
c.	IDD: NO <input type="checkbox"/> ₀ MIN <input type="checkbox"/> ₁ MOD <input type="checkbox"/> ₂ MAJ <input type="checkbox"/> ₃
d.	ECD: NO <input type="checkbox"/> ₀ MIN <input type="checkbox"/> ₁ MOD <input type="checkbox"/> ₂ MAJ <input type="checkbox"/> ₃
e.	OCB: DEP <input type="checkbox"/> ₁ VIO <input type="checkbox"/> ₁ ANX <input type="checkbox"/> ₁ BOR <input type="checkbox"/> ₁ INT <input type="checkbox"/> ₁ WIT <input type="checkbox"/> ₁ DIS <input type="checkbox"/> ₁ COP <input type="checkbox"/> ₁
f.	APP: NO <input type="checkbox"/> ₀ PH <input type="checkbox"/> ₁ UNK <input type="checkbox"/> ₂ INA <input type="checkbox"/> ₃ NA <input type="checkbox"/> ₄
g.	LOC: Tx <input type="checkbox"/> ₁ INT <input type="checkbox"/> ₂ COR <input type="checkbox"/> ₃ SCH <input type="checkbox"/> ₄ EMP <input type="checkbox"/> ₅ HOM <input type="checkbox"/> ₆ OTH <input type="checkbox"/> ₉₉ (Describe below) v. _____
h.	ADM: Full <input type="checkbox"/> ₁ Quick <input type="checkbox"/> ₂ CONV <input type="checkbox"/> ₃ SCR <input type="checkbox"/> ₄ PAR <input type="checkbox"/> ₅ MUL <input type="checkbox"/> ₆ OTH <input type="checkbox"/> ₉₉ (Describe below) v. _____
j.	AC: v1. _____ v2. _____
k.	REVISION DATE: __ _ / __ _ / __ _ _ _
m.	REVISED TOTAL BREAKS: __ _
n.	REVISED MINUTES: __ _ _

For Staff Use Only (Optional Special Study Detail)					
XSSN. Special Study Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name: v. <input type="text"/>					
aa.	<input type="text"/>	ba.	<input type="text"/>	ca.	<input type="text"/>
ab.	<input type="text"/>	bb.	<input type="text"/>	cb.	<input type="text"/>
ac.	<input type="text"/>	bc.	<input type="text"/>	cc.	<input type="text"/>
ad.	<input type="text"/>	bd.	<input type="text"/>	cd.	<input type="text"/>
ae.	<input type="text"/>	be.	<input type="text"/>	ce.	<input type="text"/>
af.	<input type="text"/>	bf.	<input type="text"/>	cf.	<input type="text"/>
ag.	<input type="text"/>	bg.	<input type="text"/>	cg.	<input type="text"/>
ah.	<input type="text"/>	bh.	<input type="text"/>	ch.	<input type="text"/>
aj.	<input type="text"/>	bj.	<input type="text"/>	cj.	<input type="text"/>
ak.	<input type="text"/>	bk.	<input type="text"/>	ck.	<input type="text"/>
am.	<input type="text"/>	bm.	<input type="text"/>	cm.	<input type="text"/>
an.	<input type="text"/>	bn.	<input type="text"/>	cn.	<input type="text"/>
ap.	<input type="text"/>	bp.	<input type="text"/>	cp.	<input type="text"/>
aq.	<input type="text"/>	bq.	<input type="text"/>	cq.	<input type="text"/>
ar.	<input type="text"/>	br.	<input type="text"/>	cr.	<input type="text"/>
as.	<input type="text"/>	bs.	<input type="text"/>	cs.	<input type="text"/>
at.	<input type="text"/>	bt.	<input type="text"/>	ct.	<input type="text"/>
au.	<input type="text"/>	bu.	<input type="text"/>	cu.	<input type="text"/>
av.	<input type="text"/>	bv.	<input type="text"/>	cv.	<input type="text"/>
aw.	<input type="text"/>	bw.	<input type="text"/>	cw.	<input type="text"/>
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CARD A: Detailed Recency Codes

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

CARD B: Simple Recency Codes

Past month	3
2 to 12 months ago	2
1+ Years ago	1
Never	0