



## GF. General Factors

| GLPI/<br>GFI | 1. <u>In your lifetime</u> , have you . . .   | <u>Yes</u>                      | <u>No</u>                       |
|--------------|---|---------------------------------|---------------------------------|
|              | a. been treated <u>5 or more times</u> in a hospital or emergency room for physical health problems?.....                               | <input type="text" value="1"/>  | <input type="text" value="0"/>  |
|              | b. <u>ever</u> received treatment or counseling for a mental, emotional, behavioral or psychological problem?.....                      | <input type="text" value="1"/>  | <input type="text" value="0"/>  |
|              | c. <u>ever</u> received treatment or counseling for alcohol, marijuana or other drugs?.....   | 1                               | <input type="text" value="0"/>  |
|              | d. been stopped by the police or arrested <u>5 or more times</u> ?.....   | <input type="text" value="1"/>  | <input type="text" value="0"/>  |
|              | 2. <u>During the past 12 months</u> , have you . . .  |                                 |                                 |
|              | a. gotten bad grades or had your grades drop at school or training?.....  | 1                               | <input type="text" value="0"/>  |
|              | b. been absent 5 or more days from school or training for any reason?.....  | <input type="text" value="1"/>  | <input type="text" value="0"/>  |
|              | c. skipped or cut school or training just because you didn't want to be there?.....   | <input type="text" value="1"/>  | <input type="text" value="0"/>  |
|              | d. been suspended or expelled from school or training?.....   | <input type="text" value="1"/>  | <input type="text" value="0"/>  |
|              | e. done badly at work or done worse at work?.....   | 1                               | <input type="text" value="0"/>  |
|              | f. been absent 5 or more days from work for any reason?.....  | 1                               | <input type="text" value="0"/>  |
|              | g. skipped or cut work because you didn't want to be there?.....  | 1                               | <input type="text" value="0"/>  |
|              | h. been fired, laid off or told not to come in to work?.....  | 1                               | <input type="text" value="0"/>  |
|              | j. been attacked by someone else?.....  | 1                               | <input type="text" value="0"/>  |
|              | k. attacked someone else?.....  | 1                               | <input type="text" value="0"/>  |
|              | m. been arrested?.....  | 1                               | <input type="text" value="0"/>  |
|              | n. been on probation, parole, or other kinds of court supervision?.....   | <input type="text" value="1"/>  | <input type="text" value="0"/>  |
|              | 3. <u>During the past 90 days</u> , on how many <u>days</u> . . .<br>(Use "0" for None or Not Applicable.)                              |                                 | <u>Days</u>                     |
|              | a. did you go to any kind of <u>school or training</u> program?.....  | <input type="text" value="26"/> | <input type="text" value="26"/> |
|              | b. did you <u>miss</u> school or training for any reason?.....  | <input type="text" value="2"/>  | <input type="text" value="2"/>  |
|              | c. did you <u>get in trouble</u> at school or training for any reason?.....   | <input type="text" value="5"/>  | <input type="text" value="5"/>  |
|              | d. you go to <u>work</u> ?.....   | <input type="text" value="56"/> | <input type="text" value="56"/> |
|              | e. you <u>miss</u> work for any reason?.....  | <input type="text" value="3"/>  | <input type="text" value="3"/>  |
|              | f. you <u>get in trouble</u> at work for any reason?.....   | <input type="text" value="0"/>  | <input type="text" value="0"/>  |
|              | g. have you gotten into trouble at home or with your family for any reason?.....  | <input type="text" value="12"/> | <input type="text" value="12"/> |
|              | h. were you in foster care, a group home or a ward of the state?.....   | <input type="text" value="0"/>  | <input type="text" value="0"/>  |
|              | j. have you lived in a place where you were not free to come and go as you please-such as jail, an inpatient program, or hospital?..... | <input type="text" value="0"/>  | <input type="text" value="0"/>  |

## SS. Sources of Stress

GLPI/  
SOSI

1. During the past 12 months, 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> |
|--|------------|-----------|
| a. Birth or adoption of a new family member .....                      | 1          | 0         |
| b. Health problem of a family member or close friend .....             | 1          | 0         |
| c. Major change in relationships (marriage, divorce, separation) ..... | 1          | 0         |
| d. Death of a family member or close friend .....                      | 1          | 0         |
| e. Fights with boss/teacher or co-workers/classmates .....             | 1          | 0         |
| f. Other changes or problems in primary support groups .....           | 1          | 0         |
| <b>(Please describe. v. <u>SISTER MEAN TO ME</u> )</b>                 |            |           |
2. During the past 12 months, have you been under stress because of the following other kinds of demands on you?
- |   |   |   |
|---|---|---|
| a. Major change in housing or bad housing .....                           | 1 | 0 |
| b. New job, position, or school .....                                     | 1 | 0 |
| c. Hard work or school schedule .....                                     | 1 | 0 |
| d. Problems with transportation .....                                     | 1 | 0 |
| e. Discrimination in community, work, school, or transportation .....     | 1 | 0 |
| f. Threat of losing current housing, job, school, or transportation ..... | 1 | 0 |
| g. Interruption or loss of housing, job, school, or transportation .....  | 1 | 0 |
| h. Something you saw or that happened to someone close to you .....       | 1 | 0 |
| <b>(Please describe. v. <u>GRANDFATHER DIED</u> )</b>                     |   |   |
| j. Other environmental demands on you .....                               | 1 | 0 |
| <b>(Please describe. v. <u>GIRLS</u> )</b>                                |   |   |
3. During the past 12 months, were you attacked with a weapon, beaten, sexually abused or emotionally abused? .....
- |  |   |   |
|--|---|---|
|  | 1 | 0 |
|--|---|---|
4. Are you currently worried that someone might. . .
- |  |   |   |
|--|---|---|
| a. <u>attack</u> you with a gun, knife, stick, bottle, or other weapon? .....          | 1 | 0 |
| b. <u>hurt you by striking or beating</u> or otherwise physically abusing you? .....   | 1 | 0 |
| c. pressure or <u>force you to participate in sexual acts</u> against your will? ..... | 1 | 0 |
| d. <u>abuse you emotionally</u> ? .....  | 1 | 0 |

## PH. Physical Health

GLPI/  
HDI

- 1.
- During the past 12 months
- , would you say your health in general was...?

(Circle one.)

Excellent..... 0  
 Very good..... 1  
 Good..... 2  
 Fair..... 3  
 Poor..... 4

- 2.
- During the past 12 months
- , has your health
- limited
- your ability to do...
- Yes
- No

a. vigorous activities like running, lifting heavy objects or  
active sports?..... 1 0  
 b. moderate activities like moving a table, carrying groceries or  
light sports?..... 1 0  
 c. light activities like bending, lifting or stooping?..... 1 0

- 3.
- During the past 12 months
- , have you... .

a. lost or gained 10 or more pounds when you were not trying to?... 1 0  
 b. had a lot of physical pain or discomfort?..... 1 0  
 c. been worried about your health or behaviors?..... 1 0  
 d. had health problems that kept you from meeting your  
responsibilities at work, school or home?..... 1 0  
 e. had lung or breathing problems?..... 1 0  
 f. had pain when you urinated?..... 1 0  
 g. coughed up or urinated blood?..... 1 0

- 4.
- During the past 90 days
- , on how many
- days
- . . .
- Days

a. were you bothered by any health or medical problems?..... 5  
 b. did you have medical problems that kept you from meeting your  
responsibilities at work, school or home?..... 0  
 c. have you gone without eating (or threw up much of what you  
did eat?)..... 3

### EH. Emotional Health

The next questions are about common psychological problems. 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 they make you feel like you cannot go on.

|               |    |  |  |
|---------------|----|--|--|
| IBS/<br>DSS-5 | 1. | <u>During the past 12 months</u> , have you had <u>significant</u> problems with. . . <u>Yes</u> <u>No</u>             |  |
|               | a. | headaches, faintness, dizziness, tingling, numbness, sweating or hot or cold spells?.....                              | 1 <input style="width: 30px; text-align: center;" type="text" value="0"/>                    |
|               | b. | sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?.....                          | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0                    |
|               | c. | feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? .....                                | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0                    |
|               | d. | having no energy and losing interest in work, school, friends, sex or other things you cared about?.....               | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0                    |
|               | e. | remembering, concentrating, making decisions, or having your mind go blank?.....                                       | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0                    |
| IBS/<br>SRS-5 | 2. | <u>During the past 12 months</u> , have you. . .   |  |
|               | a. | thought about killing or hurting someone else?.....  | 1 <input style="width: 30px; text-align: center;" type="text" value="0"/>                    |
|               | b. | thought about ending your life or committing suicide?.....   | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0 [IF NO, GO TO 3a.] |
|               | c. | had a plan to commit suicide?.....   | 1 <input style="width: 30px; text-align: center;" type="text" value="0"/>                    |
|               | d. | gotten a gun, pills or other things to carry out your plan?.....   | 1 <input style="width: 30px; text-align: center;" type="text" value="0"/>                    |
|               | e. | attempted to commit suicide?.....  | 1 <input style="width: 30px; text-align: center;" type="text" value="0"/>                    |
| IBS/<br>ATS-7 | 3. | <u>During the past 12 months</u> , have you had <u>significant</u> problems with. . .                                  |  |
|               | a. | feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?.....        | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0                    |
|               | b. | having to repeat an action over and over, or having thoughts that kept running over in your mind?.....                 | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0                    |
|               | c. | trembling, having your heart race or feeling so restless that you could not sit still?.....                            | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0                    |
|               | 4. | <u>During the past 12 months</u> , have the following situations happened to you?                                      |  |
|               | a. | When something reminded you of the past, you became very distressed and upset. ....                                    | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0                    |
|               | b. | Sometimes you used alcohol or other drugs to help yourself sleep or forget about things that happened in the past..... | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0                    |
|               | c. | You had a hard time expressing your feelings, even to the people you cared about.....                                  | 1 <input style="width: 30px; text-align: center;" type="text" value="0"/>                    |
|               | d. | You felt guilty about things that happened because you felt like you should have done something to prevent them.....   | <input style="width: 30px; text-align: center;" type="text" value="1"/> 0                    |
|               | 5. | <u>During the past 90 days</u> , on how many <u>days</u> were you... <u>Days</u>                                       |  |
|               | a. | bothered by any nerve, mental, or psychological problems?.....   | <input style="width: 60px; text-align: center;" type="text" value="4"/>                      |
|               | b. | disturbed by memories of things from the past that you did, saw or had happen to you?.....                             | <input style="width: 60px; text-align: center;" type="text" value="13"/>                     |

### BH. Behavioral Health

|               |  |            |             |
|---------------|--|------------|-------------|
| EBS/<br>AIS-6 | 1. <u>During the past 12 months</u> , have you done the following things two or more times?  | <u>Yes</u> | <u>No</u>   |
|               | a. Had a hard time paying attention at school, work or home.....   | 1          | 0           |
|               | b. Had a hard time listening to instructions at school, work or home.....  | 1          | 0           |
|               | c. Had a hard time staying organized or getting everything done.....   | 1          | 0           |
|               | d. Been unable to stay in a seat or where you were supposed to stay.....   | 1          | 0           |
|               | e. Gotten in trouble for being too "loud" when you were playing or relaxing.....   | 1          | 0           |
|               | f. Had a hard time waiting for your turn.....  | 1          | 0           |
| EBS/<br>BPS-6 | 2. <u>During the past 12 months</u> , have you done the following things two or more times?  |            |             |
|               | a. Been a bully or threatened other people.....  | 1          | 0           |
|               | b. Lied or conned to get things you wanted or to avoid having to do something.....   | 1          | 0           |
|               | c. Stayed out at night later than your parent or partner wanted.....   | 1          | 0           |
|               | 3. <u>During the past 12 months</u> , have you had a disagreement in which you did the following things?                                   |            |             |
|               | a. Insulted or swore (cursed) at someone.....  | 1          | 0           |
|               | b. Pushed, grabbed, or shoved someone.....   | 1          | 0           |
|               | c. Kicked, bit, or hit someone.....  | 1          | 0           |
| EBS/<br>GCS-4 | 4. <u>During the past 12 months</u> , have you. . .  |            |             |
|               | a. purposely damaged or destroyed property that did not belong to you?.....  | 1          | 0           |
|               | b. other than from a store, taken money or property that didn't belong to you?.....  | 1          | 0           |
|               | c. hit someone or gotten into a physical fight?.....   | 1          | 0           |
|               | d. sold, distributed or helped to make illegal drugs?.....   | 1          | 0           |
|               | 5. <u>During the past 90 days</u> , on how many <u>days</u> did you. . .<br>(Use "0" for None or Not Applicable.)                          |            | <u>Days</u> |
|               | a. have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow? .....                      |            | 14          |
|               | b. have an argument with someone else in which you swore (cursed), threw something, or threatened, pushed or hit someone? .....            |            | 20          |
|               | c. do things that might get you in trouble or be against the law besides using (alcohol or) drugs?.....                                    |            | 6           |
|               | d. spend time on probation or parole?.....   |            | 0           |
|               | e. spend time under electronic monitoring or house arrest? .....   |            | 0           |
|               | f. spend time in jail or detention?.....   |            | 0           |
|               | 6. <u>During the past 90 days</u> , how many <u>times</u> did you get arrested, booked and charged with a crime? (Use "0" for None.) ..... |            | 0           |
|               |  |            | Times       |

## SR. Substance-Related Issues

|                |   | Yes                        | No                         |                     |
|----------------|---|----------------------------|----------------------------|---------------------|
| SPS/<br>SUAS-9 | 1. <u>During the past 12 months</u> , have you used any alcohol, marijuana, cocaine, heroin, or other substances? .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | [IF NO, GO TO SR5.] |
|                | <u>During the past 12 months</u> . . .  |                            |                            |                     |
|                | 1a. have you tried to hide that you were using alcohol, marijuana or other drugs? .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |
|                | b. have your parents, family, partner, co-workers, classmates or friends complained about your alcohol, marijuana or other drug use? .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |
|                | c. have you used alcohol, marijuana or other drugs weekly? .....  | 1                          | <input type="checkbox"/> 0 |                     |
|                | d. has alcohol, marijuana or other drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems? .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |
|                | e. has alcohol, marijuana or other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease or any other health problems? .....   | 1                          | <input type="checkbox"/> 0 |                     |
|                | 2. <u>During the past 12 months</u> . . .   |                            |                            |                     |
|                | a. have you kept using alcohol, marijuana or other drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home? .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |
|                | b. have you used alcohol, marijuana or other drugs where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might have been forced into sex or hurt? .....                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |
|                | c. has alcohol, marijuana or other drug use caused you to have repeated problems with the law? .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |
|                | d. have you kept using alcohol, marijuana or other drugs even after you knew it could get you into fights or other kinds of legal trouble? .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |
| SPS/<br>SDS-7  | 3. <u>During the past 12 months</u> . . .   |                            |                            |                     |
|                | a. have you needed more alcohol, marijuana or other drugs to get the same high or found that the same amount did not get you as high as it used to? .....   | 1                          | <input type="checkbox"/> 0 |                     |
|                | b. have you had withdrawal problems from alcohol, marijuana or other drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or have you used any alcohol, marijuana or other drugs to stop being sick or avoid withdrawal problems? ..... | 1                          | <input type="checkbox"/> 0 |                     |
|                | c. have you used alcohol, marijuana or other drugs in larger amounts, more often or for a longer time than you meant to? .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |
|                | d. have you been unable to cut down or stop using alcohol, marijuana or other drugs? .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |
|                | e. have you spent a lot of time either getting alcohol, marijuana or other drugs, using them, or feeling the effects of them (high, sick)? .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |
|                | f. has alcohol, marijuana or other drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events? .....   | 1                          | <input type="checkbox"/> 0 |                     |
|                | g. have you kept using alcohol, marijuana or other drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having? .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |                     |

**(If there were days in a controlled environment, use the calendar to identify personal anchors for the last 90 days in the community.)**

For the next set of questions, please answer for the last 90 days that you lived in the community. Do not count days when you were living in a jail, hospital, or other place where you could not use alcohol, marijuana, or other drugs.

4. During the last 90 days that you lived in the community, on how many Days  
days did you. . . (Use "0" for None.)
- |    |   |    |
|----|---|----|
| b. | drink beer, wine, or any kind of alcohol? .....   | 39 |
| c. | get drunk or have 5 or more drinks at one time? .....   | 26 |
| d. | smoke or use any kind of marijuana, blunts or hashish? .....  | 52 |
| e. | use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug?<br>(What did you use? v. _____) | 0  |
| f. | go <u>without using any</u> alcohol, marijuana, or other drugs? .....                                   | 38 |
5. During the last 90 days that you lived in the community, on how many Days  
days did you smoke or use any kind of tobacco?..... 90

**RQ. Reason for Quitting***(For Staff Use Only)*

|      |   | <u>Yes</u>                            | <u>No</u>             |
|------|---|---------------------------------------|-----------------------|
| RQ0. | Do you want to enter additional RFQ information?..... | <input checked="" type="checkbox"/> 1 | 0 [IF NO, GO TO SU1.] |

Below are some reasons that some people give for wanting to quit using alcohol or other drugs (including marijuana, cocaine, heroin, and other drugs you may have mentioned). Please respond to the following items using yes or no.

| RFQ/<br>PMS | RQ1a. You want to quit using alcohol or drugs at this time. . .   | <u>Yes</u>                            | <u>No</u>                             |
|-------------|---|---------------------------------------|---------------------------------------|
|             | 1. so that you will be able to think more clearly.....  | <input checked="" type="checkbox"/> 1 | 0                                     |
|             | 2. because you will like yourself better if you quit.....   | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 3. because your memory will improve. ....   | <input checked="" type="checkbox"/> 1 | 0                                     |
|             | 4. so that you can get more things done during the day.....   | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 5. because you want to have more energy. ....   | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 6. because you are concerned that using alcohol or<br>drugs will shorten your life.....                       | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 7. so that your hair and clothes won't smell.....   | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 8. so that you can feel in control of your life. ....   | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 9. because you have noticed that alcohol or drug use is<br>hurting your health.....                           | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 10. so that you won't burn holes in clothes or furniture.....   | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 11. because you are concerned that you will have health<br>problems if you don't quit.....                    | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 12. because alcohol or drug use does not fit in with your<br>"image".....                                     | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 13. to prove to yourself that you are not addicted. ....  | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 14. because alcohol or drug use is becoming less "cool" or<br>socially acceptable. ....                       | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 15. because you won't have to leave social functions or other<br>people's houses to drink, smoke or use.....  | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 16. because you have known other people with health problems<br>that were caused by alcohol or drug use. .... | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 17. to show yourself that you can quit if you really want to. ....  | 1                                     | <input checked="" type="checkbox"/> 0 |
|             | 18. because you want to save the money that you spend on<br>alcohol or drug use. ....                         | 1                                     | <input checked="" type="checkbox"/> 0 |

| RQ1a. (continued)  | <u>Yes</u>                 | <u>No</u>                  |
|--|----------------------------|----------------------------|
| 19. so that you can get a lot of praise from people you are close to. ....   | 1                          | <input type="checkbox"/> 0 |
| 20. because people you are close to will be upset with you if you don't quit. ....                                       | <input type="checkbox"/> 1 | 0                          |
| 21. because you don't want to embarrass your family. ....  | 1                          | <input type="checkbox"/> 0 |
| 22. because your parents, girlfriend, boyfriend or other person you are close to will stop nagging you if you quit. .... | <input type="checkbox"/> 1 | 0                          |
| 23. because someone has told you to quit or else. ....   | <input type="checkbox"/> 1 | 0                          |
| 24. because you will receive a special gift if you quit. ....  | 1                          | <input type="checkbox"/> 0 |
| 25. because there is an alcohol or drug testing policy in detention, probation, parole or school. ....                   | <input type="checkbox"/> 1 | 0                          |
| 26. because of legal problems related to your alcohol or drug use. ....  | <input type="checkbox"/> 1 | 0                          |

RQ1a27. What is your "main" or most important reason for wanting to quit now?

v1. SO I WON'T GET IN TROUBLE

v2. ANYMORE

v3. 0

RQ1b. Have you quit yet? Yes .....1 [PLEASE ANSWER b1.]

No .....  [PLEASE ANSWER b2.]

Please answer the following questions from 0% for "not ready at all" to 100% "completely ready."

b1. How ready you are **RIGHT NOW** to remain abstinent (not use) alcohol, marijuana, cocaine, heroin and other drugs?

% [GO TO SU1.]

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

**not** ready  
to remain  
abstinent

ready  
to remain  
abstinent

Please answer the following questions from 0% for "not ready at all" to 100% "completely ready."

b2. How ready you are **RIGHT NOW** to stop using alcohol, marijuana, cocaine, heroin and other drugs?

%

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

**not** ready  
to quit

ready  
to quit

**SU. Service Utilization**  
(Please use "0" for None or Not Applicable.)

- |    |   |               |
|----|---|---------------|
| 1. | <u>During the past 90 days</u> , how many <u>times</u> did you go to an <u>emergency room</u> for. . .  | <u>Times</u>  |
|    | a. physical health problems? .....  | 3             |
|    | b. mental, emotional, behavioral or psychological problems? .....   | 0             |
|    | c. alcohol or drug use problems? .....  | 0             |
| 2. | <u>During the past 90 days</u> , on how many <u>nights</u> did you stay in a <u>residential, inpatient, or hospital program</u> for. . .  | <u>Nights</u> |
|    | a. physical health problems? .....  | 0             |
|    | b. mental, emotional, behavioral or psychological problems? .....   | 0             |
|    | c. alcohol or drug use problems? .....  | 0             |
| 3. | <u>During the past 90 days</u> , how many <u>times</u> did you go to an <u>outpatient program, clinic or counselor</u> for. . .   | <u>Times</u>  |
|    | a. physical health problems? .....  | 0             |
|    | b. mental, emotional, behavioral or psychological problems? .....   | 0             |
|    | c. alcohol or drug use problems? .....  | 0             |
| 4. | <u>During the past 90 days</u> , on how many <u>days</u> did you take <u>medication</u> for. . .  | <u>Days</u>   |
|    | a. physical health problems? .....  | 5             |
|    | b. mental, emotional, behavioral or psychological problems? .....   | 0             |
|    | c. alcohol or drug use problems? .....  | 0             |
| 5. | <u>During the past 90 days</u> , on how many <u>days</u> did you see a counselor or other professional about your health, emotional, behavioral, alcohol or drug problems at a. . . | <u>Days</u>   |
|    | a. school or student assistance program? .....  | 13            |
|    | b. job or employee assistance program? .....  | 0             |
|    | c. spiritual program or religious organization? .....   | 0             |

EN. End

1. Do you want help with any family, school, work, health, emotional, behavioral, alcohol, drug, or legal problems?..... Yes No  
 1  0

(If Yes, please describe below.)

v1. \_\_\_\_\_  
 v2. \_\_\_\_\_  
 v3. \_\_\_\_\_

2. Did anyone read these questions to you or help you fill out this form? Yes No  
 1 0

3. Is English your first language?.....  1 0  
 a. (If No, what is? v. \_\_\_\_\_ )

4. What kind of place best describes where you completed this form?

(Circle one.)

- Home .....  1
- School or training program .....  2
- Employment or work setting .....  3
- Prison, jail, or detention .....  4
- Probation, parole, or other non-controlled correctional setting .....  5
- Treatment or intake unit .....  6
- Research office .....  7
- Other (Please describe. v. \_\_\_\_\_ )  99

5. What time is it? (Please also circle AM or PM.):..... 02:15 2-PM  
 H H M M 1-AM

**Thank You! Please return this form to the person who gave it to you.**

**(For further information on this form see [www.chestnut.org/li/gain/gain\\_q](http://www.chestnut.org/li/gain/gain_q).)**

**CD. Case Disposition - For Staff Use Only**

1. Referral Source(s) v. MR CARR (PRINCIPAL), LARRY JACKSON (PO)

a. 205      b. 502      c.   |  |  |        d.   |  |  |        e.   |  |  |  

| 2. Issues   | 1. Reasons for Referral    |                            | 2. Recommendations         |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
|   | Yes                        | No                         | Yes                        | No                         |
| a. Random screening   | 1                          | <input type="checkbox"/> 0 |                            |                            |
| b. General concern<br>(v. _____)                            | 1                          | <input type="checkbox"/> 0 | 1                          | <input type="checkbox"/> 0 |
| c. Family problems<br>(v. _____)                            | 1                          | <input type="checkbox"/> 0 | 1                          | <input type="checkbox"/> 0 |
| d. Peer or partner problems<br>(v. _____)                   | 1                          | <input type="checkbox"/> 0 | 1                          | <input type="checkbox"/> 0 |
| e. Grief or other emotional crises<br>(v. 0)                | 1                          | <input type="checkbox"/> 0 | 1                          | <input type="checkbox"/> 0 |
| f. Spiritual issues<br>(v. 0)                               | 1                          | 0                          | 1                          | <input type="checkbox"/> 0 |
| g. Race/ethnicity/gender identity issues<br>(v. _____)      | 1                          | <input type="checkbox"/> 0 | 1                          | <input type="checkbox"/> 0 |
| h. Teenage parenting issues<br>(v. _____)                   | 1                          | <input type="checkbox"/> 0 | 1                          | <input type="checkbox"/> 0 |
| j. Environmental problems<br>(v. _____)                     | 1                          | <input type="checkbox"/> 0 | 1                          | <input type="checkbox"/> 0 |
| k. School problems<br>(v. DISCIPLINE, NOT FOLLOWING RULES)  | <input type="checkbox"/> 1 | 0                          | <input type="checkbox"/> 1 | 0                          |
| m. Physical health problems<br>(v. _____)                   | 1                          | <input type="checkbox"/> 0 | 1                          | <input type="checkbox"/> 0 |
| n. Emotional problems<br>(v. SEEMS ANXIOUS AND SAD)         | <input type="checkbox"/> 1 | 0                          | <input type="checkbox"/> 1 | 0                          |
| p. Behavioral or conduct problems<br>(v. FIGHTS, DEALING)   | <input type="checkbox"/> 1 | 0                          | <input type="checkbox"/> 1 | 0                          |
| q. Gang or illegal activity<br>(v. DESTRUCTION OF PROPERTY) | <input type="checkbox"/> 1 | 0                          | <input type="checkbox"/> 1 | 0                          |
| r. Substance use<br>(v. HIGH A LOT OF TIME)                 | <input type="checkbox"/> 1 | 0                          | <input type="checkbox"/> 1 | 0                          |
| s. Noncompliance<br>(v. SCHOOL RULES, PROBATION)            | <input type="checkbox"/> 1 | 0                          | <input type="checkbox"/> 1 | 0                          |
| t. Continuing care/support<br>(v. _____)                    | 1                          | <input type="checkbox"/> 0 | 1                          | <input type="checkbox"/> 0 |
| u. Other<br>(v. _____)                                      | 1                          | <input type="checkbox"/> 0 | 1                          | <input type="checkbox"/> 0 |

3. Placement(s) v. SAP, CHS, PSYCHOLOGIST

a. 2204      b. 6005      c. 6024      d.   |  |  |        e.   |  |  |  

4. Additional Comments:  
ALREADY INVOLVED WITH CRIMINAL JUSTICE

| <i>For Staff Use Only (Optional Special Study Detail)</i>             |  |                |                 |
|---|--|----------------|-----------------|
|   |  | <u>Yes</u>     | <u>No</u>       |
| XSS1. Do you want to enter additional special study information?..... |  | 1              | 0 [IF NO, END.] |
| XSSN. Special Study Number:   |  | Name: v. _____ |                 |
| aa.   |  | ba.            |                 |
| ab.   |  | bb.            |                 |
| ac.   |  | bc.            |                 |
| ad.   |  | bd.            |                 |
| ae.   |  | be.            |                 |
| af.   |  | bf.            |                 |
| ag.   |  | bg.            |                 |
| ah.   |  | bh.            |                 |
| aj.   |  | bj.            |                 |
| ak.   |  | bk.            |                 |
| am.   |  | bm.            |                 |
| an.   |  | bn.            |                 |
| ap.   |  | bp.            |                 |
| aq.   |  | bq.            |                 |
| ar.   |  | br.            |                 |
| as.   |  | bs.            |                 |
| at.   |  | bt.            |                 |
| au.   |  | bu.            |                 |
| av.   |  | bv.            |                 |
| aw.   |  | bw.            |                 |
| ax.   |  | bx.            |                 |
| ay.   |  | by.            |                 |
| az.   |  | bz.            |                 |