

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

Version [GVER]: GI1299

* Site ID [XSITE]: | | | | | Local Site Name [XSITEa]: | | | | | *
* Staff ID [XSID]: | | | | | Staff Initials [XSIN]: | | | | | *
* Part. ID [XPID]: | | | | | Last Name [XPNAM]: _____ *
* Tx Pr. ID [XTPID]: | | | | | First Name : _____ M.I. ____
(Optional) Social Security Number [XSSN]: | | | | | - | | | | | - | | | | |
(Optional) Other/State ID [XPIDA]: ... | | | | | - | | | | | - | | | | |
* 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]: | | | | | / | | | | | / | | | | | *

Disclaimer, Confidentiality, Acknowledgments & Copyright Notices

This is a standardized bio-psycho-social assessment designed to help clinicians gather information for diagnosis, placement, and treatment planning. As with any self-report 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 input from many individuals fully acknowledged in the manual and the website below.

This instrument is copyrighted and owned by Chestnut Health Systems. For more information on its origins, administration, properties, licensing agreements and/or for permission to use it, please visit our website at www.Chestnut.Org/li/GAIN/ or contact Joan Unsicker by e-mail at JUnsicker@Chestnut.Org or directly at Chestnut Health Systems, 720 West Chestnut, Bloomington, IL 61701, Phone: 309-827-6026, Fax: 309-829-4661.

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)

Introduction

- **What is the purpose?** This assessment is designed to help us track how you are doing before, during and after treatment or counseling. The information we collect will only be used for your treatment and to help us evaluate our own services.
- **What is it about?** This initial assessment has questions about what you have done, what services you are using and what you currently want from the program, either directly or through referral. You will be able to say you do not know or refuse to answer any question that you do want to answer.
- **How long will it take?** Depending on how much has been going on in your life, it will take about 1-2 hours to complete. You will be able to take a break if you if you need to.
- **How private is this?** As with everything you do in treatment, your answers are private and your confidentiality is protected under the privacy act of 1974. (We can be fined up to \$5,000 for revealing information about you without your consent.)
- **Will you share this with anyone?** All research and clinical staff with access to your answers understand this restriction and have agreed to resist sharing your specific answers without your prior written consent. This includes giving information to family members, other individuals, other treatment agencies, social work agencies, criminal justice agencies and other agencies. (We have also obtained a certificate of confidentiality to prevent us from being forced to give any information to the court.) There are, however, two exceptions. First, we are mandated to report child abuse or if you are presently a danger to yourself or others. Second, officials from the federal government have the right to audit us to check to make sure we have protected you safety and accurately reported what we have done.

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 at the end of this document. First, lets find today's date and circle it.
- Next count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about (DATE 90 DAYS AGO) ? (PROBE FOR SPECIFIC EVENT, SEE BELOW IF PROBLEMS.) When we talk about things happening to you during "the past 90 days," we are talking about things that happened since about (NAME EVENT THAT WAS 90 DAYS AGO).
- Now, lets go back to a year ago and circle that date. Do you recall anything that was going on (DATE 12 MONTHS AGO)? (PROBE FOR SPECIFIC EVENT, SEE BELOW IF PROBLEMS.) When we talk about things happening to you during "the past 12 months," we are talking about things that happened since about (NAME EVENT THAT WAS 12 MONTHS AGO).
- **IF UNABLE TO RECALL:** *Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS/12 MONTHS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, school, or involved with the law then?*
- Please keep this calendar handy and use it as we go through the interview to help you remember when different things happened.
- As we go through the questionnaire, I will read the questions and record your answers.
- It is important that you try to answer each question if you can and are willing to. We know that you will not always know the exact answer, but would like you to give us your best guess if you can. You can also tell us if you simply "do not know" or if you do not want to or "refuse" to answer any questions.
- I also have some cards here that we will use to help answer some of the questions.
- Do you have any questions?

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

- j. 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. _____

For Staff Use Only (Optional Presenting Concern Detail)

A4. Presenting Concerns

a. In a few words, can you tell us your main reason for coming to treatment? (Can you then circle the answer below that best describes your main reason for coming to treatment?)

v1. _____

v2. _____

v3. _____

(Circle one)

- Drug availability (difficulties obtaining drugs or "good" drugs) 1
- Financial (can't afford to stay on drugs, lost an income source) 2
- General personal motive ("habit out of control," "tired,"
"want to change," "improve lifestyle," "save" self) 3
- Health reasons (too ill to continue; drugs or related diseases
are hurting or threaten own health, unborn baby, to "live") 4
- Pressure from family (parent, spouse, partner) 5
- Parenting issues (get or keep custody or become better parent) 6
- Pressure from criminal justice system (probation officer,
parole officer, attorney, etc.) 7
- Pressure from Department of Child and Family
Services (DCFS) 8
- Pressure from school teacher, minister, coach, etc. 9
- Desire for services (want housing or other benefit) 10
- School or job (to get, keep, or improve situation) 11
- Other (**Please describe above**) 99

b. Who referred you to treatment (name)? v. _____

c. What is this person's relationship to you? v. _____

d. Referral Code (from below)

1 Self	11 Teacher	21 Alcohol/drug abuse program
2 Mother	12 Employer	22 Behavioral health provider
3 Father	13 Social Worker	23 Other health care provider
4 Brother	14 Lawyer	24 Outreach or prevention program
5 Sister	15 Probation Officer	25 School
6 Grandparent	16 Parole Officer	26 Employer
7 Aunt	17 Public Aid Worker	27 Social Service Agency
8 Uncle	18 Priest/Minister	28 Criminal Justice Agency
9 Other family	19 Other individual	99 Other (please describe in "c")

* B3. What race and/or ethnicity best describes you? (RECORD ADDITIONAL TRIBE/ETHNICITY INFORMATION ON VERBATIM LINE.)

(Which of the following groups best describes you?) **(Circle one)**

- American Indian 1
- Alaskan Native 2
- Asian or Pacific Islander 3
- Black, not of Hispanic origin 4
- White, not of Hispanic origin 5
- Hispanic, Puerto Rican 6
- Hispanic, Mexican 7
- Hispanic, Cuban 8
- Hispanic, Other 9
- Mixed 98
- Some other group **(Please describe)** 99

v. _____

B4. Are you currently under pressure to come to or stay in treatment from the following sources?

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

v. _____

B5. Are your medical expenses covered by any type of insurance, court or health program? Yes No
 1 0 [IF NO, GO TO B6]
 (Put "DK" if you don't know)

<i>For Adults or Emancipated Minors Only (if Adolescent get from Parent)</i>		
B5a. Can you show or tell me what kinds of insurance you have? (Circle all that apply- blanks will be treated as No) <u>Yes</u> <u>No</u>		
11. <u>Medicare</u> (a public health insurance program for persons 65 and older and for certain disabled persons)	1	0
12. <u>Medicaid</u> (a public assistance program that pays for medical care)	1	0
13. <u>CHAMPUS, CHAMPVA, the VA, or military health care</u> (a series of public health programs for active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors)	1	0
14. <u>Covered by Correctional Authority</u> (part of a jail, court or prison program)	1	0
19. <u>Other public health insurance, health maintenance organization or grant (Please describe)</u>	1	0
v. _____		
21. <u>Private health maintenance organization (HMO) or other prepaid plan</u> (a private way of paying for most of your health care in advance which limits where you can go for services).	1	0
22. <u>Private health insurance or others indemnity plans</u> (a private form of insurance that pays part or all of the fee for the actual services provided).	1	0
23. <u>Employee Assistance Program (EAP)</u>	1	0
29. <u>Other private insurance (Please describe)</u>	1	0
v. _____		

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

<i>For Staff Use Only (Optional Access to Treatment Help Detail)</i>	
B9. How soon do you <u>need</u> help in order to come into and stay in treatment?	(Circle one)
Right away	4
In the next 3 months	3
More than 3 months from now	2
Getting the help I need already	1 [GO TO NEXT PAGE]
Do not need any help	0 [GO TO NEXT PAGE]
B9a. Do you currently want (more) help with the following situations in order to come into and stay in treatment?	
	<u>Yes</u> <u>No</u>
1. Making transportation arrangements	1 0
2. Making child care arrangements	1 0
3. Scheduling around work, school or family responsibilities	1 0
4. Paying for treatment	1 0
5. Language, religious, ethnic or cultural issues	1 0
99. Are there any other issues we need to address for you to be able to come to treatment? (Please describe) ..	1 0
v. _____	
B10. Urgency Rating [BUR]: NO <input type="checkbox"/> ₀ ALREADY <input type="checkbox"/> ₁ GT 3 MO <input type="checkbox"/> ₂ 0-3 MON <input type="checkbox"/> ₃ NOW <input type="checkbox"/> ₄	
* B11. DM Rating [BDM]: NONE <input type="checkbox"/> ₀ SOME <input type="checkbox"/> ₁ MISUNDER <input type="checkbox"/> ₂ DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄	

S. Substance Use (Alcohol, Marijuana and Other 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.

- * S1. Between alcohol, marijuana, cocaine, heroin and any other drugs....
 - a. which do you like to use the most? v. _____
 - b. for which ones do you most need treatment?
 - v1. _____
 - v2. _____
 - v3. _____

<i>For Staff Use</i>
1. _ _ _ _
1. _ _ _ _
2. _ _ _ _
3. _ _ _ _

<i>For Staff Use Only</i>			
00 None/No Others	05 Inhalants unspecified	08 PCP (Phencyclidine)	11 Amphetamines unsp.
01 Alcohol unspecified	05A Correction fluids	09 Hallucinogens unsp.	11A Methamphetamine
01A Beer	05B Gasoline	09A LSD	11B Ritalin
01B Wine	05C Glue	09B Mushrooms	11C Pharmaceuticals
01C Hard alcohol (Whisky, gin, scotch or mixed drinks)	05D Lighters	09C Mescaline	(Biphetamine, Benzedrine, Desoxyn, Dexedrine, Methedrine)
01Z Other forms of alcohol	05E Spray paint	09D Peyote	12. Sedatives unspecif.
02 Cannabis unspecified	05F Paint thinner	09E Psilocybin	12A. Quaaludes
02A Marijuana	05Z Other inhalants	09Z Other Hallucinogens	12B Pharmaceuticals
02B Hashish	06 Heroin	10 Tranquilizers unsp.	(Dalmane, Donnatal, Doriden, Flurazepam, Halcion, methaqualone, Placidyl, Secobarbital, Seconal, or Tuinal)
02C Other cannabis	07 Analgesics unspec.	10A Valium	12Z Other sedatives
03 Crack unspecified	07A Street Methadone	10B Meprobamate	13 Tobacco
03A Crack	07B Morphine	10C Pharmaceuticals	99 Other drug unsp.
03Z Other freebase	07C Opium	(Ativan, Deprol, Equanil, Diazepam, Klonopin, Librium, Miltown, Serax, Xanax)	99A Amyl nitrite
04 Other cocaine unsp.	07D Codeine	10Z Other tranq.	99B Cough syrup
04A Inhaled cocaine	07E Tylenol w/codeine		99C Nitrous oxide
04B Injected cocaine	07F Other pharm. (Darvocet, Darvon, Demerol, Dilaudid, Percocet, Propoxyphene, Talwin)		99D Nyquil
04Z Other cocaine	07G Karachi		99E Poppers
	07H Other speedball		99Z Other
	07Z Other analgesics		

GAIN-I

* 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, hashish, blunts or other forms THC? (herb, reefer, weed). | 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 |
| 6. Heroin | 6 | 5 | 4 | 3 | 2 | 1 | 0 |
| 7. Pain killers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, "Karachi," Ketamine, Percocet, Propoxyphene, street methadone, morphine, opium, special K, Talwin, or Tylenol with codeine). | 6 | 5 | 4 | 3 | 2 | 1 | 0 |
| 8. PCP or angel dust (Phencyclidine) | 6 | 5 | 4 | 3 | 2 | 1 | 0 |
| 9. "Acid" or other hallucinogens (such as ecstasy/MDMA, Ketamine, LSD, mushrooms, mescaline, peyote, psilocybin, shrooms or special k) | 6 | 5 | 4 | 3 | 2 | 1 | 0 |
| 10. 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 |
| 11. "Speed," "uppers," amphetamines, methamphetamine or other stimulants (such as Biphettamine, Benzedrine, crystal, Desoxyn, Dexedrine, ice, Methedrine or Ritalin) | 6 | 5 | 4 | 3 | 2 | 1 | 0 |
| 12. "Downers," "sleeping pills," barbiturates or other sedatives
(such as Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone Placidyl, "quaalude," Secobarbital, Seconal, Rohypnol or Tuinal) | 6 | 5 | 4 | 3 | 2 | 1 | 0 |
| 99. 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 |

GAIN-I

- * S2d. During the past 90 days... **(Remember, write in 0 for none)** Days
1. on how many days did you use any alcohol, marijuana or other drugs? [IF 0, GO TO S3]
 2. on how many days were you 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 have you been 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 did you use any kind of alcohol? Days **[IF 0 DAYS, GO TO S2f]**
 - 1a. on how many days did you use alcohol to intoxication (5+ drinks in one setting) Days **BELOW]**
 2. what was the most drinks you had in one day? Drinks
(Convert unusual quantity drinks to standard drink units - 40oz: 3.5)
 3. over how many hours did you have these drinks? Hours
 4. how many people were you sharing this alcohol with? People
- * S2f. During the past 90 days,
1. on how many days did you use any kind of marijuana or hashish ? Days **[IF 0 DAYS, GO TO S2g**
 2. what was the most joints or pipes or other forms of marijuana you used in one day? (*1 blunt= 3 joints; 1 bowl=1 joint; 10 1-hit pipe=1 joint*) Joints **BELOW]**
 3. over how many hours did you have this marijuana? Hours
 4. how many people were you sharing this marijuana with? People

GAIN-I

* S2g. During the past 90 days,

1. on how many days did you use any other kind of drug? Days **[IF 0 DAYS,**
 2. what was the most times you used any other drugs in one day? ... Times **GO TO S2h]**
 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
 6. on how many days have you used non-prescription methadone? .. Days
 7. on how many days have you used inhalants (such as correction fluids, gasoline, glue, lighters, spray paints or paint thinner)? Days
 8. on how many days have you used PCP, acid, mushrooms, or other hallucinogens (such as LSD, mescaline, peyote, Ecstasy/MDMA, or psilocybin)? Days
 9. on how many days have you used sedatives, barbiturates, "downers," "sleeping pills," benzodiazepines, hypnotics, tranquilizers, or other anti-anxiety drugs? Days
 10. on how many days have you used stimulants, amphetamines, methamphetamine or other or uppers? Days
 99. on how many days have you used any "other" kind of drug? Days
- (Please describe)** v. _____

- * S2h. During the past 90 days, 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 dealer's place (or shooting gallery)? | 1 | 0 |
| 7. | outdoors? | 1 | 0 |
| 8. | in a car? | 1 | 0 |
| 99. | somewhere else? (Please describe) | 1 | 0 |
- v. _____

GAIN-I

* S2j. During the past 90 days, 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 someone you regularly drink or use drugs with (a running partner)?	1	0
9. with a drug dealer/pusher?	1	0
99. with someone else? (Please describe)	1	0
v. _____		

* S2k. During the past 90 days, have you taken alcohol or drugs by. . .

	<u>Yes</u>	<u>No</u>
1. drinking (alcohol or liquids) 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. _____		

* S2m. During the past 90 days, did you use alcohol or drugs while or within an hour prior to(circle NO if any are not applicable)

	<u>Yes</u>	<u>No</u>
1. Playing sports or recreating (e.g., skiing, biking, swimming, skateboarding, roller-blading, etc.)	1	0
2. Taking care of children?	1	0
3. Being in school (circle NO not applicable)?	1	0
4. Being at a paid job or work ?	1	0
5. Driving a vehicle (car, motorcycle, snow-mobile, jet-ski, boat, etc)? .	1	0
6. Using knives, guns, equipment (lawnmower, saw, stove) or heavy machinery (back hoe, front-end loader, apple-picker, etc.) .	1	0

GAIN-I

- * S3a. Have you ever had shaky hands, delirium tremors (d.t's), convulsions or seizures when you tried to stop, cut down or control your use of alcohol or other drugs? Yes No
 1 0
- * S3b. During the past week, did you stop, try to stop, cut down or try to limit your use of alcohol or other drugs? Yes No
 1 0 **[IF NO, GO TO NEXT PAGE]**
- * S3c. When you did this, did you have any of the following withdrawal symptoms or problems? Yes No
1. Move and talk much slower than usual 1 0
 2. Yawn more than usual 1 0
 3. Feel tired 1 0
 4. Have bad dreams that seemed real 1 0
 5. Have trouble sleeping, including sleeping too much or not being able to sleep 1 0
 6. Feel sad, tense or angry 1 0
 7. Feel really nervous or tense 1 0
 8. Fidget, pace, wring your hands or have trouble sitting still . . . 1 0
 9. Have shaky hands 1 0
 10. Have convulsions or seizures 1 0
 11. Feel hungrier than usual 1 0
 12. Throw up or feel like throwing up 1 0
 13. Have diarrhea 1 0
 14. Have muscle aches 1 0
 15. Have a runny nose or eyes watering more than usual 1 0
 16. Sweat more than usual, have your heart race or goose bumps . 1 0
 17. Have a fever 1 0
 18. See, feel or hear things that are not real 1 0
 19. Forget a lot of things or have problems remembering 1 0
 20. Have any of these withdrawal problems kept you from doing social, family, job or other activities 1 0
 21. Use the same or another drug to stop or avoid having any of these withdrawal symptoms 1 0
 99. Some other problem (**Please describe**) 1 0

v.

For Staff Use Only (Optional Withdrawal Risk Placement Detail)	
S3d. Significant withdrawal risk (Check more severe of conditions met below)	
1. Clinical (Check if any history of seizures [S3a-1] or current withdrawal symptoms [1+ in Sx S3c1 to S3c99])	
2. Acute (Check if high for most of past 48 hours [S2b=6] using daily [S2d1 GT 44], using opioids weekly [S2g5 or S2g6 GT 12], acute number of current withdrawal symptoms [12+ Sx in S3c], history of seizures and current withdrawal symptoms [1+ symptoms in S3c and S3a=1], or current d.t.s or seizures [S39 or S3c10=1])	

GAIN-I

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.

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

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

- * S5. How many times in your life have you been admitted to a detoxification program for your alcohol or drug use? [IF 0, GO TO S6]
(A detox program is a place to help you through severe withdrawal) 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

- * S6. Have you ever attended Alcoholics Anonymous (AA), Cocaine Anonymous (CA), Narcotics Anonymous (NA), Social Recovery (SR) or another self-help group for your alcohol or drug use? Yes No
1 0 [IF NO, GO TO S7]

- * 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

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- * S7. How many times in your life have you been admitted to treatment or counseling for your use of alcohol or any drug use... **(Do not count this time)** Episodes
[IF 0, GO TO S8]
- * S7a. How many of these times were at...
1. An inpatient treatment program (1-40 days)? Episodes
 2. A longer-term residential program (2-12 months)? Episodes
 3. An intensive outpatient program (9-12 hours per week)? Episodes
 4. A regular outpatient program (1-8 hours per week)? Episodes
 5. A program that gave you medication like methadone or antabuse to help with withdrawal or cravings? Episodes
 99. Any other kind of treatment provider? Episodes
- * S7b. What substances did you receive treatment or counseling for? (Any others?) (CIRCLE YES FOR ALL THAT APPLY) Yes No
1. use of any kind of alcohol? 1 0
 2. use of any kind of marijuana or hashish? 1 0
 3. use of any kind of crack, free base or other forms of cocaine? 1 0
 4. use of any kind of heroin or other opioid? 1 0
 99. use of any "other" kind of drug (**Please describe**) 1 0
v. _____
- * S7c. Are you currently taking medication for alcohol or drug problems? Yes No
(If yes, please describe v. _____) ... 1 0

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- * S7d. When was the last time you received treatment, counseling, 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) session? Sessions
 4. times did you go to a regular outpatient program (1-8 hours per week) session? Sessions
 5. days did you go to a program that gave you methadone or antabuse to help with withdrawal or cravings? Days
 6. times did you go to an emergency room for alcohol or substance abuse treatment? Times
 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 problems? **(If yes, where do you go?)**
- | | |
|----------|-----------------------|
| | <u>Yes</u> <u>No</u> |
| v. _____ | 1 0 [IF NO, GO TO S8] |

- * S7g. How long have you been treated regularly? + + +
- Years Months Weeks Days

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- | | <u>Yes</u> | <u>No</u> |
|---|------------|---------------------|
| * S8. Do you <u>currently</u> feel that... | | |
| a. Being in a treatment program is too demanding? | 1 | 0 |
| b. You have too many other responsibilities now to be in a treatment program? | 1 | 0 |
| c. It will be hard for you to resist 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 during your lifetime? | 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 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 |

For Staff Use Only (Optional Treatment Acceptance/Relapse Placement Detail)	
S8x. Acute Treatment Acceptance/Resistance Issues (Check if high resistance [3+ Sx in S8a-d] or no motivation [All 0 in S8e-j])	
S8y. Acute Relapse Potential (Check if low self efficacy to resist [3+ Sx in S8m-q], low problem orientation [S8r=1 and all 0 in S8s-w], daily use [S2d1 GT 44], using opioids weekly [S2g5 or S2g6 GT 12])	

GAIN-I

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 last 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

(S9a-b intentionally skipped)

- c. you tried to hide that 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

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		Past month	2-12 Months	1+ Years	Never
*	S9. When was the <u>last</u> time that (Card B)	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 the same high or found that the same amount did not get you as high as it used to? 3 2 1 0
- p. you had withdrawal problems from alcohol or 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 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
- v. How old were you when you first got drunk or used any drugs? |_|_| Age

GAIN-I

S9. Detailed Substance Use Disorder Worksheet (Optional) For each of the problems endorsed in S9h-u, ask: • Can you tell me which substance(read from below)? • About when did that happen? (Using Card B) • Have you ever had this problem with any other substance? • Repeat for each Sx in S9 until no more are reported. Record time code (3=past month, 2=2-12 months ago, 1=1+ years ago, 0 or blank means never).		<i>For Staff Use Only</i>										
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	99.
		Alcohol	Amphetamine	Cannabis	Cocaine	Hallucinogen	Inhalant	Opioid	PCP	Sed./Hyp./Anx.	Poly-substance	Other
Abuse criteria												
h.	caused you not to meet you responsibilities? (A1)											X
j.	you have used in unsafe situations? (A2)											X
k.	caused you to have repeated problems with the law ? (A3)											X
m.	did you keep using despite fights or legal problems? (A4)											X
Dependence Criteria												
n.	you have needed more of to get high ? (D1)											
p.	you have had withdrawal symptoms from ? (D2)											
q.	you have used more of or longer than you meant to? (D3)											
r.	you have been unable to cut down on or stop using? (D4)											
s.	you spent a lot of time getting or using? (D5)											
t.	caused you to give up activities or caused problems? (D6)											
u.	you kept using despite medical or psychological problems? (D7)											
Clinical Significance (for each drug with 1+ Abuse/Dependence criteria ask...)												
v.	At what age did you first use ...(drunk for alcohol):											X
w.	How do you usually take ...(1-oral, 2-smoking, 3-inhalation, 4-intramuscular, 5-intravenous, 6-NA, 7=other)											X
x.	Order of Clinical Focus (1-primary, 2-secondary, 3-tertiary, etc)											X
y. Substance Use Diagnosis (check highest row if applicable; Use poly substance only if dependence met for no single substance)												
1. Dependence w/Physiological Sx. (3+ Sx in n-u) & (n or p)												
2. Dependence w/out Physiological Sx. (3+ Sx in n-u)												
3. Abuse (1+ Sx in h-m)												X
z. Course Specifier (If lifetime dependence, check highest row if applicable)												
1. In a Controlled Environment (Half+ time in CE - S2d5 GT 44)												
2. On Agonist Therapy (Half+ time in Tx - S7e5 1 or 2 GT 44)												
3. Sustained Full Remission (No past year Sx in n-u)												
4. Early Full Remission (No past month Sx in n-u)												
5. Sustained Partial Remission (1-2 past year Sx in n-u)												
6. Early Partial Remission (1-2 past months Sx in n-u)												

Sx - Symptom; A1-4 - DSM IV abuse criteria; D1-7 - DSM IV dependence criteria; CE - controlled environment; Tx-Treatment; GT - greater than

For Staff Use Only (Optional Substance Abuse Treatment Help Detail)

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

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

S10a. Do you currently want (more) help with the following situations related to substance use?

	<u>Yes</u>	<u>No</u>
1. Your alcohol or drug use.	1	0
2. Your family's alcohol or drug use	1	0
3. Your situation at home, work or school	1	0
4. Self-help and support groups	1	0
5. Detoxification.	1	0
6. Getting Treatment.	1	0
7. Getting Methadone (methadose), Antabuse, or other medication (disulfiram, LAAM) for alcohol or other drug withdrawal or cravings.	1	0
99. Anything else related to your alcohol or drug use	1	0

(Please describe) v. _____

S11. Urgency Rating [SUR]: NO ₀ ALREADY ₁ GT 3 MO ₂ 0-3 MON ₃ NOW ₄

* S12. DM Rating [SDM]: NONE ₀ SOME ₁ MISUNDER ₂ DENIAL ₃ MISREP ₄

P. Physical Health

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

- * P1. About how tall are you? |_| + |_|_|
Feet Inches

- * P2. About how much do you weigh, without shoes? |_|_|_|
Pounds

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

<i>For Staff Use Only (Optional Health Distress Index)</i>			
P3. <u>During the past year</u> , has your health <u>limited</u> your ability to do..	<u>Yes</u>	<u>No</u>	
a. vigorous activities like running, lifting heavy objects or active sports?	1	0	[IF NO, 0 TO P3d]
b. moderate activities like moving a table, carrying groceries or light sports?	1	0	[IF NO, 0 TO P3d]
c. light activities like bending, lifting or stooping?	1	0	
<u>During the past year</u> , have you . . .	<u>Yes</u>	<u>No</u>	
d. lost or gained 10 or more pounds when you were <u>not</u> trying to? . .	1	0	
e. had a lot of <u>physical pain or discomfort</u> ?	1	0	
f. been <u>worried</u> about your health or behaviors?	1	0	
g. had health problems that <u>kept</u> you from meeting your responsibilities at work, school or home?	1	0	
h. had lung or breathing problems?	1	0	
j. had pain when you urinated?	1	0	
k. coughed up or urinated blood?	1	0	

For Staff Use Only (Optional Health History Disability/Pregnancy Detail)

P4. Do you currently have <u>any</u> of the following physical impairments?		<u>Yes</u>	<u>No</u>	
3.	Legally deaf.	1	0	
4.	Limited hearing or other hearing problems	1	0	
5.	Legally blind.	1	0	
6.	Limited vision or other vision problems	1	0	
7.	Lost limbs	1	0	
8.	Other difficulties moving hands, feet or body?	1	0	
99.	Other (Please Describe)	1	0	
	v. _____			
P5. Have you <u>ever</u> been pregnant?		<u>Yes</u>	<u>No</u>	
(If male, circle no and go to P6)		1	0	[IF NO, GO TO P6]
P5a. About when did your <u>last</u> 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		
	More than a year ago	5		
P5b. What happened (or is happening) during your <u>last</u> pregnancy?		(Circle one)		
	Carried the baby to term--live birth?	1		[CONTINUE]
	Had a miscarriage?	2		[GO TO P6]
	Had an abortion?	3		[GO TO P6]
	Are you uncertain?	4		[GO TO P6]
 Are you currently pregnant?	5		[GO TO P6]
	Something else? (Please describe)	6		[GO TO P6]
	v. _____			
P5c. How much did your baby <u>weigh</u> at birth?		□□	□□	
		Pounds	Ounces	

<i>For Staff Use Only (Optional Health History Infectious Disease Detail)</i>							
				Past month	2-12 Months	1+ Years	Never
P6a-d.	When was the <u>last</u> time (if ever) you were told by a doctor or nurse that you have. . .			3	2	1	0
	(Card B)						
a.	Hepatitis, yellow jaundice, or cirrhosis of the liver			3	2	1	0
b.	Tuberculosis or TB			3	2	1	0
c.	Other <u>sexually transmitted diseases</u> , such as syphilis, gonorrhea, or chlamydia			3	2	1	0
d.	Other infectious diseases			3	2	1	0
	(Please describe) v. _____						
P6e.	Are you <u>currently</u> receiving treatment for any of these diseases? [CODE TO 0 IF NO DISEASE REPORTED]		<u>Yes</u>	<u>No</u>	1	0	
P7a-h.	Have you <u>ever</u> had the following childhood diseases?		<u>Yes</u>	<u>No</u>			
a.	Rubella		1	0			
b.	Chicken Pox		1	0			
c.	Mumps		1	0			
d.	Rheumatic fever		1	0			
e.	Measles		1	0			
f.	Whooping cough		1	0			
g.	Polio		1	0			
h.	Other childhood illness (Please describe)		1	0			
	v. _____						
P7j.	Have you had all of your childhood vaccinations?		<u>Yes</u>	<u>No</u>	1	0	
P8.	When was your <u>last</u> tetanus shot?		(Circle one)				
	During the past year				5		
	1 to 2 years ago				4		
	3 to 7 years ago				3		
	8 to 10 years ago				2		
	More than 10 years ago				1		
	Never				0		

- * 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 P10]
 - More than 12 months ago 1 [GO TO P10]
 - Never 0 [GO TO P10]

* P9a. During the past 90 days, on how many days were you bothered by any health or medical problems? [IF 0, GO TO P10]
Days

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

P9c. What is the problem you have been having?

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

P10. Do you need any medical attention in order to attend treatment? Yes No
(If yes, please describe below) 1 0

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

<i>For Staff Use Only (Optional Health History Treatment Detail)</i>		
P10.	Have you ever been treated or told by a health professional you have the following medical problems or conditions?	<u>Yes</u> <u>No</u>
a.	<u>Allergies to specific medicines, foods, pollen or other things? (Please Describe) v.</u> _____	1 0
b.	<u>Major or untreated dental problems</u> (such as gum disease or teeth that need to be removed) . . .	1 0
c.	<u>Physical injuries or unhealed wounds</u> (such as a broken bone, knife, or gun wound or a cut/bruise that would not go away)	1 0
d.	<u>Convulsions, migraines or nervous system problems</u> (such as epilepsy, seizures, strokes or blackouts).	1 0
e.	<u>Heart, blood, or circulatory problems</u> (such as high or low blood pressure, endocarditis, irregular heart beats, angina, heart attacks, blood diseases, abnormal bleeding or bruising)	1 0
f.	<u>Asthma, shortness of breath, hoarseness, coughing up blood/flem or other respiratory problems</u> , (such as bronchitis,pneumonia, emphysema, or wheezing)	1 0
g.	<u>Tumors, cancer, or unusual lumps under your skin</u> (lung, blood, leukemia, breast, testicle, colon, neoplasms, skin, or kaposi’s sarcoma)	1 0
h.	<u>Diabetes, thyroid or other problems with how your body controls itself</u> (low or high blood sugar, control of growth, weight, fluids; early or late body development, gland or hormone problems) 1	0
j.	<u>Vitamin deficiencies, fluid build up, anemia or problems with how your body stores things</u> (such as calcium, folic, iodine or vitamin B deficiencies; gout, dehydration, sickle cell anemia). 1	0
k.	<u>Stomach or digestive system problems</u> (such as ulcers or colitis, nausea, vomiting, persistent diarrhea or constipation, or heartburn)	1 0
m.	<u>Sexual or fertility problems</u> (such as pain during intercourse, coming too soon or being unable to, impotence or the inability to have children)	1 0
n.	<u>Female problems</u> (such as a yeast infection, problems with your menstrual period, bad cramps, pain urinating, unusal discharge, urinary tract or vaginal infections, cysts or breast cancer) (If male, circle No) . . .	1 0
p.	<u>Male problems</u> (such as jock itch, pain urinating, abnormal discharge, urinary tract infections, cancer of the testicles, prostate problems or cancer) (If female, circle No)	1 0
q.	<u>Bone, muscle, or foot problems</u> (such as arthritis, chronic back pain, permanent stiffness, paralysis, bursitis, bunions, or swelling)	1 0
r.	<u>Skin problems</u> (such as skin ulcers or cancer, rashes, lesions, or other skin infections)	1 0
s.	<u>Any other major medical problems or conditions other than those listed above? (Please Describe) v.</u> _____	1 0

For Staff Use Only (Optional Biomedical Placement Detail)	
P10a.	Acute Biomedical Issues (Check if high levels of past year biomedical problems [7+ Sx in P3, P3a-k] or current biomedical problems that frequently interfere with meeting responsibilities [P9b GT 12] or medical services needed to participate in treatment [P10=1])

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

- * P11. How many times in your life have you.....
- a. been treated in an emergency room for health problems? Times
 - b. been admitted overnight to a hospital for health problems? Times
 - c. received any outpatient surgical procedures for health problems? . Times

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

v. _____

- e. 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 P12]
 - More than 12 months ago 1 [GO TO P12]
 - Never 0 [GO TO P12]

* 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 [IF NO, GO TO P12]

v. _____

- m. How long have you been treated regularly? + + +
 Years Months Weeks Days

The next question is about blood relatives. This includes your children, brothers, sisters, parents, aunts, uncles and grandparents. **(Please write “DK” if you don’t know.)**

P12. Have any of your blood relatives <u>ever</u> had...	<u>Yes</u>	<u>No</u>
a. problems with alcohol use?	1	0
b. problems with drug use?	1	0
c. heart or blood problems?	1	0
d. diabetes?	1	0
e. emotional, mental or psychological problems?	1	0
f. other problems that caused them to be sick or in treatment a lot?	1	0
 P12g. Are you adopted?	 1	 0

<i>For Staff Use Only (Optional Physical Health Help Detail)</i>		
P13. How <u>soon</u> (if at all) do you need (more) help for your <u>current</u> physical health?	(Circle one)	
Right away	4	
In the next 3 months	3	
More than 3 months from now	2	
Getting the help I need already	1	[GO TO NEXT PAGE]
Do not need any help	0	[GO TO NEXT PAGE]
P13a. Do you <u>currently</u> want (more) help with the following situations related to your physical health?		
1. Getting dental treatment	1	0
2. Pregnancy or family planning	1	0
3. Testing, counseling or education on hepatitis, TB, HIV or STDs	1	0
4. Help with sexual or fertility problems	1	0
5. Getting health care treatment	1	0
6. Coping with your current medical problems	1	0
7. Paying for health care treatment	1	0
99. Anything else related to your health situation (Please describe)	1	0
v. _____		
P14. Urgency Rating [PUR]: NO <input type="checkbox"/> ₀ ALREADY <input type="checkbox"/> ₁ GT 3 MO <input type="checkbox"/> ₂ 0-3 MON <input type="checkbox"/> ₃ NOW <input type="checkbox"/> ₄		
* P15. DM Rating [PDM]: NONE <input type="checkbox"/> ₀ SOME <input type="checkbox"/> ₁ MISUNDER <input type="checkbox"/> ₂ DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄		

R. Risk Behaviors and Disease Prevention

Next, we would like to ask a few very personal questions about behaviors that may have 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 Risk Index)

- * R1. During the past year, did you.... **Yes No**
- a. use a needle to shoot up drugs? 1 0
 - b. reuse a needle that you had used before? 1 0
 - c. reuse a needle without cleaning it with bleach or boiling water first? 1 0
 - d. use a needle that you knew or suspected someone else had used before? 1 0
 - e. use someone else's rinse water, cooker, or cotton after they did? .. 1 0
 - f. ever skip cleaning your needle with bleach or boiling water after you were done? 1 0
 - g. let someone else use a needle after you used it? 1 0
 - h. let someone else use the rinse water, cooker or cotton after you did? 1 0
 - j. allow someone else to inject you with drugs 1 0
 - k. During the past 90 days, on how many days did you use a needle to inject any kind of drug or medication? [IF 0, GO TO R2]
Days
 - m. During the past 90 days, with how many people have you shared needles or works? [IF 0, GO TO R2]
People
 - n. During the past 90 days, on how many days did you share needles with other people?
Days

GAIN-I

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
 - More than 12 months ago 1 [GO TO R3]
 - Never 0 [GO TO R3]

<i>For Staff Use Only (Optional Sexual Risk Index)</i>		
R2.	<u>During the past year, did you...</u>	<u>Yes</u> <u>No</u>
a.	Have sex while you or your partner <u>was high on alcohol or drugs</u> ?	1 0
b.	Have sex with someone who was an <u>injection drug user</u> ?	1 0
c.	Have sex involving <u>anal intercourse</u> (penis to butt)?	1 0
d.	Have sex with a man who might have had <u>sex with other men</u> ?	1 0
e.	<u>Trade</u> sex to get drugs, gifts or money?	1 0
f.	Use drugs, gifts, or money to <u>purchase</u> sex?	1 0
g.	Have <u>two or more</u> sexual partners during the year?	1 0
h.	Have sex with a <u>man</u> ?	1 0
j.	Have sex with a <u>woman</u> ?	1 0
k.	Have sex <u>without</u> using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy?	1 0
m.	have a lot of <u>pain</u> during sex or after having had sex?	1 0
n.	use alcohol or drugs to make sex last <u>longer or hurt less</u> ?	1 0

R2 Continued

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 any kind of sex (vaginal, oral, or anal) with another person? Times **[IF 0, GO TO R3]**

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

For Staff Use Only (Optional Pregnancy Planning Detail)

R3. What is your current sexual preference? **(Circle one)**

To have no sex (celibate)	1
To only have sex with females	2
To only have sex with males	3
To have sex with females or males	4
Other (Please describe)	99

v. _____

R3a. What forms of contraception do you or your partner try to use (if at all) to avoid pregnancy or sexually transmitted diseases? Yes No

1. Do not regularly use contraceptives	1	0
2. Following your/the woman's period or cycle	1	0
3. Pulling out before you/the man comes	1	0
4. A douche foam or suppository	1	0
5. A birth control pill	1	0
6. An intrauterine device (IUD)	1	0
7. A condom or other barrier	1	0
8. Not having intercourse	1	0
9. Sterilized or infertile	1	0
99. Something else (Please describe)	1	0

v. _____

- * 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 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.

For Staff Use Only (Optional Risk Behavior Detail)	
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. _____	

<i>For Staff Use Only (Optional Risk Behavior Help Detail)</i>																					
<p>R7. How <u>soon</u> (if at all) do you need (more) help with behaviors that put you at risk of getting or spreading infectious diseases? (Circle one)</p> <p style="margin-left: 40px;">Right away 4</p> <p style="margin-left: 40px;">In the next 3 months 3</p> <p style="margin-left: 40px;">More than 3 months from now 2</p> <p style="margin-left: 40px;">Getting the help I need already 1 [GO TO NEXT PAGE]</p> <p style="margin-left: 40px;">Do not need any help 0 [GO TO NEXT PAGE]</p>																					
<p>R7a. Do you <u>currently</u> want (more) help with the following situations related to your risk behaviors? <u>Yes</u> <u>No</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 85%;">Changing your pattern of needle use?</td> <td style="width: 5%;">1</td> <td style="width: 5%;">0</td> </tr> <tr> <td>2.</td> <td>Changing your pattern of sexual behavior?</td> <td>1</td> <td>0</td> </tr> <tr> <td>3.</td> <td>Getting information about health or prevention?</td> <td>1</td> <td>0</td> </tr> <tr> <td>4.</td> <td>Diet, exercise or relaxation programs?</td> <td>1</td> <td>0</td> </tr> <tr> <td>99.</td> <td>Anything else related to your risk behaviors?</td> <td>1</td> <td>0</td> </tr> </table> <p style="margin-left: 40px;">(Please describe) v. _____</p>		1.	Changing your pattern of needle use?	1	0	2.	Changing your pattern of sexual behavior?	1	0	3.	Getting information about health or prevention?	1	0	4.	Diet, exercise or relaxation programs?	1	0	99.	Anything else related to your risk behaviors?	1	0
1.	Changing your pattern of needle use?	1	0																		
2.	Changing your pattern of sexual behavior?	1	0																		
3.	Getting information about health or prevention?	1	0																		
4.	Diet, exercise or relaxation programs?	1	0																		
99.	Anything else related to your risk behaviors?	1	0																		
<p>R8. Urgency Rating [RUR]: NO <input type="checkbox"/>₀ ALREADY <input type="checkbox"/>₁ GT 3 MO <input type="checkbox"/>₂ 0-3 MON <input type="checkbox"/>₃ NOW <input type="checkbox"/>₄</p>																					
<p>* R9. DM Rating [RDM]: NONE <input type="checkbox"/>₀ SOME <input type="checkbox"/>₁ MISUNDER <input type="checkbox"/>₂ DENIAL <input type="checkbox"/>₃ MISREP <input type="checkbox"/>₄</p>																					

M. Mental and Emotional Health

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

- * M1a. During the past year, have you had significant problems with. . . Yes No
- | | | | |
|----|---|---|---|
| 1. | Headaches, faintness, dizziness, tingling, numbness, sweating or hot or cold spells? | 1 | 0 |
| 2. | Sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day? | 1 | 0 |
| 3. | Having dry mouth, loose bowel movements, constipation, trouble controlling your bladder or related itching? | 1 | 0 |
| 4. | Pain or a heavy feeling in your heart, chest, lower back, arms, legs or other muscles? | 1 | 0 |
- * M1b. During the past year, have you had significant problems with. . . Yes No
- | | | | |
|----|---|---|---|
| 1. | Feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? | 1 | 0 |
| 2. | Having no energy and losing interest in work, school, friends, sex or other things you cared about? | 1 | 0 |
| 3. | Remembering, concentrating, making decisions, or having your mind go blank? | 1 | 0 |
| 4. | Feeling very shy, self-conscious or uneasy about what people thought or were saying about you? | 1 | 0 |
| 5. | Thoughts that other people did not understand you or appreciate your situation? | 1 | 0 |
| 6. | Feeling easily annoyed, irritated, or having trouble controlling your temper? | 1 | 0 |
- * M1c. During the past year, have you . . . Yes No
- | | | | |
|----|---|---|---------------------|
| 1. | Thought about killing or hurting someone else? | 1 | 0 |
| 2. | Thought about ending your life or committing suicide? | 1 | 0 [IF 0, GO TO M1d] |
| 3. | Had a plan to commit suicide? | 1 | 0 |
| 4. | Gotten a gun, pills or other things to carry out your plan? | 1 | 0 |
| 5. | Attempted to commit suicide? | 1 | 0 |

GAIN-I

- * M1d. During the past year, have you had significant problems with. . . Yes No
1. Feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen? 1 0
 2. Having to repeat an action over and over, or having thoughts that kept running over in your mind? 1 0
 3. Trembling, having your heart race or feeling so restless that you could not sit still? 1 0
 4. Getting into a lot of arguments and feeling the urge to shout, throw things, beat, injure or harm someone? 1 0
 5. Feeling very afraid of open spaces, leaving your home, having to travel or being in a crowd? 1 0
 6. Avoiding snakes, the dark, being alone, elevators or other things because they frightened you? 1 0
 7. Thoughts that other people were taking advantage of you, not giving you credit or causing you problems? 1 0
 8. Thoughts that someone was watching you, following you or out to get you? 1 0
 9. Seeing or hearing things that no one else could see or hear, or feeling that someone else could read or control your thoughts? . . . 1 0
 10. Thoughts that you should be punished for thinking about sex or other things too much? 1 0

- * 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

<i>For Staff Use Only (Optional General Mental Distress Diagnostic Detail)</i>	
M1h. Rule out Other Axis 1 Diag. (Check if 3+ Sx in M1c , 13+ Sx in M1a-d, M1f GT 12 or M1g Gt 1)	

GAIN-I

* 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]

During the past year, have the following situations happened to you? Yes No

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

* 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

<i>For Staff Use Only (Optional Stress Diagnosis Detail)</i>	
M2r. Rule out Traumatic Stress Disorder (Check if 5+ Sx in M2a-p or M2q = 13+ 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 M4] |
| Never | 0 | [GO TO M4] |

- * M3a. During the past year, have you done the following things two or more times? Yes No
- | | | |
|--|---|---|
| 1. Made mistakes because you were not paying attention? | 1 | 0 |
| 2. Had a hard time paying attention at school, work or home? | 1 | 0 |
| 3. Had a hard time listening to instructions at school, work or home? | 1 | 0 |
| 4. Not followed instructions or not finished your assignments? | 1 | 0 |
| 5. Had a hard time staying organized or getting everything done? | 1 | 0 |
| 6. Avoided things that took too much effort, like school work or paperwork? | 1 | 0 |
| 7. Lost things that you needed for school, work or home? | 1 | 0 |
| 8. Been unable to pay attention when other things were going on? | 1 | 0 |
| 9. Been forgetful or absentminded? | 1 | 0 |
| 10. Fidgeting or had a hard time keeping your hands or feet still when you were supposed to? | 1 | 0 |
| 11. Been unable to stay in a seat or where you were supposed to stay? | 1 | 0 |
| 12. Felt restless or the need to run around or climb on things? | 1 | 0 |
| 13. Gotten in trouble for being too “loud” when you were playing or relaxing? | 1 | 0 |
| 14. Felt like you were always on the “go” or “driven by a motor”? | 1 | 0 |
| 15. Talked too much or had others complain that you talked too much? | 1 | 0 |
| 16. Gave answers before the other person finished asking the question? | 1 | 0 |
| 17. Had a hard time waiting for your turn? | 1 | 0 |
| 18. Interrupted or butted into other peoples’ conversations or games? | 1 | 0 |
| 19. Have you had any of the above problems in the past six months? | 1 | 0 |

GAIN-I

- * M3b. During the past year, have you done the following things two or more times? Yes No
1. Been a bully or threatened other people? 1 0
 2. Started fights with other people? 1 0
 3. Used a weapon in fights? 1 0
 4. Been physically cruel to other people? 1 0
 5. Been physically cruel to animals? 1 0
 6. Taken a purse, money or other things from another person by force? 1 0
 7. Forced someone to have sex with you when they did not want to? 1 0
 8. Set fires? 1 0
 9. Broken windows or destroyed property? 1 0
 10. Taken money or things from a house, building or car? 1 0
 11. Lied or conned to get things you wanted or to avoid having to do something? 1 0
 12. Taken things from a store or written bad checks to buy things? ... 1 0
 13. Stayed out at night later than your parent or partner wanted? 1 0
 14. Run away from home overnight? 1 0
 15. Skipped school? 1 0

 16. Before you were 13, did you break rules by “skipping” school or “staying out” at night? 1 0
- * 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

<i>For Staff Use Only (Optional Behavioral Diagnosis Detail)</i>	
M3d. Attention Deficit Hyperactivity Disorder (Check first possible Row)	
1. ADHD - Combined Type (6+ Sx M3a1-9 and 6+ Sx in M3a10-18 and 1+ in M3c)	
2. ADHD - Inattentive Type (6+ Sx in M3a1-9 and 1+ in M3c)	
3. ADHD - Hyperactive Type (6+ Sx in M3a10-18 and 1+ in M3c)	
M3e. Conduct Disorder if adolescent or rule out ASPD/BPD if adult	
1. CD (Check if 3+ Sx in M3b1-15 and 1+ days in M3c)	
2. CD-Severe (Check if 9+ Sx in M3b1-15 and 1+ days in M3c)	

<i>For Staff Use Only (Optional Personality Coping Styles Index)</i>		
M4. Do each of the following statements describe you during the past year?	<u>Yes</u>	<u>No</u>
a. You could <u>not</u> really trust most people?	1	0
b. Rather than get mad, you wanted to get even?	1	0
c. You daydreamed or tried to space out the world a lot?	1	0
d. You did <u>not</u> care to be around other people much?	1	0
e. You were <u>not</u> very emotional about other people or things?	1	0
f. You were afraid that you were crazy?	1	0
g. You often just did <u>not</u> pay bills or live up to your commitments? .	1	0
h. You lied often and easily?...	1	0
j. You got bored easily or hated routines?	1	0
k. You often acted before thinking about the trouble you might get into?	1	0
m. You were a very moody person or had your feelings toward others change drastically?	1	0
n. You did <u>not</u> like being told by others what you should be doing? .	1	0
p. You could usually get people to do things your way?	1	0
q. Other people think your problems are worse than they really are? .	1	0
r. You spent a lot of time trying to think through your problems or what to do?.....	1	0
s. You got mad at yourself a lot because you did <u>not</u> do a good enough job?.....	1	0
t. You felt like you could <u>not</u> make it through life?	1	0
u. You had a hard time deciding what to do?	1	0
v. You had a hard time changing the way you did things?	1	0
w. You often felt critical of others or picked on them?	1	0
x. You were very concerned about your health and other things that happened to you?	1	0
y. Rule out Axis II Diagnosis (Check yes if 16+ in a-x)		

GAIN-I

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

- * M5. Have you ever received medication or been treated for a mental, emotional, behavioral or psychological problem by a counselor, doctor, mental health specialist or in an emergency room, hospital or outpatient health facility? Yes No [IF NO, GO TO M6]
1 0
(Circle Yes if you are being treated now)

<i>For Staff Use Only (Optional Mental Health Diagnosis Detail)</i>		
M5a. Has a doctor, nurse or counselor <u>ever</u> told you that you have a mental, emotional or psychological problem or the name of a particular condition you have/had? (Please record and/or circle all that apply below)		
v1. _____		
v2. _____		
v3. _____		
(Circle all that apply- blanks will be treated as No)		
0. Cannot remember any condition	<u>Yes</u>	<u>No</u> [GO TO M5b]
1. Alcohol or drug dependence	1	0
2. Attention-deficit/hyperactivity disorder	1	0
3. Antisocial personality disorder	1	0
4. Anxiety or phobia disorder	1	0
5. Borderline personality	1	0
6. Conduct disorder	1	0
7. Major depression	1	0
8. Depression, dysthymia or other mood disorder	1	0
9. Mental retardation, developmental or other communication disorder	1	0
10. Oppositional defiant disorder	1	0
11. Pathological gambling	1	0
12. Post or acute traumatic stress disorder	1	0
13. Somatoform, pain, sleep, eating or body disorder	1	0
14. Other cognitive disorder (like delirium, dementia, amnesic)	1	0
15. Other mental breakdown, nerves or stress	1	0
16. Other personality disorder (like avoidant, dependent, histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid or schizotypal)	1	0
17. Other schizophrenia or psychotic disorder	1	0
99. Other (Please describe)	1	0
v. _____		

GAIN-I

- * M5. How many times in your life have you..... Times
- b. Been treated in an emergency room for mental, emotional behavioral or psychological problems?
- c. Been admitted overnight to a hospital for mental, emotional behavioral or psychological problems?
- * d. Are you currently taking medication for mental, emotional behavioral 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, behavioral 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 M6] |
| More than 12 months ago | 1 | [GO TO M6] |
| Never | 0 | [GO TO M6] |
- * During the past 90 days, how many...
- f. Times have you had to go to the emergency room (for mental, emotional, behavioral or psychological problems)? Times
- g. Nights total did you spend in the hospital (for mental, emotional, behavioral or psychological problems)? Nights
- h. Times did you see a doctor in an office or outpatient clinic (for mental, emotional, behavioral or psychological problems)? Times
- j. Are you currently being treated for a mental, emotional, behavioral or psychological problem? **(If yes, where do you go?)** Yes No **[IF NO, GO TO M6]**
 1 0
 v. _____
- k. How long have you been treated regularly? + + +
 Years Months Weeks Days

For Staff Use Only (Optional Mental Health Treatment Help Detail)

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

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

M6a. Do you currently want (more) help with the following situations related to your mental, emotional or psychological problems?

	<u>Yes</u>	<u>No</u>
1. How you have been feeling emotionally	1	0
2. How your mind or body seems to be working	1	0
3. How you control your mind or behavior	1	0
4. Concerns about suicide	1	0
5. Memories that disturb you	1	0
6. Getting medication to help control yourself	1	0
99. Anything else related to your emotional or mental situation (Please describe)	1	0
v. _____		

M7. Urgency Rating [MUR]: NO ₀ ALREADY ₁ GT 3 MO ₂ 0-3 MON ₃ NOW ₄

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

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

- * During the past 90 days, on how many days have you lived
someplace. . . Days
- d. Where anyone else used alcohol there? □□
 - e. Where anyone else used drugs there? □□
 - f. Where you were not free to come and go as you please - such
as jail, an inpatient program, or hospital? □□

GAIN-I

- * 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
- * E3a. Have you lived with anyone else during the past year? Yes No
 1. Anyone else 1 0 [IF NO, GO TO E3b]

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

- E3b. What is your current marital status? **(Circle one)**
- Married 1
 - Remarried 2
 - Living with someone as married 3
 - Married but living apart 4
 - Divorced 5
 - Legally separated 6
 - Widowed 7
 - Never married 8

GAIN-I

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

- a. During the past year, who has had custody of the child(ren) Yes No
- | | | | |
|--|---|---|--|
| 1. You | 1 | 0 | |
| 2. Your spouse or child's other parent | 1 | 0 | |
| 3. Other relative | 1 | 0 | |
| 4. Department of Children and Family Services (DCFS)
or a court | 1 | 0 | |
| 5. The child(ren) ran away | 1 | 0 | |
| 6. The child(ren) was/were adopted | 1 | 0 | |
| 7. The child(ren) legally live(s) on his/her/their own | 1 | 0 | |
| 99. Some other situation (Please describe) | 1 | 0 | |

v. _____

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

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

<i>For Staff Use Only (Optional Child Activity & Functioning Indices)</i>					
E4h. What is the <u>age</u> of the <u>youngest</u> child whom you have custody of					_ _
(or are trying to get custody of)?					Age
<u>During the past year</u> , have you done any of the following things					
with this child/these children?					
			<u>Yes</u>	<u>No</u>	
j.	Spent 30 minutes or more playing with (him/her/them)	1	0		
k.	Taken (him/her/them) to an organized activity or event	1	0		
m.	Read a book to (him/her/them)	1	0		
n.	Worked with (him/her/them) on homework or taught (him/her/				
	them) to read, write or do math	1	0		
p.	Met with a teacher, social worker, lawyer, court official				
	or police officer about (him/her/them)	1	0		
<u>During the past year</u> , (has this child/have these children) been doing badly, mixed or well in terms of:					
		<u>Very</u>			<u>Very</u>
		<u>Badly</u>	<u>Badly</u>	<u>Mixed</u>	<u>Well</u>
q.	Doing schoolwork or learning	0	1	2	3
r.	Avoiding alcohol or drugs	0	1	2	3
s.	Avoiding illegal activities	0	1	2	3
t.	Getting along with other people	0	1	2	3
u.	Getting to places on time	0	1	2	3
v.	His/her/their health	0	1	2	3

For Staff Use Only (Optional Environmental Indexes)

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

- * E5. During the past year, 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...
- | | <u>None</u> | <u>A Few</u> | <u>Some</u> | <u>Most</u> | <u>All</u> |
|---|-------------|--------------|-------------|-------------|------------|
| a. were employed or in school or training full-time? | 4 | 3 | 2 | 1 | 0 |
| b. were involved in illegal activity? | 0 | 1 | 2 | 3 | 4 |
| c. weekly got drunk or had 5 or more drinks in a day? | 0 | 1 | 2 | 3 | 4 |
| d. used any drugs during the <u>past 90 days</u> ? | 0 | 1 | 2 | 3 | 4 |
| e. shout, argue, and fight most weeks? | 0 | 1 | 2 | 3 | 4 |
| f. have ever been in drug or alcohol treatment? | 4 | 3 | 2 | 1 | 0 |
- * E6. During the past year, 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...
- | | <u>None</u> | <u>A Few</u> | <u>Some</u> | <u>Most</u> | <u>All</u> |
|---|-------------|--------------|-------------|-------------|------------|
| a. were employed or in school or training full-time? | 4 | 3 | 2 | 1 | 0 |
| b. were involved in illegal activity? | 0 | 1 | 2 | 3 | 4 |
| c. weekly got drunk or had 5 or more drinks in a day? | 0 | 1 | 2 | 3 | 4 |
| d. used any drugs during the <u>past 90 days</u> ? | 0 | 1 | 2 | 3 | 4 |
| e. shout, argue, and fight most weeks? | 0 | 1 | 2 | 3 | 4 |
| f. have ever been in drug or alcohol treatment? | 4 | 3 | 2 | 1 | 0 |
- * E7. During the past year, 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...
- | | <u>None</u> | <u>A Few</u> | <u>Some</u> | <u>Most</u> | <u>All</u> |
|---|-------------|--------------|-------------|-------------|------------|
| a. were employed or in school or training full-time? | 4 | 3 | 2 | 1 | 0 |
| b. were involved in illegal activity? | 0 | 1 | 2 | 3 | 4 |
| c. weekly got drunk or had 5 or more drinks in a day? | 0 | 1 | 2 | 3 | 4 |
| d. used any drugs during the <u>past 90 days</u> ? | 0 | 1 | 2 | 3 | 4 |
| e. shout, argue, and fight most weeks? | 0 | 1 | 2 | 3 | 4 |
| f. have ever been in drug or alcohol treatment? | 4 | 3 | 2 | 1 | 0 |

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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 | |
| More than 12 months ago | 1 | [GO TO E9] |
| Never | 0 | [GO TO E9] |

- * E8a-n. During the past year, have you had a disagreement in which you did the following things?
- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. Discussed it calmly and settled the disagreement? | 1 | 0 |
| b. Left the room or area rather than argue? | 1 | 0 |
| c. Insulted or swore at someone? | 1 | 0 |
| d. Threatened to hit or throw something at another person? | 1 | 0 |
| e. Actually threw something at someone? | 1 | 0 |
| f. Pushed, grabbed, or shoved someone? | 1 | 0 |
| g. Slapped another person? | 1 | 0 |
| h. Kicked, bit, or hit someone? | 1 | 0 |
| j. Hit or tried to hit anyone with something (an object)? | 1 | 0 |
| k. Beat up someone? | 1 | 0 |
| m. Threatened anyone with a knife or gun? | 1 | 0 |
| n. Actually used a knife or gun on another person? | 1 | 0 |

- * 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

GAIN-I

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

- * E9. Has anyone ever done any of the following things to you? Yes No
- | | | |
|--|---|---|
| a. <u>Attacked</u> you with a gun, knife, stick, bottle or other weapon? . . . | 1 | 0 |
| b. <u>Hurt you by striking or beating</u> you to the point that you had bruises, cuts, or broken bones or otherwise physically abused you? | 1 | 0 |
| c. Pressured or <u>forced you to participate in sexual acts</u> against your will, including your regular sexual partner, a family member or friend? | 1 | 0 |
| d. <u>Abused you emotionally</u> ; that is, did or said things to make you feel very bad about yourself or your life? | 1 | 0 |
- [IF ALL OF ABOVE ARE NO, GO TO E9n]**
- * Did any of the above things happen.... Yes No
- | | | |
|---|---|---|
| e. Before you were 18? (IF UNDER 18 AND "YES" ABOVE, CIRCLE "YES" HERE) . | 1 | 0 |
| e1. Before you were 12? (IF UNDER 18 AND "YES" ABOVE, CIRCLE "YES" HERE) . | 1 | 0 |
| f. Several times or for a long period of time? | 1 | 0 |
| g. With more than one person involved in hurting you? | 1 | 0 |
| h. Where one or more of the people involved was a family member, close family friend, professional or someone else you had trusted? | 1 | 0 |
| j. Where you were afraid for your life or that you might be seriously injured? | 1 | 0 |
| k. And result in oral, vaginal or anal sex? | 1 | 0 |
| m. And people you told did not believe or help you? | 1 | 0 |
- * Are you currently worried that someone might.... Yes No
- | | | |
|--|---|---|
| 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. pressure or <u>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 ES9s below)

- * E9s. Have you gotten the help you needed to deal with these problems? Yes No
- | | | |
|--|---|---|
| | 1 | 0 |
|--|---|---|

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* 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

* E10. During the past year, have you been under stress for any of the following reasons related to your family, friends, classmates or co-workers? **Yes No**

- 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. _____

* E11. During the past year, have you been under stress because of the following other kinds of demands on you? **Yes No**

- 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. _____

Please answer the next questions as “not at all, somewhat, considerably or extremely.				
E11b. <u>During the past 90 days...</u>	Not at all	Somewhat	Considerably	Extremely

- | | | | | | |
|---|---|---|---|---|---|
| * | E11b1. how <u>stressful</u> have things been for you because of your use of alcohol or other drugs? | 0 | 1 | 2 | 3 |
| * | E11b2. has your use of alcohol or other drugs caused you to <u>reduce or give up important activities</u> ? | 0 | 1 | 2 | 3 |
| * | E11b3. has your use of alcohol and other drugs caused you to have <u>emotional problems</u> ? | 0 | 1 | 2 | 3 |

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- * E12. During the past year, did you have the following kinds of social support? Yes No
- | | | |
|--|---|---|
| a. A professional counselor or other health provider to talk to? | 1 | 0 |
| b. 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 |
| c. People at work or school you could talk to about day-to-day things? | 1 | 0 |
| d. People at work or school who could help you get your assignments done? | 1 | 0 |
| e. Family members or close partners you could talk to and rely on? | 1 | 0 |
| f. Friends you could just hang out with and not talk about work or family issues? | 1 | 0 |
| g. A (legal) hobby or activity that you enjoyed <u>and did</u> for yourself? | 1 | 0 |
| h. Someone you felt like you could talk to about needs and emotions? | 1 | 0 |
| j. Someone you felt could help you figure out how to cope with any problems you were having or might have? | 1 | 0 |

- * E13. Compared to most people, would you say that you are ... **(Circle one)**
- | | |
|--|---|
| A <u>lot less</u> spiritual or religious? | 0 |
| A <u>little less</u> spiritual or religious? | 1 |
| <u>About as</u> spiritual or religious? | 2 |
| A <u>little more</u> spiritual or religious? | 3 |
| A <u>lot more</u> spiritual or religious? | 4 |

- * E13a. Do you consider yourself a member of a religious group? (Which? Or Which of the following best describe it....) **(Circle one)**
- | | |
|---|----|
| No/None | 0 |
| Baptist | 1 |
| Buddhist | 2 |
| Catholic | 3 |
| Evangelical | 4 |
| Hindu | 5 |
| Jewish | 6 |
| Lutheran | 7 |
| Methodist | 8 |
| Mormon | 9 |
| Muslim | 10 |
| Presbyterian | 11 |
| Other Protestant | 12 |
| Shinto | 13 |
| Native American Church | 14 |
| Traditional Native American Practices/Beliefs | 15 |
| Some other group (Please describe) | 99 |

v. _____

- * E14. During the past 90 days, on how many days have you been involved in a formal activity (sports, family event, club) where... Days
- a. no one was using alcohol or drugs?
- b. anyone was using alcohol or drugs?

<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. . .	Not at all	Slightly	Moderately	Considerably	Extremely
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

For Staff Use Only (Optional Environmental Placement Detail)	
E15g.	Acute Environmental Issues (Check if there is weekly alcohol use, drug use, or violence in home [13+ on E2d, e or f]), a hostile environment [12+ in E5a-f, E6a-f, or E7a-f or 40+ across them], the participant is being violent weekly (13+ on e8p), the participant has been victimized recently [1+ on E9u] or the participant is not satisfied with environment (a total of 5 or less on E15a-f).

<i>For Staff Use Only (Optional Environmental Help Detail)</i>	
E16. How <u>soon</u> (if at all) do you need (more) help with your <u>current</u> environment or living situation? (Circle one)	
Right away	4
In the next 3 months	3
More than 3 months from now	2
Getting the help I need already	1 [GO TO NEXT PAGE]
Do not need any help	0 [GO TO NEXT PAGE]
E16a. Do you <u>currently</u> want (more) help with the following situations related to your environment or living situation?	<u>Yes</u> <u>No</u>
1. Your housing?	1 0
2. Children you are living with or see regularly?	1 0
3. People with whom you live, work, go to school or socialize?	1 0
4. How you spend your free time and get social support?	1 0
5. People you have been avoiding, arguing or fighting with?	1 0
6. People who have or might attack or abuse you physically, sexually or emotionally?	1 0
7. How you handle arguments?	1 0
99. Anything else related to your environment or social situation or coping? (Please describe) ,	1 0
v. _____	
E17. Urgency Rating [EUR]: NO <input type="checkbox"/> ₀ ALREADY <input type="checkbox"/> ₁ GT 3 MO <input type="checkbox"/> ₂ 0-3 MON <input type="checkbox"/> ₃ NOW <input type="checkbox"/> ₄	
* E18. DM Rating [EDM]: NONE <input type="checkbox"/> ₀ SOME <input type="checkbox"/> ₁ MISUNDER <input type="checkbox"/> ₂ DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄	

L. Legal (Civil and Criminal)

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

- * L1. Are you currently involved in any of the following kinds of civil proceedings?
- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Traffic court | 1 | 0 |
| 2. A child custody case | 1 | 0 |
| 3. Divorce proceedings | 1 | 0 |
| 4. A law suit | 1 | 0 |
| 99. Any other civil proceedings (Please describe) | 1 | 0 |
| v. _____ | | |
-
- * L2. As a result of a divorce or child custody case, do you have any settlements or ongoing alimony or child support payment you are supposed to make? **(Circle one)**
- | | | |
|---|---|-------------------|
| No (Circle no if never married & no children) | 0 | [GO TO L3] |
| Only Alimony | 1 | |
| Only Child Support | 2 | |
| Both | 3 | |
-
- * L2a. How much is the total or payment per month?
- \$|_|_|_|_|,|_|_|_|_|_|
Total Still Due or
- \$|_|_|_|_|,|_|_|_|_|_|
Dollars Per Month
-
- * L2b. Are your payments up to date?
- | <u>Yes</u> | <u>No</u> |
|------------|-----------|
| 1 | 0 |

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* 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
- More than 12 months ago 1 [GO TO L4]
- Never 0 [GO TO L4]

* During the past year have you..... **Yes No**

- a. purposely damaged or destroyed property that did not belong to you? 1 0
- b. passed bad checks, forged (or altered) a prescription or took money from an employer? 1 0
- c. taken something from a store without paying for it? 1 0
- d. other than from a store, taken money or property that didn't belong to you? 1 0
- e. broken into a house or building to steal something or just to look around? 1 0
- f. taken a car that didn't belong to you? 1 0

- g. used a weapon, force, or strong-arm methods to get money or things from a person? 1 0
- h. hit someone or got into a physical fight? 1 0
- j. hurt someone badly enough they needed bandages or a doctor? .. 1 0
- k. used a knife or gun or some other thing (like a club) to get something from a person? 1 0
- m. made someone have sex with you by force when they did not want to have sex? 1 0
- n. been involved in the death or murder of another person (including accidents)? 1 0
- p. intentionally set a building, car or other property on fire? 1 0

- q. driven a vehicle while under the influence of alcohol or illegal drugs? 1 0
- r. sold, distributed or helped to make illegal drugs? 1 0
- s. traded sex for food, drugs, or money? 1 0
- t. been a member of a gang? 1 0
- u. done something else (other than drug use) that would have gotten you into trouble with the police if they had known about it? **(Please describe)** v. _____ .. 1 0

* L3v. During the past 90 days, on how many days were you involved in

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any activities you thought might get you into trouble or be against the law? [IF 0, GO TO L4]
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

* L4. In your life time, about how many tickets have you gotten for minor traffic violations (do not include any that led to an arrest)?
Times

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

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

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

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

- * 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] |

- * L5c. 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

- * L5. What were you arrested for in the past 90 days? (Were there any other charges?) (If more than 5, Ask all as: How many times have you been arrested and booked for each of the following offenses during the past 90 days?)
- | | <u>Times</u> |
|---|--|
| d. Vandalism or property destruction | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| e. Passing bad checks, forgery, or fraud | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| f. Shoplifting, larceny or theft. | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| g. Burglary or breaking and entering | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| h. Motor vehicle theft | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| j. Robbery. | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| k. Simple assault or battery | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| m. Aggravated assault | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| n. Forcible rape | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| p. Murder, homicide or non-negligent manslaughter | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| q. Arson. | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| r. Driving under the influence | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| s. Drunkenness or other liquor law violation | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| t. Possession, distribution or sale of drugs | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| u. Prostitution or commercialized sex | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| v. Probation or parole violations | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| w. Status or other offenses (curfew, truancy, graffiti, gang involvement/activity, run away, domestic violence, disturbing the peace, disorderly conduct, paraphernalia) (Please describe) | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| v. _____ | |

* L6. When was the last time you were on probation/parole or in jail/detention? **(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 L7]
- More than 12 months ago 1 [GO TO L7]
- Never..... 0 [GO TO L7]

* During the past 90 days, on how many days have you been on probation or parole or been in jail or detention? Days

- a. Probation
- b. Parole
- c. Jail or prison
- d. Juvenile detention

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

* f. How long have you been in any kind of jail, prison or detention this time? + + +
Years Months Weeks Days

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- * L7. Are you currently involved with the criminal justice system in any of the following ways?
- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Awaiting a trial | 1 | 0 |
| 2. Awaiting sentencing | 1 | 0 |
| 3. Out on bail or released on own recognizance (ROR) .. | 1 | 0 |
| 4. Probation | 1 | 0 |
| 5. In jail/prison | 1 | 0 |
| 6. On treatment release, work release or school release .. | 1 | 0 |
| 7. Parole | 1 | 0 |
| 8. Detention | 1 | 0 |
| 9. Assigned to a sentencing alternative or treatment program (TASC) | 1 | 0 |
| 10. Under house arrest [CODE IF KNOWN] | 1 | 0 |
| 11. Under court supervision? | 1 | 0 |
| 99. Other involvement (Please describe) | 1 | 0 |
- v. _____

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

- * L8. Are there currently any outstanding warrants for your arrest? Yes No [IF NO, GO TO L9]
1 0

- * L8a. Are you working with a lawyer or someone else to resolve these warrants?
- | | <u>Yes</u> | <u>No</u> |
|-------|------------|-----------|
| | 1 | 0 |

- L9. Do you have any outstanding fines or restitution you must pay as a result of a criminal, traffic, civil or administrative court ruling?
- | | <u>Yes</u> | <u>No</u> | |
|-------|------------|-----------|--------------------|
| | 1 | 0 | [IF NO, GO TO L10] |

L9a. How much is the total or the payment per month? \$,
Total Still Due or

\$,
Dollars Per Month

- L9b. Are your payments up to date?
- | | <u>Yes</u> | <u>No</u> |
|-------|------------|-----------|
| | 1 | 0 |

<i>For Staff Use Only (Optional Legal Help Detail)</i>	
L10. How <u>soon</u> (if at all) do you need (more) help with your <u>current</u> legal situation?	(Circle one)
Right away	4
In the next 3 months	3
More than 3 months from now	2
Getting the help I need already	1 [GO TO NEXT PAGE]
Do not need any help	0 [GO TO NEXT PAGE]
L10a. Do you <u>currently</u> want (more) help with the following situations related to your legal situation?	
	<u>Yes</u> <u>No</u>
1. Civil justice proceedings	1 0
2. Being involved in illegal activities	1 0
3. Criminal justice proceedings	1 0
4. Making arrangements with a probation officer, parole officer or other officer of the court	1 0
99. Anything else related to your legal situation? (Please describe)	1 0
v. _____	
L11. Urgency Rating [LUR]: NO <input type="checkbox"/> ₀ ALREADY <input type="checkbox"/> ₁ GT 3 MO <input type="checkbox"/> ₂ 0-3 MON <input type="checkbox"/> ₃ NOW <input type="checkbox"/> ₄	
* L12. DM Rating [LDM]: NONE <input type="checkbox"/> ₀ SOME <input type="checkbox"/> ₁ MISUNDER <input type="checkbox"/> ₂ DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄	

GAIN-I

- * V3. When was the last time you were in any kind of school or training program? **(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 V4]
 - Never 0 [GO TO V4]

- * During the past year, did you ... **Yes No**
- a. Go to school or training for the whole time you were supposed to? 1 0
 - b. Get bad grades or had your grades drop at school or training for any reason? 1 0
 - c. Come in late or leave early from school or training? 1 0
 - d. Get sick at school or training? 1 0
 - e. Get hurt or injured at school or training? 1 0
 - f. Get in a fight or trouble at school or training? 1 0
 - g. Miss school or training because you were sick? 1 0
 - h. Skip or "cut" school or training just because you didn't want to be there? 1 0
 - j. Not go in because you were suspended or told not to come in? ... 1 0

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

(NOTE: 5 days per week in 90 days is equal to 64 days.)

- k. did you go to any kind of school or training?
- m. did you go to school or training full time?
- n. did you miss school or training for any reason?
- p. did you get in trouble at school or training for any reason?
- q. were you suspended from school or training for any reasons? ...

- r. During the past 90 days, how many times did you get expelled from school or training? Times

* V5. During the past 90 days, how many times have you applied for a job? Times

- V5a. Including time in the military, which of the following best describes your level of work experience? **(Circle one)**
- Five or more years with the same type of job or employer 1
 - Five or more years with several different types of jobs or employers 2
 - Two to five years of job experience 3
 - Less than two years of job experience 4
 - No job experience 5 [GO TO V6]

V5b. What was the last type of job you had ? **(Please describe below and then circle the number that best describes the type of job you had).**

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

- (Circle one)**
- Professional and Technical** (accountant, architect, engineer, lawyer, judge, scientist, doctor, registered nurse, teacher, social worker, writer, entertainer) 1
 - Manager and Administrator** (office manager, sales manager, school administrator, government official, small business owner) 2
 - Sales** (sales representative, insurance agent, real estate broker, sales clerk or other sales person) 3
 - Clerical or Office Worker** (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent) 4
 - Craft and Kindred** (baker, carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer) 5
 - Operative** (assembler, checker, gas station attendant, meat cutter, packer, laundry or dry-cleaning operative, miner operative, welder, garage worker) 6
 - Transportation Equipment Operative** (bus driver, cab driver or chauffeur, truck driver, delivery person) 7
 - Non-farm Laborer** (construction worker, freight handler, sanitation worker) 8
 - Private Household Worker** (maid, butler, cook) 9
 - Service Worker** (cook, waiter/waitress, barber, janitor, practical nurse, beautician) 10
 - Farmer and Farm Manager** 11
 - Farm Laborer** (foreman, picker) 12
 - Military Service** 13
 - Other (Please describe above)** 99

GAIN-I

- * 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 |
| More than 12 months ago | 1 [GO TO V7] |
| Never | 0 [GO TO V7] |

- * During the past year, did you... Yes No
- | | | |
|---|---|---|
| a. Work full time (7 or more hours per day)? | 1 | 0 |
| b. Get bad evaluations or work below your normal level of performance at your job or business for any reason? | 1 | 0 |
| c. Come in late or leave early from your job or business? | 1 | 0 |
| d. Get sick at your job or business? | 1 | 0 |
| e. Get hurt or injured at your job or business? | 1 | 0 |
| f. Get into a fight or trouble at your job or business? | 1 | 0 |
| g. Not go to your job or business because you were sick? | 1 | 0 |
| h. Skip or "cut" your job or business just because you didn't want to be there? | 1 | 0 |
| j. Not go in because you were suspended or told not to come in? ... | 1 | 0 |

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

(NOTE: 5 days per week in 90 days is equal to 64 working days.)

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

- r. During the past 90 days, how many times did you get fired from work? □□□ Times

* V7. Which of the following statements best describes your present work or school situation? (Use **most frequent if more than one.**)

(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. _____

a. How long have you been in this situation?

+ + +
 Years Months Weeks Days

GAIN-I

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
- More than 12 months ago 1 [GO TO V9]
- Never 0 [GO TO V9]

For Staff Use Only (Optional Financial Problem Index)

During the past year, have you . . .		Yes	No
a.	Run out of money for food or transportation?	1	0
b.	Run out of money for housing?	1	0
c.	Spent half or more of your income on housing and utilities?	1	0
d.	Not counting a home or car loan, owed people more than what you make in two months?	1	0
e.	Not had enough money to pay all your bills on time?	1	0
f.	Been 120 days or more behind on a bill?	1	0
g.	Spent money that was needed for bills on alcohol, drugs, gambling or some other way on yourself?	1	0
h.	Had to borrow money from another family member or close friend for food, rent or utilities?	1	0
j.	Had to use a food bank, soup kitchen or emergency shelter?	1	0
k.	Argued regularly with other people in your family or household about money?	1	0
m.	<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?	<input type="text"/> <input type="text"/> Days	

GAIN-I

- * 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
 - More than 12 months ago 1 [GO TOV10]
 - Never 0 [GO TOV10]

<i>For Staff Use Only (Optional Gambling Problem Index)</i>		
<u>During the past year</u> , have you....	<u>Yes</u>	<u>No</u>
a. Spent a lot of time thinking or talking about your gambling?	1	0
b. Needed to gamble more often or in larger amounts to get the same enjoyment or high?	1	0
c. Tried to cut back on your gambling?	1	0
d. Had a hard time staying still or got mad when you could not gamble?	1	0
e. Gambled to get away from your problems or to feel better?	1	0
f. Tried to “win back” your loses by going back another day?	1	0
g. Lied about how much time you spent gambling or about how much you lost?	1	0
h. Paid for your gambling with bad checks, someone else’s money or with something that did not belong to you?	1	0
j. Lost or had problems at home, work, school or with your friends because of your gambling?	1	0
k. Borrowed or gotten money from others to pay for your gambling?	1	0
m. <u>During the past 90 days</u> , on how many days have you gambled for money, drugs, sex or other things?	<div style="display: flex; justify-content: center; gap: 10px;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> Days	
n. Pathological Gambling Diagnosis: (Check if 6+ in a-m):		

- V10. Which of the following is your primary source of income? **(Circle one)**
- None 0
 - 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. _____

GAIN-I

V11. During the past 90 days, ...

Dollars

* a. what was your total personal income from this and all other sources? \$|_|_|_|_|,|_|_|_|_|.00 **[If 0, GO TO V11b]**

How much money did YOU receive (pre-tax individual income) from...

- * 1. wages or work under the table \$|_|_|_|_|,|_|_|_|_|.00
- * 2. any kind of public assistance program \$|_|_|_|_|,|_|_|_|_|.00
- * 3. retirement benefits or programs \$|_|_|_|_|,|_|_|_|_|.00
- * 4. disability benefits or programs \$|_|_|_|_|,|_|_|_|_|.00
- * 5. non-legal or illegal income \$|_|_|_|_|,|_|_|_|_|.00
- * 99. family or other sources (**please describe**) \$|_|_|_|_|,|_|_|_|_|.00
v. _____

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.**)

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

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

<i>For Staff Use Only (Optional Vocational Help Detail)</i>																																	
<p>V12. How <u>soon</u> (if at all) do you need (more) help with your work or financial situation? (Circle one)</p> <p style="padding-left: 40px;">Right away 4</p> <p style="padding-left: 40px;">In the next 3 months 3</p> <p style="padding-left: 40px;">More than 3 months from now 2</p> <p style="padding-left: 40px;">Getting the help I need already 1 [GO TO NEXT PAGE]</p> <p style="padding-left: 40px;">Do not need any help 0 [GO TO NEXT PAGE]</p>																																	
<p>V12a. Do you <u>currently</u> want (more) help with the following situations related to your school, work or financial situation? <u>Yes</u> <u>No</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 85%;">Going to training or school</td> <td style="width: 5%;">1</td> <td style="width: 5%;">0</td> </tr> <tr> <td>2.</td> <td>Getting a school loan or getting out of default on a school loan</td> <td>1</td> <td>0</td> </tr> <tr> <td>3.</td> <td>Getting a (better) job</td> <td>1</td> <td>0</td> </tr> <tr> <td>4.</td> <td>Getting or keeping public or private benefits</td> <td>1</td> <td>0</td> </tr> <tr> <td>5.</td> <td>Your financial situation</td> <td>1</td> <td>0</td> </tr> <tr> <td>6.</td> <td>Gambling</td> <td>1</td> <td>0</td> </tr> <tr> <td>99.</td> <td>Anything else related to your school, work or financial situation (Please describe)</td> <td>1</td> <td>0</td> </tr> <tr> <td></td> <td style="padding-left: 40px;">v. _____</td> <td></td> <td></td> </tr> </table>		1.	Going to training or school	1	0	2.	Getting a school loan or getting out of default on a school loan	1	0	3.	Getting a (better) job	1	0	4.	Getting or keeping public or private benefits	1	0	5.	Your financial situation	1	0	6.	Gambling	1	0	99.	Anything else related to your school, work or financial situation (Please describe)	1	0		v. _____		
1.	Going to training or school	1	0																														
2.	Getting a school loan or getting out of default on a school loan	1	0																														
3.	Getting a (better) job	1	0																														
4.	Getting or keeping public or private benefits	1	0																														
5.	Your financial situation	1	0																														
6.	Gambling	1	0																														
99.	Anything else related to your school, work or financial situation (Please describe)	1	0																														
	v. _____																																
<p>V13. Urgency Ratings [VUR]: NO <input type="checkbox"/>₀ ALREADY <input type="checkbox"/>₁ GT 3 MO <input type="checkbox"/>₂ 0-3 MON <input type="checkbox"/>₃ NOW <input type="checkbox"/>₄</p>																																	
<p>* V14. DM Rating [VDM]: NONE <input type="checkbox"/>₀ SOME <input type="checkbox"/>₁ MISUNDER <input type="checkbox"/>₂ DENIAL <input type="checkbox"/>₃ MISREP <input type="checkbox"/>₄</p>																																	

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

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

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

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

GAIN-I

<i>For Staff Use ONLY</i>	
* 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: <input type="text"/> / <input type="text"/> / <input type="text"/>
m.	REVISED TOTAL BREAKS: <input type="text"/>
n.	REVISED TOTAL MINUTES: <input type="text"/>
p.	REVISED/ADDITIONAL STAFF ID: <input type="text"/>

<i>For Staff Use ONLY (Optional Supplemental Diagnostic Impressions [XDIAG])</i>			
1. DSM Axis 1. Clinical Disorders/ Focal Conditions			
DSM-IV Code	Spec.	Condition	
a. .	v.	_____	
b. .	v.	_____	
c. .	v.	_____	
d. .	v.	_____	
e. .	v.	_____	
f. .	v.	_____	
g. .	v.	_____	
h. .	v.	_____	
2. Axis 2. Personality Disorders/Mental Retardation			
DSM-IV Code	Spec.	Condition	
a. .	v.	_____	
b. .	v.	_____	
c. .	v.	_____	
d. .	v.	_____	
3. Axis 3. General Medical Conditions			
DSM-IV Code	Spec.	Condition	
a. .	v.	_____	
b. .	v.	_____	
c. .	v.	_____	
d. .	v.	_____	
Axis 4. Psycho-social and Environmental Problems (Circle all that apply)			
a. Primary Support Group: 1	f. Economic: 1		
b. Social Environment: 1	g. Access to Treatment: 1		
c. Educational: 1	h. Legal: 1		
d. Occupational: 1	j. Victimization/Abuse: 1		
e. Housing: 1	z. Other: (v. _____) . . 1		
5. Axis 5. Functional Assessment Ratings			
a. GAF Past Year Average:	b. GAF Past 90 Day Average:		
c. GARF Past Year Average:	d. GARF Past 90 Day Average: . . .		
e. SOFAS Past Year Average:	f. SOFAS Past 90 Day Average: . .		
6. Additional Sources of Information Considered (will be reported as part of methods):			
v1.	_____		
v2.	_____		
v3.	_____		

<i>For Staff Use Only (Optional Special Study Detail)</i>					
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"/>
ax.	<input type="text"/>	bx.	<input type="text"/>	cx.	<input type="text"/>
ay.	<input type="text"/>	by.	<input type="text"/>	cy.	<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

CARD C: Environment Codes

- None
- A Few
- Some
- Most
- All