

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

Version [GVER]: GM1299 MASC Version

* Site ID [XSITE]: . . . .	<input type="text"/>	Local Site Number [XSITEa]: . . . .	<input type="text"/>	*
* Staff ID [XSID]: . . . . .	<input type="text"/>	Staff Initials [XSIN]: . . . . .	<input type="text"/>	*
* Part. ID [XPID]:	<input type="text"/>	Last Name [XPNAM]:	<input type="text"/>	*
* Tx Pr. ID [XTPID]:	<input type="text"/>	First Name :	<input type="text"/> M.I. <input type="text"/>	
* First GAIN Assessment Date [XFRSTDT]:	<input type="text"/>			
* Check Digit (Gender/Race/BYr)[XCHK]:	<input type="text"/>			
* Observation [XOBS: 0,3,6,9]:	<input type="text"/>	v.	<input type="text"/>	
* Edit Staff ID [XEDSID]:	<input type="text"/>	Edit Date [XEDDT]:	<input type="text"/>	*
* DE Staff ID [XDESID]: . . .	<input type="text"/>	Initial Key Date [XDEDT]:	<input type="text"/>	*
* ReKey Staff ID [XRKSID]:	<input type="text"/>	ReKey Date [XRKDT]:	<input type="text"/>	*

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

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

The current version of this instrument was developed by Dr. Michael Dennis and others at Chestnut Health Systems under a grant from the Center for Substance Abuse Treatment (TI 11320). It draws heavily on earlier versions developed for the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, and the Interventions Foundation. It also incorporates several scales and questions based on the National Household Survey on Drug Abuse and work by the American Psychiatric Association and the American Society of Addiction Medicine, as well as input from many individuals fully acknowledged in the manual and the website below.

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***For Staff Use Only***

\* A1. Administrative Information

a. Time  :  (HH:MM) . . . . . b.  (AM/PM)

c. Today's Date [XOBSDT]: . . . . .  (MM/DD/YYYY)

d. Reference Date if Different [XRFDT]:  (MM/DD/YYYY)

e. Date of Last Assessment [XLSTDT]:  (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?*
- **IF LAST INTERVIEW WAS NOT ~90 DAYS AGO:** *The date I am circling now is the date we did the last interview. Do you remember when you were interviewed on (DATE)? When we talk about things since the last interview, we are talking about everything since 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

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

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

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. \_\_\_\_\_

**Optional Additional Instructions for Self-administration**

There are three main types of questions in this assessment: (1) questions that ask you to answer in your own words; (2) questions that ask you to circle one answer in a list of answers; and (3) questions that ask you how many days or times something happened. For questions in your own words you do not need to write a lot, but try to write neatly so that we can read it. For questions that ask you to circle one answer, try to pick the one that best fits you. An “Other” option is often given along with a place for you to describe what you mean. Questions that ask you how many days or times something happened should always be answered with a number. If the answer is no, none, never or 0, please print a 0 in the open box.

Where we are giving you instructions, they will appear in **(bold and parentheses like this)**. After you answer some questions, there may be several more below it that do not apply to you. When this happens there will be a note between **[SQUARE BRACKETS WITH BOLD CAPITAL LETTERS LIKE THIS]**. It will tell you to go to the next question that does apply to you. Never skip farther than the next question number. (Can you show me how this works in the example below?)

**Example**

- S6. Have you ever attended AA, CA, NA or another self-help group for your alcohol or drug use? Yes No  
1 0 **[IF 0, GO TO S7]**
- a. During the past 90 days, on how many days have you attended one or more self-help group meetings? . . . .     
Days
- S7. Have you ever received treatment or counseling for your use of alcohol or any drug (not counting caffeine or cigarettes)? Yes No  
1 0

There will also be several boxes marked “For Staff Use Only”. You can skip any questions in them unless the staff mark them and ask you to do them.

If you are not sure about an answer, please try and give us your best guess. If you change your mind, please cross through the old answer and circle the new answer. If you simply do not know, just mark “DK” to the right of the questions. You may refuse to answer any question simply by writing “RF” next to any question you do not want to answer. It is important that you either answer the question or write DK or RF. Otherwise, we will think you just missed the answer by mistake and will ask you about it again. If you need a break, write down the time you stop and the time you start again on the page you are at when you take the break.

Do you have any questions?

**B. Background and Treatment Arrangements**

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

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

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

v. \_\_\_\_\_

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

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

<i>For Staff Use Only (Optional Parental Activity Index)</i>		
B2.	During the past 90 days, have you done any of the following things with your biological or adopted parents?	
		<u>Yes</u> <u>No</u>
em.	spent 30 minutes or more playing with them? .....	1 0
fm.	gone with them to an organized activity or event? .....	1 0
gm.	had them read to you or talked to them about a book, magazine or newspaper? .....	1 0
hm.	gotten help from them with your homework, reading, writing or math? .....	1 0
jm.	had them meet with a teacher, social worker, lawyer, court official or police officer about you? .....	1 0

- 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? ( <b>Please describe</b> ) .....  | 1          | 0         |
| v. _____   |            |           |

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

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

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

* S2a. As (I/You) read each of the following substances, please tell us the <u>last</u> time (if ever) that you used it. Please respond if it was 1-2 days ago, 3-7 days ago, 1-4 weeks ago, 1-3 months ago, 4-12 months ago, 1+ years ago, or never. <b>(Card A)</b>		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 of 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, Biphedamine, 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 <b>(Please describe)</b> (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

- Days
- \* S2d0m. How many days has it been since your last interview? .....  

**(If no use reported below, record the number of days from S2d0m)**

How many days since the last interview did you go before you...

  - \* S2d1m. used any alcohol, marijuana or other drugs? .....   [IF MAX, GO TO S2D]
  - \* S2e1m. had a drink? .....
  - \* S2f1m. used marijuana? .....
  - \* S2g1m. used any other drug? .....
- Days
- \* S2d. During the past 90 days, .... (Remember, write in 0 for none)
    1. on how many days did you use any alcohol, marijuana or other drugs? .....   [IF 0, GO TO S3]
    - 1m. how many days after the last interview did you go before you used any alcohol, marijuana or other drugs? .....
    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 BELOW]
    - 1a. on how many days did you use alcohol to intoxication (5+ drinks in one setting) .....   Days
    - 1m. how many days after the last interview did you go before you had another drink? .....   Days
    2. what was the most drinks you had in one day? .....   Drinks  
*(Convert unusual quantity drinks to standard drink units - 40 oz: 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 BELOW]
    - 1m. after your last interview, how many days did you go before you used marijuana again? .....   Days
    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
    3. over how many hours did you have this marijuana? .....   Hours
    4. how many people were you sharing this marijuana with? .....   People

- \* S2g. During the past 90 days, . . .
1. on how many days did you use any other kind of drug? . . . . .   Days  
**[IF 0 DAYS, GO TO S2h BELOW]**
  
  - 1m. after your last interview, how many days did you go before you used any other drug? . . . . .   Days
  2. what was the most times you used any other drugs in one day? Times
  3. over how many hours did you do this? . . . . .   Hours
  4. on how many days have you used any kind of crack, free base or other forms of cocaine? . . . . .   Days
  5. on how many days have you used any kind of heroin, heroin mixed with other drugs (speedball, Karachi) or other opioid? . . . . .   Days
  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 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... Yes No
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. \_\_\_\_\_

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

* S2k. <u>During the past 90 days</u> , have you taken alcohol or drugs by. . .	<u>Yes</u>	<u>No</u>
1. drinking (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? <b>(Please describe)</b> . . . . .	1	0
v. _____		

* S2m. <u>During the past 90 days</u> , did you use alcohol or drugs while or within an hour prior to. . .	<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? . . . . .	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



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

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

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

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

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

\* S7d. When was the last time you received treatment, 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)? .....

.....	<input type="text"/> <input type="text"/> Days
-------	--

3. times did you go to an intensive outpatient program (9-12 hours per week) session? .....

.....	<input type="text"/> <input type="text"/> Sessions
-------	--

4. times did you go to a regular outpatient program (1-8 hours per week) sessions? .....

.....	<input type="text"/> <input type="text"/> Sessions
-------	--

5. days did you go to a program that gave you methadone or antabuse to help with withdrawal or cravings? .....

.....	<input type="text"/> <input type="text"/> Days
-------	--

6. times did you go to an emergency room for alcohol or substance abuse treatment? .....

.....	<input type="text"/> <input type="text"/> 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? Yes No  
 (If yes, where do you go?) ..... 1 0  
 v. \_\_\_\_\_

S7gm. As a part of the substance abuse treatment, counseling, case management or aftercare you received in the past 90 days did anyone. . . (If not applicable, circle No):

	<u>Yes</u>	<u>No</u>
1. Work with you at your home? . . . . .	1	0
2. Call you on the phone in between appointments? . . . . .	1	0
3. Ask you what you thought were the benefits of being drug-free? . . . . .	1	0
4. Teach/review with you relapse prevention procedures? . . . . .	1	0
5. Ask you to talk about the fun things you could do without drugs/alcohol? . . . . .	1	0
6. Talk about different ways to solve problems? . . . . .	1	0
7. Meet with family members of yours more than one time? . . . . .	1	0
8. Work with members of your family on communication? . . . . .	1	0
9. Talk with you about your friends? . . . . .	1	0
10. Require you to take urine tests? . . . . .	1	0
11. Talk with you about probation? . . . . .	1	0
12. Talk with your probation officer? . . . . .	1	0
13. Talk with a counselor, teacher, or other adult at school? . . . . .	1	0
14. Hook you up with other services? . . . . .	1	0
15. Hook your family up with services? . . . . .	1	0
16. Encourage you to attend appointments? . . . . .	1	0
17. Ask if you went to appointments? . . . . .	1	0
18. Provide you with transportation to appointments? . . . . .	1	0
19. Help you to figure out agency procedures or understand your rights? . . . . .	1	0
99. Other than the treatment you've told us about or the services mentioned above, were there other services you received? (Please describe) . . . . .	1	0
v. _____		

S7hm. At what agency(s) did you receive treatment or case management?

Who was your counselor?

- 1. Name of the agency v. \_\_\_\_\_
- 1a. Name of the counselor v. \_\_\_\_\_
- 2. Name of the agency v. \_\_\_\_\_
- 2a. Name of the counselor v. \_\_\_\_\_

GAIN-M90 MASC Version

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The next questions are about how you feel about the staff in the programs where you have received treatment and/or case management since the last interview. After each statement, please respond if you strongly disagree, disagree, agree, or strongly agree with each statement. You can also say you have mixed feelings. [CARD D]

* S7jm. How <u>satisfied</u> are you that the staff (in this/these programs)	Strongly			Strongly	
	<u>Disagree</u>	<u>Disagree</u>	<u>Mixed</u>	<u>Agree</u>	<u>Agree</u>
1. did a good job . . . . .	1	2	3	4	5
2. were fair with clients/patients. . . . .	1	2	3	4	5
3. explained the rules of the program. . . . .	1	2	3	4	5
4. had the time to see you. . . . .	1	2	3	4	5
5. respected clients/patients. . . . .	1	2	3	4	5
6. and you agreed on what your problems were. . . . .	1	2	3	4	5
7. explained what your treatment was supposed to accomplish . . . . .	1	2	3	4	5
8. asked for your opinions about your problems and how to solve them. . . . .	1	2	3	4	5
9. and you agreed on what to do about your substance use. . . . .	1	2	3	4	5
10. helped you do something about your substance use. . . . .	1	2	3	4	5
11. and you agreed on what to do about your other problems. . . . .	1	2	3	4	5
12. helped you do something about your other problems. . . . .	1	2	3	4	5
13. were sensitive to your cultural background. . . . .	1	2	3	4	5
14. gave you enough help for now. . . . .	1	2	3	4	5

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

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

*For Staff Use Only*

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

\* S12. DM Rating [SDM]: NONE <sub>0</sub> SOME <sub>1</sub> MISUNDER <sub>2</sub> DENIAL <sub>3</sub> MISREP <sub>4</sub>

**P. Physical Health**

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

- \* P3m. During the past 90 days, would you say your health in general was. . . **(Circle one)**
- Excellent . . . . . 0
  - Very good . . . . . 1
  - Good . . . . . 2
  - Fair . . . . . 3
  - Poor . . . . . 4

<i>For Staff Use Only (Optional Health History Detail)</i>			
P5am. Have you been pregnant or given birth in the past 90 days? <b>(If male, circle no and go to P6)</b> . . . . .	Yes	No	
	1	0	<b>[IF NO, GO TO P9]</b>
P5b. What happened (or is happening) during your <u>last</u> pregnancy? <b>(Circle one)</b>			
Carried the baby to term--live birth? . . . . .	1		<b>[CONTINUE]</b>
Had a miscarriage? . . . . .	2		<b>[GO TO P9]</b>
Had an abortion? . . . . .	3		<b>[GO TO P9]</b>
Are you uncertain? . . . . .	4		<b>[GO TO P9]</b>
Are you currently pregnant? . . . . .	5		<b>[GO TO P9]</b>
Something else? <b>(Please describe)</b> . . . . .	6		<b>[GO TO P9]</b>
v. _____			
P5c. How much did your baby <u>weigh</u> at birth? . . . . .	□□	□□	
	Pounds Ounces		

- \* P9. When was the last time (if ever) that you were bothered by health or medical problems or that they kept you from meeting your responsibilities at work, school or home? (Please include asthma, allergies and problems with your period) **(Circle one) (Card A)**
- |                          |       |   |              |
|--------------------------|-------|---|--------------|
| Within the past two days | ..... | 6 |              |
| 3 to 7 days ago          | ..... | 5 |              |
| 1 to 4 weeks ago         | ..... | 4 |              |
| 1 to 3 months ago        | ..... | 3 |              |
| 4 to 12 months ago       | ..... | 2 | [GO TO P11d] |
| More than 12 months ago  | ..... | 1 | [GO TO P11d] |
| Never                    | ..... | 0 | [GO TO P11d] |

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

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

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

- \* P11d. Are you currently taking medication for allergies or health problems? (If yes, please describe below) ..... 1 0  
v.

- \* P11e. When was the last time you saw a doctor or nurse about a health problem? **(Circle one) (Card A)**
  - Within the past two days ..... 6
  - 3 to 7 days ago ..... 5
  - 1 to 4 weeks ago ..... 4
  - 1 to 3 months ago ..... 3
  - 4 to 12 months ago ..... 2 [GO TO NEXT PAGE]
  - More than 12 months ago ..... 1 [GO TO NEXT PAGE]
  - Never ..... 0 [GO TO NEXT PAGE]

- \* During the past 90 days, how many...
  - f. times have you had to go to the emergency room? ..... |\_\_| Times
  - g. nights total did you spend in the hospital? ..... |\_\_| Nights
  - h. times did you have an outpatient surgical procedure? ..... |\_\_| Times
  - j. times did you see a doctor in an office or outpatient clinic? ... |\_\_| Times
  - k. Are you currently being treated for a medical problem? (If yes, where do you go?) ..... 1 0  
v.

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

**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 [GO TO R2]
  - More than 12 months ago . . . . . 1 [GO TO R2]
  - Never . . . . . 0 [GO TO R2]

<i>For Staff Use Only (Optional Needle Risk Index)</i>		
*	R1. <u>During the past 90 days</u> , did you . . .	<u>Yes</u> <u>No</u>
	am. use a needle to shoot up drugs? . . . . .	1 0
	bm. reuse a needle that <u>you</u> had used before? . . . . .	1 0
	cm. reuse a needle <u>without</u> cleaning it with bleach or boiling water <u>first</u> ? . . . . .	1 0
	dm. use a needle that you knew or suspected <u>someone else</u> had used before? . . . . .	1 0
	em. use someone else's <u>rinse water, cooker, or cotton</u> after they did? . . .	1 0
	fm. ever <u>skip</u> cleaning your needle with bleach or boiling water <u>after</u> you were done? . . . . .	1 0
	gm. let someone else use a needle <u>after</u> you used it? . . . . .	1 0
	hm. let someone else use the <u>rinse water, cooker or cotton</u> after you did? .	1 0
	jm. allow someone else to inject you with drugs . . . . .	1 0
	k. <u>During the past 90 days</u> , on how many <u>days</u> did you use a needle to inject any kind of drug or medication? . . . . .	[ ][ ] [IF 0, GO TO R2] Days
	m. <u>During the past 90 days</u> , with how many <u>people</u> have you shared needles or works? . . . . .	[ ][ ][ ] [IF 0, GO TO R2] People
	n. <u>During the past 90 days</u> , on how many <u>days</u> did you share needles with other people? . . . . .	[ ][ ] Days

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

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

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

p. male ..... |\_|\_|\_|

q. female ..... |\_|\_|\_|

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

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

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

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

\* a. During the past 90 days, on how many days have you smoked or used any kind of tobacco? .....   [IF 0, GO TO R5]  
Days

\* 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.*

<b>For Staff Use Only (Optional Risk Behavior Detail)</b>	
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"/>
<b>(Please describe)</b> v. _____	
<b>For Staff Use Only</b>	
R8. Urgency Rating [RUR]: NO <input type="checkbox"/> <sub>0</sub> ALREADY <input type="checkbox"/> <sub>1</sub> GT 3 MO <input type="checkbox"/> <sub>2</sub> 0-3 MON <input type="checkbox"/> <sub>3</sub> NOW <input type="checkbox"/> <sub>4</sub>	
* R9. DM Rating [RDM]: NONE <input type="checkbox"/> <sub>0</sub> SOME <input type="checkbox"/> <sub>1</sub> MISUNDER <input type="checkbox"/> <sub>2</sub> DENIAL <input type="checkbox"/> <sub>3</sub> MISREP <input type="checkbox"/> <sub>4</sub>	

**M. Mental and Emotional Health**

*For Staff Use Only (Optional GMDI Detail)*

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.

- \* M1am. During the past 90 days, 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
  
- \* M1bm. During the past 90 days, 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
  
- \* M1cm. During the past 90 days, 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**
  - 3. Had a plan to commit suicide? ..... 1   0 **TO M1d]**
  - 4. Gotten a gun, pills or other things to carry out your plan? ..... 1   0
  - 5. Attempted to commit suicide? ..... 1   0

***For Staff Use Only (Optional GMDI Detail-Continued)***

* M1dm. During the <u>past 90 days</u> , have you had <u>significant</u> problems with.	<u>Yes</u>	<u>No</u>
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

- \* 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 [GO TO M3]
  - More than 12 months ago ..... 1 [GO TO M3]
  - Never ..... 0 [GO TO M3]

<i>For Staff Use Only (Optional TSI Detail)</i>		
	<u>Yes</u>	<u>No</u>
am. When something reminds you of the past, you became very distressed and upset .....	1	0
bm. You had nightmares about things in your past that really happened .....	1	0
cm. When you think of things you have done, you wish you were dead .....	1	0
dm. It seemed as if you have no feelings .....	1	0
em. Your dreams at night are so real that you awaken in a cold sweat and force yourself to stay awake .....	1	0
fm. You felt like you could not go on .....	1	0
gm. You were frightened by your urges .....	1	0
hm. Sometimes you used alcohol or other drugs to help yourself sleep or forget about things that happened in the past .....	1	0
jm. You lost your cool and exploded over minor, everyday things ...	1	0
km. You were afraid to go to sleep at night .....	1	0
mm. You had a hard time expressing your feelings, even to the people you cared about .....	1	0
nm. You felt guilty about things that happened because you felt like you should have done something to prevent them .....	1	0
pm. 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

- \* 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 | [GO TO M5d] |
| More than 12 months ago .....  | 1 | [GO TO M5d] |
| Never .....                    | 0 | [GO TO M5d] |

***For Staff Use Only (Optional ADHD Detail)***

- \* M3am. During the past 90 days, have you done the following things two or more times? .
- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Made mistakes because you were not paying attention? .....   | 1          | 0         |
| 2. Had a hard time paying attention at school, work or home? .....                                    | 1          | 0         |
| 3. Had a hard time listening to instructions at school, work or home? .                               | 1          | 0         |
| 4. Not followed instructions or not finished your assignments? .....                                  | 1          | 0         |
| 5. Had a hard time staying organized or getting everything done? ....                                 | 1          | 0         |
| 6. Avoided things that took too much effort, like school work<br>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<br>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<br>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         |

*For Staff Use Only (Optional CDI Detail)*

		<u>Yes</u>	<u>No</u>
*	M3bm. <u>During the past 90 days</u> , have you done the following things <u>two or more times</u> ?		
1.	Been a bully or threatened other people? .....	1	0
2.	Started fights with other people? .....	1	0
3.	Used a weapon in fights? .....	1	0
4.	Been physically cruel to other people? .....	1	0
5.	Been physically cruel to animals? .....	1	0
6.	Taken a purse, money or other things from another person by force? .....	1	0
7.	Forced someone to have sex with you when they did not want to? ..	1	0
8.	Set fires? .....	1	0
9.	Broken windows or destroyed property? .....	1	0
10.	Taken money or things from a house, building or car? .....	1	0
11.	Lied or conned to get things you wanted or to avoid having to do something? .....	1	0
12.	Taken things from a store or written bad checks to buy things? ....	1	0
13.	Stayed out at night later than your parent or partner wanted? .....	1	0
14.	Run away from home overnight? .....	1	0
15.	Skipped school? .....	1	0
16.	<u>Before you were 13</u> , 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

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.

\* M5d. 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 doctor, mental health specialist or in an emergency room, hospital or outpatient mental health facility? **(Circle one) (Card A)**

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

During the past 90 days, how many. . .

\* f. Times have you had to go to the emergency room (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  
1 0  
v. \_\_\_\_\_

<b><i>For Staff Use Only</i></b>
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M7. Urgency Rating [MUR]: NO <input type="checkbox"/> <sub>0</sub> ALREADY <input type="checkbox"/> <sub>1</sub> GT 3 MO <input type="checkbox"/> <sub>2</sub> 0-3 MON <input type="checkbox"/> <sub>3</sub> NOW <input type="checkbox"/> <sub>4</sub>
--

\* M8. DM Rating [MDM]: NONE <sub>0</sub> SOME <sub>1</sub> MISUNDER <sub>2</sub> DENIAL <sub>3</sub> MISREP <sub>4</sub>



- 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? . . . . .

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

- \* E4. How many children do you have under the age of 21? .....   [IF 0, GO  
Children TO E5]
  
- b. Do you still have or want legal custody of any of your children? .. Yes No [IF NO,  
1 0 GO TO E5]
  
- c. During the past 90 days, how many children under 21  
do you have who have been in foster care? .....   [IF 0, ENTER  
Children 0 IN E4d]
  
- d. During the past 90 days, on how many days were they in  
foster care? (Use the average if more than one child) .....    
Days
  
- e. During the past 90 days, how many children under 21  
do you have who have been in a group home or  
child care institution? .....   [If 0, ENTER  
Children 0 IN E4f]
  
- f. During the past 90 days, on how many days were they in  
a group home or child care institution?  
(Use the average if more than one child) .....    
Days
  
- g. During the past 90 days, how many children under 21 do  
you have who have been living with someone else? .....    
Children

***For Staff Use Only (Optional Environment Risk Indices)***

(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)**

\* E5m. During the past 90 days, how many people would you say that you have regularly lived with (including your parents or family)? . . . .     **[If 0, GO TO E6]**  
 People

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

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

\* E6m. During the past 90 days, how many people would you say that you spend most of your time with at work or school? . . . . .     **[If 0, GO TO E7]**  
 People

\* Of the people you have regularly worked or gone to school with, would you say that none, a few, some, most or all of them.

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

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

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

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

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

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

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

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

- \* E9n-r. Are you 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

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

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

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

***For Staff Use Only (Optional Stress Indices)***

- \* E10am. During the past 90 days, have you been under stress for any of the following reasons related to your family, friends, classmates or co-workers?
- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Birth or adoption of a new family member? .....                       | 1          | 0         |
| 2. Health problem of family member or close friend? .....                | 1          | 0         |
| 3. Major change in relationships (marriage, divorce, separations)? ..... | 1          | 0         |
| 4. Death of a family member or close friend? .....                       | 1          | 0         |
| 5. Fights with boss/teacher or co-workers/classmates? .....              | 1          | 0         |
| 99. Other changes or problems in family or primary support groups? ..... | 1          | 0         |
- (Please describe)** v. \_\_\_\_\_
- 
- \* E11am. During the past 90 days, have you been under stress because of the following other kinds of demands on you?
- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Major change in housing or bad housing? .....                          | 1          | 0         |
| 2. New job, position or school? .....                                     | 1          | 0         |
| 3. Hard work or school schedule? .....                                    | 1          | 0         |
| 4. Problems with transportation? .....                                    | 1          | 0         |
| 5. Discrimination in community, work, school or transportation? .....     | 1          | 0         |
| 6. Threat of losing current housing, job, school or transportation? ..... | 1          | 0         |
| 7. Interruption or loss of housing, job, school or transportation? .....  | 1          | 0         |
| 99. Other environmental demands on you? .....                             | 1          | 0         |
- (Please describe)** v. \_\_\_\_\_

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

*For Staff Use Only (Optional Support Indices)*

*	E12. <u>During the past 90 days</u> , did you have the following kinds of social support?	<u>Yes</u>	<u>No</u>
	am. A professional counselor or other health provider to talk to? . . . . .	1	0
	bm. 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
	cm. People at work or school you could talk to about day-to-day things? . . . . .	1	0
	dm. People at work or school who could help you get your assignments done? . . . . .	1	0
	em. Family members or close partners you could talk to and rely on? . . . . .	1	0
	fm. Friends you could just hang out with and not talk about work or family issues? . . . . .	1	0
	gm. A (legal) hobby or activity that you enjoyed <u>and did</u> for yourself? . . . . .	1	0
	hm. Someone you felt like you could talk to about needs and emotions? . . . . .	1	0
	jm. 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 ... <b>(Circle one)</b>		
	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	

- \* 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. people were using alcohol or drugs? .....

<i><b>For Staff Use Only (Optional Satisfaction Index)</b></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	<u>Slightly</u>	<u>Moderately</u>	<u>Consid- erably</u>	<u>Extre- mely</u>
	a. where you are living? . . . . .	0	1	2	3	4
	b. your family relationships? . . . . .	0	1	2	3	4
	c. your sexual and/or marital relationships? . . . . .	0	1	2	3	4
	d. your school and work situations? . . . . .	0	1	2	3	4
	e. how you spend your free time? . . . . .	0	1	2	3	4
	f. the extent to which you are coping with or getting help with your problems? . . . . .	0	1	2	3	4

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

**L. Legal (Civil and Criminal)**

- \* L3. When was the last time (if ever) that you did anything you thought might get you in trouble or be against the law besides using drugs? **(Circle one) (Card A)**
- |                                |   |              |
|--------------------------------|---|--------------|
| Within the past two days ..... | 6 |              |
| 3 to 7 days ago .....          | 5 |              |
| 1 to 4 weeks ago .....         | 4 |              |
| 1 to 3 months ago .....        | 3 |              |
| 4 to 12 months ago .....       | 2 | [GO TO L4am] |
| More than 12 months ago .....  | 1 | [GO TO L4am] |
| Never .....                    | 0 | [GO TO L4am] |

<i>For Staff Use Only (Illegal Activities Optional Index)</i>		
*	L3. <u>During the past 90 days</u> have you.....	<u>Yes</u> <u>No</u>
	am. purposely damaged or destroyed property that did not belong to you? .....	1 0
	bm. passed bad checks, forged (or altered) a prescription or took money from an employer? .....	1 0
	cm. taken something from a store without paying for it? .....	1 0
	dm. other than from a store, taken money or property that didn't belong to you? .....	1 0
	em. broken into a house or building to steal something or just to look around? .....	1 0
	fm. taken a car that didn't belong to you? .....	1 0
	gm. used a weapon, force, or strong-arm methods to get money or things from a person? .....	1 0
	hm. hit someone or got into a physical fight? .....	1 0
	jm. hurt someone badly enough they needed bandages or a doctor? .....	1 0
	km. used a knife or gun or some other thing (like a club) to get something from a person? .....	1 0
	mm. made someone have sex with you by force when they did not want to have sex? .....	1 0
	nm. been involved in the death or murder of another person (including accidents)? .....	1 0
	pm. intentionally set a building, car or other property on fire? .....	1 0
	qm. driven a vehicle while under the influence of alcohol or illegal drugs? .....	1 0
	rm. sold, distributed or helped to make illegal drugs? .....	1 0
	sm. traded sex for food, drugs, or money? .....	1 0
	tm. been a member of a gang? .....	1 0
	um. done something else (other than drug use) that would have gotten you into trouble with the police if they had known about it? <b>(Please describe)</b> .....	1 0
	v. _____	

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

Days   [IF 0, GO TO L5b]

\* 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? .....

- \* L4am. In the past 90 days, about how many times have you been picked up by the police for status offenses such as running away or truancy ? (If over 18, enter 0) .....      
Times
  
- \* L5b. When was the last time you were arrested, charged with a crime and booked? **(Circle one) (Card A)**
  - Within the past two days ..... 6
  - 3 to 7 days ago ..... 5
  - 1 to 4 weeks ago ..... 4
  - 1 to 3 months ago ..... 3
  - 4 to 12 months ago ..... 2 **[GO TO L6]**
  - More than 12 months ago ..... 1 **[GO TO L6]**
  - Never..... 0 **[GO TO L6]**
  
- \* c. During the past 90 days, how many times have you been arrested and booked for breaking a law? Please do not count minor traffic violations .....     **[IF 0, GO TO L6]**
  
- \* 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?)
 

	Times
d. Vandalism or property destruction .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Passing bad checks, forgery, or fraud .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Shoplifting, larceny or theft .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. Burglary or breaking and entering .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. Motor vehicle theft .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
j. Robbery.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
k. Simple assault or battery .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
m. Aggravated assault .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
n. Forcible rape .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
p. Murder, homicide or non-negligent manslaughter .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
q. Arson.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
r. Driving under the influence .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
s. Drunkenness or other liquor law violation .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
t. Possession, distribution or sale of drugs .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
u. Prostitution or commercialized sex .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
v. Probation or parole violations .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
w. Status or other offenses (curfew, truancy, graffiti, gang involvement/activity, run away, domestic violence, disturbing the peace, disorderly conduct, paraphernalia) <b>(Please describe)</b> .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
v. _____	





- \* 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 [GO TOV6]
  - More than 12 months ago ..... 1 [GO TOV6]
  - Never ..... 0 [GO TOV6]

<i>For Staff Use Only (School Problems Optional Index)</i>		
*	V3. <u>During the past 90 days</u> , did you ...	<u>Yes</u> <u>No</u>
	am. Go to school or training for the whole time you were supposed to? .....	1 0
	bm. Get bad grades or had your grades drop at school or training for any reason? .....	1 0
	cm. Come in late or leave early from school or training? .....	1 0
	dm. Get sick at school or training? .....	1 0
	em. Get hurt or injured at school or training? .....	1 0
	fm. Get in a fight or trouble at school or training? .....	1 0
	gm. Miss school or training because you were sick? .....	1 0
	hm. Skip or "cut" school or training just because you didn't want to be there? ...	1 0
	jm. Not go in because you were suspended or told not to come in? .....	1 0

- \* V3k-q. During the past 90 days, on how many days did you Days
- (NOTE: 5 days per week in 90 days is equal to 64 days.)*
- k. go to any kind of school or training? .....
  - m. go to school or training full time? .....
  - n. miss school or training for any reason? .....
  - p. 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

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

<i>For Staff Use Only (Work Problems Optional Index)</i>		
*	V6. During the past 90 days , did you...	<u>Yes</u> <u>No</u>
	am. Work full time (7 or more hours per day)? .....	1 0
	bm. Get bad evaluations or work below your normal level of performance at your job or business for any reason? .....	1 0
	cm. Come in late or leave early from your job or business? .....	1 0
	dm. Get sick at your job or business? .....	1 0
	em. Get hurt or injured at your job or business? .....	1 0
	fm. Get into a fight or trouble at your job or business? .....	1 0
	gm. Not go to your job or business because you were sick? .....	1 0
	hm. Skip or "cut" your job or business just because you didn't want to be there? .....	1 0
	jm. Not go in because you were suspended or told not to come in? .....	1 0

- \* During the past 90 days, on how many days did you... Days
- (NOTE: 5 days per week in 90 days is equal to 64 working days.)**
- k. work for money at a job or in a business? .....
  - m. work full time (7 or more hours per day)? .....
  - n. miss work for any reason? .....
  - p. get in trouble at work for any reason? .....
  - q. 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. \_\_\_\_\_

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

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

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

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

- 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. \_\_\_\_\_

- \* 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

<b><i>For Adults or Legally Emancipated Minors Only (Get from Parent if Adolescent)</i></b>	
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 <u>not</u> 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. <u>During the past 90 days</u> , what was the total <u>family</u> income of everyone in your household together? .....	\$ _ _ _ _ _ _ _ _ _ _ .00 Dollars
e. How <u>many</u> people are there in your household? .....	_ _ _  People

<b><i>For Staff Use Only</i></b>	
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	
* 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	

**Z. End**

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

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

\* Z2. Do you have any additional comments or questions?

- v1. \_\_\_\_\_
- v2. \_\_\_\_\_
- v3. \_\_\_\_\_
- v4. \_\_\_\_\_

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

**For Staff Use ONLY**

\*

XADM. Administration	
a.	MOA: CAS <input type="checkbox"/> <sub>1</sub> CA <input type="checkbox"/> <sub>2</sub> SAS <input type="checkbox"/> <sub>3</sub> SA <input type="checkbox"/> <sub>4</sub> ORS <input type="checkbox"/> <sub>5</sub> ORO <input type="checkbox"/> <sub>6</sub> TEL <input type="checkbox"/> <sub>7</sub>
b.	LNG: ENG <input type="checkbox"/> <sub>1</sub> SPN <input type="checkbox"/> <sub>2</sub> OTH <input type="checkbox"/> <sub>99</sub> v. _____
c.	IDD: NO <input type="checkbox"/> <sub>0</sub> MIN <input type="checkbox"/> <sub>1</sub> MOD <input type="checkbox"/> <sub>2</sub> MAJ <input type="checkbox"/> <sub>3</sub>
d.	ECD: NO <input type="checkbox"/> <sub>0</sub> MIN <input type="checkbox"/> <sub>1</sub> MOD <input type="checkbox"/> <sub>2</sub> MAJ <input type="checkbox"/> <sub>3</sub>
e.	OCB: DEP <input type="checkbox"/> <sub>1</sub> VIO <input type="checkbox"/> <sub>1</sub> ANX <input type="checkbox"/> <sub>1</sub> BOR <input type="checkbox"/> <sub>1</sub> INT <input type="checkbox"/> <sub>1</sub> WIT <input type="checkbox"/> <sub>1</sub> DIS <input type="checkbox"/> <sub>1</sub> COP <input type="checkbox"/> <sub>1</sub>
f.	APP: NO <input type="checkbox"/> <sub>0</sub> PH <input type="checkbox"/> <sub>1</sub> UNK <input type="checkbox"/> <sub>2</sub> INA <input type="checkbox"/> <sub>3</sub> NA <input type="checkbox"/> <sub>4</sub>
g.	LOC: Tx <input type="checkbox"/> <sub>1</sub> INT <input type="checkbox"/> <sub>2</sub> COR <input type="checkbox"/> <sub>3</sub> SCH <input type="checkbox"/> <sub>4</sub> EMP <input type="checkbox"/> <sub>5</sub> HOM <input type="checkbox"/> <sub>6</sub> OTH <input type="checkbox"/> <sub>99</sub> <b>(Describe below)</b> v. _____
h.	ADM: Full <input type="checkbox"/> <sub>1</sub> Quick <input type="checkbox"/> <sub>2</sub> CONV <input type="checkbox"/> <sub>3</sub> SCR <input type="checkbox"/> <sub>4</sub> PAR <input type="checkbox"/> <sub>5</sub> MUL <input type="checkbox"/> <sub>6</sub> OTH <input type="checkbox"/> <sub>99</sub> <b>(Describe below)</b> 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 MINUTES: <input type="text"/>
p.	REVISED/ADDITIONAL STAFF I.D.: <input type="text"/>

<b>For Staff Use Only (Optional Special Study Detail)</b>					
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"/>
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GAIN-M90 MASC Version

<b>January 1999</b> <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr> <tr><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr> <tr><td>31</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	T	F	S						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							<b>February 1999</b> <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	T	F	S		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28							<b>March 1999</b> <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	T	F	S		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
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<b>CARD A: Detailed Recency Codes</b>	
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

<b>CARD B: Simple Recency Codes</b>	
Past month . . . . .	3
2 to 12 months ago . . . . .	2
1+ Years ago . . . . .	1
Never . . . . .	0

<b>CARD C: Environment Codes</b>	
None	
A Few	
Some	
Most	
All	

<b>CARD D: Agreement</b>	
Strongly Disagree . . . . .	1
Disagree . . . . .	2
Mixed . . . . .	3
Agree . . . . .	4
Strongly Agree . . . . .	5