

GF3.	<u>During the past 90 days, on how many days...</u> (Use "0" for None or Not Applicable)	<u>Days</u>	
a.	you go to any kind of <u>school or training</u> program?	<input type="text"/>	<input type="text"/>
b.	you <u>miss</u> school or training for any reason?	<input type="text"/>	<input type="text"/>
c.	you <u>get in trouble</u> at school or training for any reason?	<input type="text"/>	<input type="text"/>
d.	you go to <u>work</u> ?	<input type="text"/>	<input type="text"/>
e.	you <u>miss</u> work for any reason?	<input type="text"/>	<input type="text"/>
f.	you <u>get in trouble</u> at work for any reason?	<input type="text"/>	<input type="text"/>
g.	have you gotten into trouble at home or with your family for any reason?	<input type="text"/>	<input type="text"/>
h.	were you in foster care, a group home or a ward of the state?	<input type="text"/>	<input type="text"/>
j.	have you lived in a place where you were not free to come and go as you please-such as jail, an inpatient program, or hospital?	<input type="text"/>	<input type="text"/>
SS4.	Are you <u>currently worried</u> that someone might...	<u>Yes</u>	<u>No</u>
a.	<u>attack</u> you with a gun, knife, stick, bottle, or other weapon?	1	0
b.	<u>hurt you by striking or beating</u> or otherwise physically abusing you?	1	0
c.	pressure or <u>force you to participate in sexual acts</u> against your will?	1	0
d.	<u>abuse you emotionally</u> ?	1	0
PH4.	<u>During the past 90 days, on how many days...</u>		
a.	were you bothered by <u>any</u> health or medical problems?	<input type="text"/>	<input type="text"/>
b.	did you have medical problems that kept you from meeting your responsibilities at work, school or home?	<input type="text"/>	<input type="text"/>
c.	have you gone without eating (or threw up much of what you did eat)?	<input type="text"/>	<input type="text"/>
EH5.	<u>During the past 90 days, on how many days</u> were you...		
a.	bothered by any nerve, mental, or psychological problems?	<input type="text"/>	<input type="text"/>
b.	disturbed by memories of things from the past that you did, saw or had happen to you?	<input type="text"/>	<input type="text"/>
BH5.	<u>During the past 90 days, on how many days</u> did you... (Use "0" for None or Not Applicable)		
a.	have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow?	<input type="text"/>	<input type="text"/>
b.	have an argument with someone else in which you swore (cursed), threatened, threw something, pushed or hit someone?	<input type="text"/>	<input type="text"/>
c.	do things that might get you into trouble or be against the law besides using (alcohol or) drugs?	<input type="text"/>	<input type="text"/>
d.	spend time on probation or parole?	<input type="text"/>	<input type="text"/>
e.	spend time under electronic monitoring or house arrest?	<input type="text"/>	<input type="text"/>
f.	spend time in jail or detention?	<input type="text"/>	<input type="text"/>
BH6.	<u>During the past 90 days, how many times</u> did you get arrested, booked and charged with a crime? (Use "0" for None)	<u>Times</u>	
	<input type="text"/>	<input type="text"/>

SR4. During the past 90 days, on how many days did you...(Use "0" for None)

	<u>Days</u>
bm. drink beer, wine, or any kind of alcohol?	<input type="text"/> <input type="text"/>
cm. get drunk or have 5 or more drinks at one time?	<input type="text"/> <input type="text"/>
dm. smoke or use any kind of marijuana, blunts or hashish?	<input type="text"/> <input type="text"/>
em. use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug?	<input type="text"/> <input type="text"/>
(What did you use? v. _____)	
fm. go <u>without using</u> any alcohol, marijuana, or other drugs?	<input type="text"/> <input type="text"/>

SR5m. During the past 90 days, on how many days did you smoke or use any kind of tobacco?

<input type="text"/> <input type="text"/>

SU. Service Utilization

(Please use "0" for None or Not Applicable)

SU1. During the past 90 days, how many times did you go to an emergency room for...

<u>Times</u>
<input type="text"/> <input type="text"/>

a. physical health problems?

b. mental, emotional, behavioral or psychological problems?

c. alcohol or drug use problems?

SU2. During the past 90 days, on how many nights did you stay in a residential inpatient, or hospital program for...

<u>Nights</u>
<input type="text"/> <input type="text"/>

a. physical health problems?

b. mental, emotional, behavioral or psychological problems?

c. alcohol or drug use problems?

SU3. During the past 90 days, how many times did you go to an outpatient program, clinic or counselor for...

<u>Times</u>
<input type="text"/> <input type="text"/>

a. physical health problems?

b. mental, emotional, behavioral or psychological problems?

c. alcohol or drug use problems?

SU4. During the past 90 days, on how many days did you take medication for...

<u>Days</u>
<input type="text"/> <input type="text"/>

a. physical health problems?

b. mental, emotional, behavioral or psychological problems?

c. alcohol or drug use problems?

SU5. During the past 90 days, on how many days did you see a counselor or other professional about your health, emotional, behavioral, alcohol or drug problems at a...

<u>Days</u>
<input type="text"/> <input type="text"/>

a. school or student assistance program?

b. job or employee assistance program?

c. spiritual program or religious organization?

EN. End

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

(If Yes, please describe below)

v1. _____
v2. _____
v3. _____

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

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

4. What kind of place best describes where you completed this form? **(Circle one.)**
Home 1
School or training program 2
Employment or work setting 3
Prison, jail, or detention 4
Probation, parole, or other non-controlled correctional setting 5
Treatment or intake unit 6
Research office 7
Other (Please describe v. _____) ... 99

5. What time is it? (Please also circle AM or PM):

		:		
H	H		M	M

 1-AM 2-PM

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

(For further information on this form see www.chestnut.org/li/gain.)

For Staff Use Only (Optional Special Study Detail)

Yes No

XSS1. Do you want to enter additional special study information?..... 1 0 [IF NO, END.]

XSSN. Special Study Number:		Name: v. _____	
aa.		ba.	
ab.		bb.	
ac.		bc.	
ad.		bd.	
ae.		be.	
af.		bf.	
ag.		bg.	
ah.		bh.	
aj.		bj.	
ak.		bk.	
am.		bm.	
an.		bn.	
ap.		bp.	
aq.		bq.	
ar.		br.	
as.		bs.	
at.		bt.	
au.		bu.	
av.		bv.	
aw.		bw.	
ax.		bx.	
ay.		by.	
az.		bz.	