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

Version [GVER]: 5.4.1

* Site ID [XSITE]: _____ * Local Site Name [XSITEa]: _____

* Staff ID [XSID]: _____ * Staff Initials [XSIN]: _____

* Part. ID [XPID]: _____ Last Name [XPNAM]: _____

Tx Pr. ID [XTPID]: _____ First Name: _____ M.I.: _____

(Optional) Social Security Number [XSSN]: ___ - __ - ____

(Optional) Other/State ID [XPIDA]: ___ - __ - ____

* Observation [XOBS: 0,3,6,9,12]: _____ v. _____

Edit Staff ID [XEDSID]: _____ Edit Date [XEDDT]: __ / __ / ____

* DE Staff ID [XDESID]: _____ * Initial Key Date [XDEDT]: __ / __ / ____

ReKey Staff ID [XRKSID]: _____ ReKey Date [XRKDT]: __ / __ / ____

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This is a standardized bio-psycho-social assessment designed to help clinicians gather information for diagnosis, placement, and treatment planning. As with any self-report it is limited by the veracity of the individual respondent's answers and should be combined with other information collected by an appropriately trained staff person prior to taking any specific actions.

The confidentiality of the information gathered from use of this instrument may be protected by Federal law, including the Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2) and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Standards (45 C.F.R. Parts 160 and 164) and may also be protected by state laws, including state mental health, child welfare or HIV/AIDS laws. Unauthorized disclosure could result in fines and/or other penalties. All staff with access to specific answers must understand the applicable confidentiality laws and handle the information gathered in accordance with those laws.

The current version of this instrument was developed by Dr. Michael Dennis and others at Chestnut Health Systems. Its development was supported by grants and contracts from the Center for Substance Abuse Treatment, Interventions Foundation, National Institute on Alcohol Abuse and Alcoholism, and National Institute on Drug Abuse. It also incorporates several scales and questions based on the National Family Violence Survey, National Household Survey on Drug Abuse, and work by the American Psychiatric Association and the American Society of Addiction Medicine, as well as input from many individuals fully acknowledged in the manual and the website below.

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

For Staff Use Only

** A1. Administrative Information

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

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

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

Introduction

* **What is the purpose?** This assessment is designed to help us track how you are doing before, during and after treatment or counseling. The information we collect will only be used for your treatment and to help us evaluate our own services.

* **What is it about?** This initial assessment has questions about what you have done, what services you are using and what you currently want from the program, either directly or through referral. You will be able to say you do not know or refuse to answer any question that you do NOT 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 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 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

* **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. (If applicable: 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 your safety and accurately reported what we have done.

Any questions?

** **A2. Check for Cognitive Impairment**

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

ERROR SCORES

CIS 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 A2f 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 days of the week in reverse order.
[Sat, Fri, Thu, Wed, Tue, Mon, Sun]
(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)** ..... [|]

** **A3. General Directions, Literacy and Initial Administration Questions**

* Several questions will ask you about things that have happened during the past 12 months or past 90 days. To help you remember these time periods, please look at the calendar at the end of this document. First, let's 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 OF EVENT THAT WAS 90 DAYS AGO).

a1. Record anchor for 90 days, v. _____

* Now, let's 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 OF EVENT THAT WAS 12 MONTHS AGO).

a2. Record anchor for 12 months, v. _____

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, in school, or involved with the law then?*

		Yes	No
b1.	Do you have any problems reading English in something like a newspaper or magazine?	1	0
b2.	Do you have any problems writing English in something like a job application or resume?	1	0
b3.	Do you have any problems understanding what you read?	1	0

c. [Document your initial administration decision]

Done orally because of literacy or client choice	0	[READ ORAL INST]
Staff chose in advance to administer	1	[READ ORAL INST]
Self-administered	2	[READ SA INST]
Other **(Describe** v. _____ **)**	99	[READ SA INST]

Additional Instructions for Oral Administration

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 we 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 before we begin?

Optional Additional Instructions for Self-administration

There are four 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; (3) questions that ask you to circle all that are MENTIONED; and (4) questions that ask you how many days or times something happened. Answers in your own words do not need to be long but try to write neatly so that we can read it. For questions that ask you to circle one, please pick the one that fits best. Questions where you circle all the responses mentioned should have a yes or no circled for each row. 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 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

		Yes	No	
S6.	Have you ever attended AA, CA, NA, or another self-help group for your alcohol or drug use?	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)?	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, write "DK" to the right of the question. You may want to decline or 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 do not understand a question or word and want to go over it with a staff person, put a "?" to the right side. If you need a break, write the time you stopped working on the survey on the page you have reached. After your break, write the time you started up again on that same page.

You will notice some abbreviations and '*'s in the left column. These are to help staff when "reading" this instrument.

Do you have any questions?

A4. Presenting Concerns

a. In a few words, can you tell me why you are here today? (What is your main reason for coming to treatment?)

v1. _____

v2. _____

v3. _____

Code based on responses to A4a **(Circle one)**

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

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

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

d. Referral Code (from below) ..... [|]

Individuals		Agencies	
1 Self	11 Teacher	21 Alcohol/drug abuse program	41 State alcohol/drug abuse program
2 Mother	12 Supervisor at work	22 Behavioral health provider	42 State mental health program
3 Father	13 Social Worker	23 Other health care provider	43 State DCFS or welfare program
4 Brother	14 Lawyer	24 Outreach, Advocacy, or Prevention program	44 State health department
5 Sister	15 Probation Officer	25 School	49 Other State Agency
6 Grandparent	16 Parole Officer	26 Employer	50 Out of State CJ program
7 Aunt	17 Public Aid Worker	27 Social Service Agency	59 Other out of state agency
8 Uncle	18 Priest/Minister	28 Criminal Justice Agency	
9 Other family	19 Other individual	30 TASC or diversion program	99 Other (please describe in "c")
		39 Other Agency	

B. Background and Treatment Arrangements

* B1. What is your gender?

Male 1
Female 2
Transgender (both) 3
Other **(Please describe.)** 99
v._____

* B2. What is your date of birth? ..... | | / | | | / | | | |
Month Day Year

* a. How old are you today? ..... | |
Age

[If 18 OR OVER, GO TO B3a]

* b. Who currently has legal custody of you? (Would you say...) **(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. _____

Please answer the next questions using number of days.

* 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

Please answer the next questions using yes or no.

PAI ** B2. During the past 12 months, have you done any of the following things with your biological, foster or adopted parents?

		Yes	No
e.	spent 30 minutes or more playing or doing fun things with them?	1	0
f.	gone with them to an organized activity or event?	1	0
g.	had them read to you, or you talked to them about a book, magazine or newspaper?	1	0
h.	gotten help from them with your homework (reading, writing or math)?	1	0
j.	had them meet with a teacher, social worker, lawyer, court official or police officer about you?	1	0

** B3a. Which races and/or ethnicities best describe you? (Any others?)
(RECORD AND CIRCLE ALL THAT APPLY)

v1. _____

v2. _____

v3. _____

		MENTIONED Yes	MENTIONED No
1.	Alaskan Native **(Please record Tribe above)**	1	0
2.	Asian	1	0
3.	African American/Black	1	0
4.	Caucasian/White	1	0
5.	Hispanic, Latino or Chicano	1	0
	a. Puerto Rican	1	0
	b. Mexican	1	0
	c. Cuban	1	0
	e. Dominican	1	0
	f. Other Central American	1	0
	g. Other South American	1	0
	z. Other **(Please describe above)**	1	0
6.	Native American **(Please record Tribe above)**	1	0
7.	Native Hawaiian	1	0
8.	Pacific Islander	1	0
99.	Some other group **(Please describe above)**	1	0

For Staff Use Only:

Please enter any additional local race/ethnicity/tribal codes that are needed:

B3b1. CODE: [| | |] v. _____

B3b2. CODE: [| | |] v. _____

B3b3. CODE: [| | |] v. _____

Please answer the next questions using yes or no.

TxPI	B4.	Are you currently under pressure to come to or stay in treatment from the following sources?	Yes	No	
	a.	An employer, school or training program.	1	0	
	b.	Your lawyer.	1	0	
	c.	A court, parole or probation officer, or other part of the criminal justice system.	1	0	
	d.	A housing or other community agency.	1	0	
	e.	Your church or close friend.	1	0	
	f.	Your spouse, partner or family.	1	0	
	g.	Department of Children and Family Services.	1	0	
	h.	Another source. **(Please describe)**	1	0	
		v. _____			
	B4j.	Have you been required or mandated to go to treatment?	1	0	**[IF NO, GO TO B5]**
		By who? v. _____			
	B5.	Are your medical expenses covered by any type of insurance, court or health program?	1	0	**[IF NO, GO TO B6]**
	B5a.	What is the name of your insurance company or provider? v. _____			
	B5b.	Is your insurance publicly funded, privately funded or mixed?			
		Public (Medicare, Medicaid, publicly funded, VA, CHAMPUS, correctional authority)	1		
		Private (HMO, BCBS, from employer, employee assistance program)	2		
		Mixed (both public and private, public purchase of HMO)	3		

For Staff Use Only:
B5c. Detailed Insurance Code: | | | | | |

B6. How long (or how much longer) do you think you are going to need to be in treatment? **(Circle one)**

Do not need any (more) treatment	0
1 to 2 days	1
3 to 7 days	2
1 to 4 weeks	3
1 to 3 months	4
4 to 12 months	5
More than 12 months	6

B7. How do you plan to get to this treatment program in the next 90 days? **(Circle one)**

Do not plan to be in treatment	0
Will be living there	1
Walking there	2
Driving there	3
Getting a ride from a family member or friend	4
Taxi	5
Bus, subway or other public transportation	6
Other **(Please describe)**	99

v. _____

B7a. How many minutes does it take you to get here? ..... |__|__| Minutes

	Yes	No	
B8. Have you ever had a driver's license?	1	0	**[IF NO, GO TO B9a]**

B8_1. Is your license currently... **(Circle one)**

Valid?	1
Expired?	2
Suspended?	3
Revoked?	4
Under an alias or forged?	5

B8a. What is your driver's license number? |__|__|__|__|__|__|__|__|__|__|__|__|

B8b. What state (or country) is it from? |__|__| or v. _____

State Country

Please answer the next questions using yes or no.

B9a. Do you currently want (more) help with the following situations in order to come into and stay in treatment?

		Yes	No
1.	Making transportation arrangements	1	0
2.	Making child care arrangements	1	0
3.	Scheduling around work, school or family responsibilities	1	0
4.	Paying for treatment	1	0
5.	Language, religious, ethnic or cultural issues	1	0
6.	Clothing	1	0
7.	Food	1	0
99.	Are there any other issues we need to address for you to be able to come to treatment?	1	0

v. _____

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

	For Staff Use Only
AGUR	B10. Urgency Rating [BUR]: NO ☐ 0 ALREADY ☐ 1 GT 3 MO ☐ 2 0-3 MON ☐ 3 NOW ☐ 4
AGDM*	B11. DM Rating [BDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

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

The following questions are about your use of alcohol and other drugs. Alcohol includes beer, wine, whiskey, gin, scotch, tequila, rum 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.

			For Staff Use
**	S1.	Between alcohol, marijuana, cocaine, heroin and any other drugs ...	
	a.	which do you like to use the most? v._____	1. | |
	b.	for which ones do you most need treatment?	
		v1. _____	1. | |
		v2. _____	2. | |
		v3. _____	3. | |

Detailed Drug Codes			
0 None/No Others **1 Alcohol** 1A Beer 1B Wine 1C Hard alcohol (Whiskey, gin, scotch, tequila, rum or mixed drinks) **2 Amphetamines** 2A Methamphetamine (Desoxyn, Methedrine) 2B Methylphenidate (Ritalin) 2C Ecstasy/MDMA (methylenedioxy-methamphetamine) 2Z Other Amphetamines (Biphetamine, Benzedrine, Dexedrine) **3 Cannabis** 3A Marijuana 3B Hashish 3C Blunts (marijuana-filled cigar) 3D Marijuana with other drugs 3Z Other Cannabis **4 Cocaine** 4A Inhaled cocaine 4B Injected cocaine 4C Crack 4D Freebase 4Z Other Cocaine **5 Hallucinogens** 5A LSD (Lysergic acid diethylamide) 5B Mushrooms 5C Mescaline 5D Peyote 5E Psilocybin 5F Ketamine (Ketalar, special k) 5Z Other Hallucinogens	**6 Inhalants** 6A Correction fluids 6B Gasoline 6C Glue 6D Lighters 6E Spray paint 6F Paint thinner 6Z Other inhalants **7 Opioids** 7A Heroin 7B Speedball (Heroin and Cocaine) 7C Karachi (Heroin and barbiturates) 7D Heroin with other drugs 7E Street methadone 7F Morphine 7G Opium 7H Codeine 7J Tylenol w/codeine 7K Hydrocodone (Vicodin, Lorcet, Lortab) 7M Oxycodone (Percocet, Percodan, Oxycontin) 7Y Other Opiates or Opioids (Demerol, Dilaudid, hydromorphone, meperidine, pentazocine, Talwin) 7Z Other Analgesics (Darvocet, Darvon, propoxyphene) **8 PCP** (Phencyclidine, angel dust)	**9 Sedative, Hypnotic, or Anxiolytic** 9A Methaqualone (Parest, Quaaludes, Sopor) 9B GHB/GBL 9C Diazepam (Valium, D-Pam, Pro-Pam) 9D Meprobamate (Deprol, Equanil, Miltown) 9E Flunitrazepam (Rohypnol) 9G Other Benzodiazepines Tranquilizers (alprazolam, Ativan, Benzotran, bromazepam, chlordiazepoxide, clonazepam, clorazepate, Dalmane, Dormonoct, estazolam, Euhypnos, flurazepam, halazepam, Halcion, Hypam, Insoma, ketazolam, Klonopin, Lexotan, Librium, lorazepam, loprazolam, Mogadon, Nitrados, nitrazepam, Normison, Nova-Pam, oxazepam, Rivotril, Serax, Serapax, Serenid, Sompam, temazepam, Tranxene, trazepam, triazolam, Tricam, tuazepam, Xanax) 9H Other Barbiturates (Alurate, amobarbital, Amytal, aprobarbital, butabarbital, butalbital, Butisol, Fiorinal, Fioricet, Lotusate, Luminal, Mebaral, mephobarbital, Nembutal, pentobarbital, phenobarbital, secobarbital, Seconal, Tuinal, talbutal) 9Z Other Sed./Hyp./Anx. (Doriden, ethchlorvynol, glutethemide, Placidyl)	**99 Other** 99A Amyl nitrite 99B Cough syrup (NyQuil, Robitussin) 99C Nitrous oxide 99D NyQuil 99E Poppers 99F Ephedrine/ Pseudoephedrine 99G Steroids 99Z Other **100 Tobacco**

Note: Copyrighted or registered trade names have been capitalized and appear in parentheses.

SFS **	S2. The next questions are about the last time, if ever, you used several substances. Please answer the questions **(Using Card A)** 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.	1-2 days	3-7 days	1-4 Weeks	1-3 Months	4-12 Months	1+ Years	Never
	When was the last time (if ever) you used ...	6	5	4	3	2	1	0
	a. Any kind of alcohol (beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks)?	6	5	4	3	2	1	0
	b. Alcohol until you were drunk (or had 5 or more drinks)?	6	5	4	3	2	1	0
	c. Marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)?	6	5	4	3	2	1	0
	d. Crack, smoked rock or free base cocaine?	6	5	4	3	2	1	0
	e. Other forms of cocaine?	6	5	4	3	2	1	0
	f. Inhalants or huffed (such as correction fluids, gasoline, glue, lighters, spray paints, or paint thinner)?	6	5	4	3	2	1	0
	g. Heroin or heroin mixed with other drugs?	6	5	4	3	2	1	0
	h. Nonprescription or street methadone?	6	5	4	3	2	1	0
	j. Pain killers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, "Karachi," OxyContin, OXYS, Percocet, Propoxyphene, morphine, opium, Talwin, or Tylenol with codeine)?	6	5	4	3	2	1	0
	k. PCP or angel dust (Phencyclidine)?	6	5	4	3	2	1	0
	m. Acid, LSD, ketamine, special K, mushrooms, or other hallucinogens (such as mescaline, peyote, psilocybin, or shrooms)?	6	5	4	3	2	1	0
	n. Anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Equanil, Diazapam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax)?	6	5	4	3	2	1	0
	p. "Speed," "uppers," amphetamines, methamphetamine, ecstasy, MDMA or other stimulants (such as Biphetamine, Benzedrine, crystal, Desoxyn, Dexedrine, ice, Methedrine or Ritalin)?	6	5	4	3	2	1	0
	q. "Downers," "sleeping pills," barbiturates or other sedatives (such as Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstacy, methaqualone, Placidyl, "quaalude," Secobarbital, Seconal, Rohypnol or Tuinal)?	6	5	4	3	2	1	0
	r. Some other drug **(Please describe)** (such as amyl nitrate, cough syrup, nitrous oxide, Nyquil, "poppers" or Robitussin)? v._____	6	5	4	3	2	1	0

[IF NO USE IN THE PAST 90 DAYS, GO TO S2s TO CONFIRM]

SFS/ BAC **	S2. Substance Use Frequency Grid *(Read from left to right for those substances used in the past 90 days.)* **(If this is a self-administered assessment, please ask for staff assistance in completing the following questions.)**	1. During the past 90 days, on how many days have you ...	2. What was the most (drinks/joints/ etc.) you had in one day?	3. Over how many hours did you do this?	4. With how many other people (if any) were you sharing?
	a. used any kind of alcohol?		drinks		
	b. gotten drunk or had 5 or more drinks?		X	X	X
	c. used marijuana, hashish, blunts or THC?		joints		
	d. used crack, smoked rock or free base?		rocks		
	e. used other forms of cocaine?		quarters		
	f. used inhalants or huffed?		huffs		
	g. used heroin (alone or mixed)?		dimes		
	h. used nonprescription or street methadone?		X	X	X
	j. used pain killers, opiates, or other analgesics?		5v. What did you use?		
	k. used PCP or angel dust?		X	X	X
	m. used acid, LSD, ketamine, special K, mushrooms, or other hallucinogens?		5v. What did you use?		
	n. used anti-anxiety drugs or tranquilizers?		5v. What did you use?		
	p. used "speed," "uppers," amphetamines, methamphetamine, ecstasy, MDMA, or other stimulants?		5v. What did you use?		
	q. used "downers," "sleeping pills," barbiturates or other sedatives?		5v. What did you use?		
	r. used other drug?		5v. What did you use?		

For 5v: Use codes from S1 or spell out

Common Conversions and Norms (0 to 90th percentile of users)
a. standard drink units=1 beer=1 glass wine=1 mixed drink=1 shot; 40 ounces beer=3 drinks; Fifth= up to 26 drinks; (1-20 norm)
c. ounce=25-30 joints; dime=4-5 joints; nickel=2-3 joints; 1 blunt=2-6 joints; 1 gram=1-2 joints; 1 bowl=1 joint; 10 1-hit pipes=1 joint; (1-20 norm)
d. 8 ball= 32 rocks; teen = 16 rocks; gram = 10 rocks; dime = 1 rock; nickel = 1 hit = 1/2 rock; (1-20 norm)
e. gram = 4 quarter grams; (1-10 norm)
f. (1-10 norm)
g. (gram = 10 dime bags); (1-10 norm)

Detailed Insurance Date and Quantity of Last Use Grid **(If this is a self-administered assessment, please ask for staff assistance in completing the following information.)**		
S2. Continued *(Read from left to right for those substances used in the past 90 days.)*	5. On what date did you last use... (mm/dd/yyyy)	6. About how much did you use? *(Record specific substance [e.g., LSD], amount and unit [e.g., drinks, joints, bags, grams])*
a. any kind of alcohol?	__/__/20__	v. _____
X	X	X
c. marijuana, hashish, blunts or THC?	__/__/20__	v. _____
d. crack, smoked rock or free base?	__/__/20__	v. _____
e. other forms of cocaine?	__/__/20__	v. _____
f. inhalants or huffed?	__/__/20__	v. _____
g. heroin (alone or mixed)?	__/__/20__	v. _____
h. nonprescription or street methadone?	__/__/20__	v. _____
j. pain killers, opiates, or other analgesics?	__/__/20__	v. _____
k. PCP or angel dust?	__/__/20__	v. _____
m. acid, LSD, ketamine, special K, mushrooms, or other hallucinogens?	__/__/20__	v. _____
n. anti-anxiety drugs or tranquilizers?	__/__/20__	v. _____
p. "speed," "uppers," amphetamines, methamphetamine, ecstasy, MDMA or other stimulants?	__/__/20__	v. _____
q. "downers," "sleeping pills," barbiturates or other sedatives?	__/__/20__	v. _____
r. other drug?	__/__/20__	v. _____

Common Conversions and Norms (0 to 90th percentile of users)
a. standard drink units=1 beer=1 glass wine=1 mixed drink=1 shot; 40 ounces beer=3 drinks; Fifth= up to 26 drinks; (1-20 norm)
c. ounce=25-30 joints; dime=4-5 joints; nickel=2-3 joints; 1 blunt=2-6 joints; 1 gram=1-2 joints; 1 bowl=1 joint; 10 1-hit pipes=1 joint; (1-20 norm)
d. 8 ball= 32 rocks; teen = 16 rocks; gram = 10 rocks; dime = 1 rock; nickel = 1 hit = 1/2 rock; (1-20 norm)
e. gram = 4 quarter grams; (1-10 norm)
f. (1-10 norm)
g. (gram = 10 dime bags); (1-10 norm)

The next questions are about your use of alcohol, marijuana, cocaine, heroin and other drugs all together. Please answer the next questions using days.

SFS ** S2s. During the past 90 days, ... **(Remember, write in 0 for none)**

		Days	
1a.	on how many days did you go without using any alcohol, marijuana or other drugs?	___	**[IF 90, GO TO S2x]**
2.	on how many days did you get drunk or were you 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?	___	

Please answer the next questions using yes or no.

** S2t. 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. _____		

** S2u. During the past 90 days, did you use alcohol or drugs...

		Yes	No
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
10.	with a stranger?	1	0
99.	with someone else? **(Please describe)**	1	0
	v. _____		

** S2v. During the past 90 days, have you taken alcohol or drugs by ...

		Yes	No
1.	drinking (alcohol or liquids), eating or taking pills orally?	1	0
2.	smoking?	1	0
3.	inhaling, huffing, sniffing, or snorting?	1	0
4.	injecting into skin or muscle (intramuscular)?	1	0
5.	injecting into a blood vein or artery (intravenous)?	1	0
99.	any other way? **(Please describe)**	1	0

v. _____

** S2w. During the past 90 days, did you use alcohol or drugs while or within an hour prior to ... **(If not applicable, circle no)**

		Yes	No
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 training or school?	1	0
4.	being at a paid job or work?	1	0
5.	driving a vehicle (car, motorcycle, snowmobile, jet ski, boat, etc.)?	1	0
6.	using knives, guns, equipment (lawn mower, saw, stove) or heavy machinery (backhoe, front-end loader, apple picker, etc.)?	1	0

SFS * S2x. During the past 90 days, on how many days have you been in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs? **(Write in 0 for none)** ..... [|] Days **[IF 0-12, GO TO S3a]**

Pre Controlled Environment Use

(If this is a self-administered assessment, please ask for staff assistance in completing the following information.)

Let's get out the calendar and mark out the last 90 days when you were not in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs. These next questions are about those 90 days when you were in the community and could have used alcohol or drugs. Please respond with the number of days. **(Write in 0 for none or if no lifetime use previously reported.)**

** S2x. In those 90 days in the community, . . . Days

1. on how many days did you go without using any alcohol, marijuana or other drugs? ..... [|] **[IF 90, GO TO S3a]**
2. on how many days did you get drunk or were you 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 went in a row without using any kind of alcohol, marijuana or other drugs? ..... [|]

** S2y. On those 90 days in the community, on how many days did you use . . .

a. any kind of alcohol? ..... [|] **[IF 0, S2yb=0]**
b. alcohol until you were drunk (or had 5+ drinks in one sitting)? ..... [|]
c. any kind of marijuana, hashish, blunts or other forms of THC? ..... [|]
d. any kind of crack, smoked rock or free base cocaine? ..... [|]
e. any other forms of cocaine? ..... [|]
f. inhalants or huffed? ..... [|]
g. heroin or heroin mixed with other drugs? ..... [|]
h. non-prescription or street methadone? ..... [|]
j. any pain killers, opioids or other analgesics? ..... [|]
k. PCP or angel dust? ..... [|]
m. acid, LSD, ketamine, special K, mushrooms or other hallucinogens? ..... [|]
n. any anti-anxiety drugs or tranquilizers? ..... [|]
p. stimulants, amphetamines, ecstacy, MDMA, methamphetamine or other uppers? ..... [|]
q. any downers, sleeping pills, barbiturates or other sedatives? ..... [|]
r. any "other" kind of drug? ..... [|]

(Please describe) v. _____

Please answer the next questions using yes or no.

			Yes	No	
*	S3a.	Have you ever had shaky hands, delirium tremens (d.t's), convulsions or seizures when you tried to stop, cut down or control your use of alcohol or other drugs?	1	0	
*	S3b.	During the past week, did you stop, try to stop, cut down or try to limit your use of alcohol or other drugs?	1	0	**[IF NO, GO TO NEXT PAGE]**

			Yes	No
CWS **	S3c.	When you did this, did you have any of the following withdrawal symptoms or problems?		
	1.	Move and talk much slower than usual	1	0
	2.	Yawn more than usual	1	0
	3.	Feel tired	1	0
	4.	Have bad dreams that seemed real	1	0
	5.	Have trouble sleeping, including sleeping too much or not being able to sleep	1	0
	6.	Feel sad, tense or angry	1	0
	7.	Feel really nervous or tense	1	0
	8.	Fidget, pace, wring your hands or have trouble sitting still	1	0
	9.	Have shaky hands	1	0
	10.	Have convulsions or seizures	1	0
	11.	Feel hungrier than usual	1	0
	12.	Throw up or feel like throwing up	1	0
	13.	Have diarrhea	1	0
	14.	Have muscle aches	1	0
	15.	Have a runny nose or eyes watering more than usual	1	0
	16.	Sweat more than usual, have your heart race or goose bumps	1	0
	17.	Have a fever	1	0
	18.	See, feel or hear things that are not real	1	0
	19.	Forget a lot of things or have problems remembering	1	0
	20.	Have any of these withdrawal problems kept you from doing social, family, job or other activities?	1	0
	21.	Have you used the same or another drug to stop or avoid having any of these withdrawal symptoms?	1	0
	99.	Some other problem **(Please describe)**	1	0

v. _____

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.

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

Please answer the next questions using times, days or nights.

*	S4a.	During the past 90 days, how many times have you been given a breathalyzer or urine test to check for your alcohol or drug use? (Do not count any today)	___ Times	
*	S5.	How many times in your life have you been admitted to a detoxification program for your alcohol or drug use?	___ Times	**[IF 0, GO TO S6]**
*	S5a.	During the past 90 days, on how many days have you been in a detoxification program to help you through withdrawal?	___ Days	

			Yes	No	
*	S6.	Have you ever attended Alcoholics Anonymous (AA), Cocaine Anonymous (CA), Narcotics Anonymous (NA), Social Recovery (SR) or another self-help group for your alcohol or drug use?	1	0	**[IF NO, ENTER 0 in S6a]**

*	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	

			Yes	No	
*	S6b.	Have you ever stayed overnight in a recovery home or sanctuary?	1	0	**[IF NO, GO TO S7]**

*	S6c.	During the past 90 days, on how many nights have you stayed in a recovery home or sanctuary?	___ Nights	

Useful Definitions

Detoxification programs are places with professional help and often medication to help you through severe withdrawal; typically these are part of or affiliated with a larger agency or hospital.
Self-help groups are groups of consumers that meet together to provide social support, mutual aid and guidance; while typically part of a large association, they are generally NOT run by professionals.
Recovery homes and sanctuaries are groups of consumers or a cooperative that rent a home or apartment to provide a safe, inexpensive environment that is drug and/or alcohol free; while typically part of a large association, they often do not have professional staff working around the clock.

(Intake interview only: Do not count current treatment episode.)

* S7. How many times in your life have you been admitted to treatment or counseling for your use of alcohol or any drugs? ..... |___|___| Episodes

[IF 0, GO TO S8]

Detailed Treatment History Grid

(If this is a self-administered assessment, please ask for staff assistance in completing the following information.)

Next we need to fill out this form for all of the times you have been in substance abuse treatment from the first to the most recent treatment episode. What was the first (next...) treatment program you went to? **(Attach prior grids if available and update)**

S7_	b. What is the name of the treatment program?	b1. Program Code	c. What type of treatment was this? **(Use codes from next page)**	d. On about what date did you start? (mm/dd/yyyy)	d1. Are you still in treatment? **(If yes, skip e & g)** Y	N	e. On about what date did you leave? (mm/dd/yyyy)	g. About how many days were you there?
1.					1	0		
2.					1	0		
3.					1	0		
4.					1	0		
5.					1	0		
6.					1	0		
7.					1	0		
8.					1	0		
9.					1	0		
10.					1	0		
11.					1	0		
12.					1	0		
13.					1	0		
14.					1	0		
15.					1	0		
99.	**For staff use only. Indicate row number of index treatment.**							

Notes **(Circle if you want them keyed into notes):**

Summary of Treatment History and Directions and Codes	
— **Please do not list detox, self-help groups, recovery homes, or sanctuaries.** — **Start with the earliest admission at the top and continue down to the most recent.** — **If the participant is still in treatment, leave the discharge date blank.** — **If you re-interview a participant, please attach and update the previous grid.**	
Common Local Program Codes (b1) and Names (b): **(Insert text or consult study-specific appendix)**	**General Level of Care Codes (c):** 10 Outpatient (OP) 15 Methadone Maintenance 20 Intensive Outpatient (OR) 30 Inpatient/Residential/Halfway house (ST/LT/HH) 99 Other **Date Guidelines (d/e):** Use the following rules if the participant is unsure of the exact date: **DAY:** Use the 5th for the beginning of the month, 15th for the middle of the month, and 25th for the end of the month. **MONTH:** Use March for early in the year, July for middle of the year, and October for later in the year, but try to make it so the number of weeks is about right. **YEAR:** Make best approximation based on age or other information. If the participant is still in treatment, leave the discharge date blank (so that it can be filled in later).

Please answer the next questions using episodes.
(If available, use treatment history grid to help.)

** S7a. How many of these times were you . . .

1. treated in an emergency room for your alcohol or drug use problems? ..... |__|__| Episodes
2. admitted for at least one night to a residential, inpatient, or hospital program for your alcohol or drug use problems? ..... |__|__| Episodes
3. admitted to an intensive outpatient or day program for your alcohol or drug use problems? ..... |__|__| Episodes
4. admitted to a regular (1-8 hours per week) outpatient program for your alcohol or drug use problems? ..... |__|__| Episodes
5. given medication like methadone or antabuse to help with withdrawal or cravings? ..... |__|__| Episodes

99. in any other kind of treatment program or working with some other kind of case manager about your alcohol or drug use problems? ..... |__|__| Episodes

(Please describe) v. _____

** S7b. What substances did you receive treatment or counseling for? (Any others?) **(CIRCLE YES FOR ALL THAT APPLY)**

		MENTIONED Yes	No
1.	Use of any kind of alcohol	1	0
2.	Use of any kind of marijuana or hashish	1	0
3.	Use of any kind of crack, free base or other forms of cocaine	1	0
4.	Use of any kind of heroin or other opioid	1	0
99.	Use of any "other" kind of drug **(Please use codes from S1 or describe)** v. _____	1	0

		Yes	No	
** S7c.	Are you currently taking medication for alcohol or drug problems?	1	0	**[IF NO, GO TO S7d]**
	(If yes, please describe) v. _____			
S7c1.	Are you currently taking methadone? **(Code if given above)**	1	0	

Using Card A ...

* S7d. When was the last time you received treatment, counseling, medication, 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]**

Please answer the next questions using number of times, nights, or days.
(If no lifetime service use in S7a, record 0 in the respective row below.)

SATI ** S7e. During the past 90 days, how many...

1. times did you go to an emergency room for your alcohol or substance abuse treatment? ____ Times
2. nights were you in a halfway house, residential, inpatient, or hospital program (for your alcohol or drug use problems)? ____ Nights
3. days were you in an intensive outpatient or day program (for your alcohol or drug use problems)? ____ Days
4. times did you go to a regular (1-8 hours per week) outpatient program (for your alcohol or drug use problems)? ____ Times
5. days did you take medications like methadone or antabuse to help with withdrawal or cravings? ____ Days

99. days did you go to any other kind of treatment program or work with some other kind of case manager about your alcohol or drug use problems? ____ Days

(Please describe) v. _____

* S7f. Are you currently being treated regularly for alcohol or drug problems? **(If yes, where do you go?)**

Yes	No	
1	0	**[IF NO, GO TO S7g1]**

v. _____

S7g. How long have you been treated regularly? ____ + ____ + ____ + ____

Years Months Weeks Days

The next questions are about all of the kinds of substance abuse treatment you have received in the past 90 days.

Please answer the next questions using yes or no.

TxRS S7g. 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)**

		Yes	No
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 figure out agency procedures or to understand your rights?	1	0
99.	other than the treatment you've told us about or the services mentioned above, were there other services you received?	1	0

(Please describe) v. _____

(If more than one type of treatment in S7e, include all in answering the questions below.)

The next statements are about how you feel about the staff in the programs where you have received treatment and/or case management. Please respond to the next statements using yes or no.

TxSS S7jj. You are satisfied that the staff in (this/these) program(s). . .

		Yes	No
1.	did a good job.	1	0
2.	were fair with clients/patients.	1	0
3.	explained the rules of the program.	1	0
4.	had the time to see you.	1	0
5.	respected clients/patients.	1	0
6.	(staff) and you agreed on what your problems were.	1	0
7.	explained what your treatment was supposed to accomplish.	1	0
8.	asked for your opinions about your problems and how to solve them.	1	0
9.	(staff) and you agreed on what to do about your substance use.	1	0
10.	helped you do something about your substance use.	1	0
11.	(staff) and you agreed on what to do about your other problems.	1	0
12.	helped you do something about your other problems.	1	0
13.	were sensitive to your cultural background.	1	0
14.	gave you enough help for now.	1	0

		Yes	No	
S7k.	Did you attend one or more group treatment sessions?	1	0	**[IF NO, GO TO S7m]**

Please respond to the following statements about group treatment using yes or no.

				Yes	No
GES	S7kk.	1.	You liked the other group members.	1	0
		2.	You did get to talk about your own problems.	1	0
		3.	You liked having the group rules.	1	0
		4.	The other group members disliked you.	1	0
		5.	A group member threatened to harm you.	1	0
		6.	A group member offered you alcohol or drugs.	1	0
		7.	Other group members did not follow the rules.	1	0
		8.	The therapist did a good job of running the group.	1	0
		9.	The therapist did a good job of explaining the main subjects of the session.	1	0
		10.	The therapist liked other people in the group better than you.	1	0

		Yes	No	
S7m.	Did you attend one or more family nights?	1	0	**[IF NO, GO TO S8]**

Please respond to the following statements about family nights using yes or no.

				Yes	No
FNES	S7m.	1.	You liked the other family members.	1	0
		2.	You got to talk about your family's problems.	1	0
		3.	You liked having the group rules.	1	0
		4.	The other group members disliked you or your family.	1	0
		5.	A group member threatened to harm you or your family.	1	0
		6.	A group member offered you alcohol or drugs.	1	0
		7.	Other group members did not follow the rules.	1	0
		8.	The therapist did a good job of running the group.	1	0
		9.	The therapist did a good job of explaining the main subjects of the session.	1	0
		10.	The therapist liked other people in the group better than you or your family.	1	0

The next questions are about your current treatment and use. Please answer the next questions using yes or no. If any questions do not apply to you at this time, please answer "No".

**	S8.	Do you currently feel that....	Yes	No	
TRI	a.	being in a treatment program is too demanding?	1	0	
	b.	you have too many other responsibilities now to be in a treatment program?	1	0	
	c.	it will be hard for you to resist alcohol or 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	
		Do you currently feel that...			
TMI	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	
		Do you currently think you...			
SES	k.	spend a lot of time thinking about alcohol or drugs?	1	0	
	m.	could avoid using alcohol or drugs at home?	1	0	
	n.	could avoid using alcohol or drugs at work or school?	1	0	
	p.	could avoid using alcohol or drugs with your friends?	1	0	
	q.	could avoid using alcohol or drugs when people around you were using them?	1	0	
		Do you currently think ...			
POS	r.	you have any problems related to alcohol or drug use (including those things we just talked about)?	1	0	**[IF NO, GO TO S9ab1]**
	s.	you have a good understanding of how drug and alcohol use is related to your problems?	1	0	
	t.	your problems can and will go away?	1	0	
	u.	you know the course most of your problems will follow?	1	0	
	v.	your problems are out of control?	1	0	
	w.	your problems can be solved?	1	0	

Below are some reasons that some people give for wanting to quit using alcohol or other drugs (including marijuana, cocaine, heroin, and other drugs you mentioned). Please answer the next items using yes or no. Please use "no" for any that do not apply to you.

RFQ/ PMS

S9ab.	You want to quit using alcohol or drugs at this time ...	Yes	No
1.	so that you will be able to think more clearly	1	0
2.	because you will like yourself better if you quit	1	0
3.	because your memory will improve	1	0
4.	so that you can get more things done during the day	1	0
5.	because you want to have more energy	1	0
6.	because you are concerned that using alcohol or drugs will shorten your life	1	0
7.	so that your hair and clothes won't smell	1	0
8.	so that you can feel in control of your life	1	0
9.	because you have noticed that alcohol or drug use is hurting your health	1	0
10.	so that you won't burn holes in clothes or furniture	1	0
11.	because you are concerned that you will have health problems if you don't quit	1	0
12.	because alcohol or drug use does not fit with your "image"	1	0
13.	to prove to yourself that you're not addicted	1	0
14.	because alcohol or drug use is becoming less "cool" or socially acceptable	1	0
15.	because you won't have to leave social functions or other people's houses to drink, smoke or use	1	0
16.	because you have known other people with health problems that were caused by alcohol or drug use	1	0
17.	to show yourself that you can quit if you really want to	1	0
18.	because you want to save the money that you spend on alcohol or drug use	1	0
19.	for spiritual or religious reasons	1	0
20.	because I want to do better in life	1	0

RFQ/ IMS

S9ac. You want to quit using alcohol or drugs at this time ...

		Yes	No
1.	so that you can get a lot of praise from people you are close to.	1	0
2.	because people you are close to will be upset with you if you don't quit.	1	0
3.	because you don't want to embarrass your family.	1	0
4.	because your parents, girlfriend, boyfriend or other person you are close to will stop nagging you if you quit.	1	0
5.	because someone has told you to quit or else.	1	0
6.	because you will receive a special gift if you quit.	1	0
7.	because there is an alcohol or drug testing policy in detention, probation, parole or school.	1	0
8.	because of legal problems related to your alcohol or drug use.	1	0
9.	because you want to get a job.	1	0
10.	to keep a job.	1	0
11.	because you are/your partner is pregnant.	1	0
12.	because you have a child/children.	1	0
13.	to get your child/children back.	1	0

S9ad. What is your "main" or most important reason for wanting to quit now?

1v. _____

2v. _____

3v. _____

S9b. Have you quit yet? ..... Yes 1 **[Please answer b1 below]**

No 0 **[Please answer b2 below]**

Please answer the following question from 0% for "not ready at all" to 100% "completely ready" using **CARD F** ...

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

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

not ready to remain abstinent — ready to remain abstinent

Please answer the following question from 0% for "not ready at all" to 100% "completely ready" using **CARD F** ...

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

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

not ready to quit — ready to quit

Next we want to go over a list of common problems related to alcohol or drug use. After (hearing/reading) each of the following statements, we would like you to tell us the last time you had this problem by using Card B and responding in the past month, 2-12 months ago, 1 or more years ago, or never.

**	S9. When was the last time that... (Please answer questions using **Card B**)	Past Month	2-12 Months	1+ Years	Never
		3	2	1	0
SPS/O	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

**			Past Month	2-12 Months	1+ Years	Never
	S9.	When was the last time that... (Please answer questions using **Card B)**	3	2	1	0
SPS/A	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 though it was causing social problems, leading to fights, or getting you into trouble with other people?	3	2	1	0
SPS/D	n.	you needed more alcohol or drugs to get the same high or found that the same amount did not get you as high as it used to?	3	2	1	0
	p.	you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?	3	2	1	0
	q.	you used alcohol or drugs in larger amounts, more often or for a longer time than you meant to?	3	2	1	0
	r.	you were unable to cut down or stop using alcohol or drugs?	3	2	1	0
	s.	you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	3	2	1	0
	t.	your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	3	2	1	0
	u.	you kept using alcohol or drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having?	3	2	1	0
*	v.	How old were you when you first got drunk or used any drugs?	____ Age			

S9. Detailed Substance Use Disorder Worksheet **(If this is a self-administered assessment, please ask for staff assistance in completing the following information.)** For each of the problems endorsed in S9h-u, ask: * Can you tell me which substance ....**(Read from below)?** * About when did that happen? **(Using Card B)** * Have you ever had this problem with any other substance(s)? * Repeat for each Sx in S9 until no more are reported. Record time code (3=past month, 2=2-12 months ago, 1=1+ years ago, 0 or blank means never).	***For Staff Use Only***										
	1	2	3	4	5	6	7	8	9	10	99
	Alcohol	Amphetamine	Cannabis	Cocaine	Hallucinogen	Inhalant	Opioid	PCP	Sed./Hyp./Anx.	Poly-substance*	Other
Abuse criteria											
h. caused you not to meet your responsibilities? (A1)										X	
j. you have used in unsafe situations? (A2)										X	
k. caused you to have repeated problems with the law? (A3)										X	
m. did you keep using even though it was leading to fights or getting you into trouble with other people? (A4)										X	
Dependence Criteria											
n. you have needed more of to get high? (D1)											
p. you have had withdrawal symptoms from? (D2)											
q. you have used more of or longer than you meant to? (D3)											
r. you have been unable to cut down on or stop using? (D4)											
s. you spent a lot of time getting or using? (D5)											
t. caused you to give up activities or caused problems? (D6)											
u. you kept using despite medical or psychological problems? (D7)											
Clinical Significance (for each drug with 1+ Abuse/Dependence criteria ask...)											
v. At what age did you first use ...(get drunk for alcohol):										X	
w. How do you usually take ....(1-oral, 2-smoking, 3-inhalation, 4-intramuscular, 5-intravenous, 6-NA, 7-other)										X	
x. Order of Clinical Focus (1-primary, 2-secondary, 3-tertiary, etc.)										X	
y. Substance Use Diagnosis (Check highest row if applicable. Use poly-substance only if dependence met for no single substance)											
1. Dependence w/Physiological Sx. (3 + Sx in n-u) & (n or p)											
2. Dependence w/out Physiological Sx. (3+ Sx in n-u)											
3. Abuse (1+ Sx in h-m)										X	
z. Course Specifier (If lifetime dependence, check highest row if applicable)											
1. In a Controlled Environment (Half+ time in CE - S2x GT 44)											
2. On Agonist Therapy (Half+ time in Tx - S7e5 GT 44)											
3. Sustained Full Remission (No past year Sx in n-u)											
4. Early Full Remission (No past month Sx in n-u)											
5. Sustained Partial Remission (1-2 past year Sx in n-u)											
6. Early Partial Remission (1-2 past months Sx in n-u)											

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

* Also requires 1-2 dependence symptoms in 3 or more substance classes and no dependence for any single substance.

Using **Card E** ...

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

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

Please answer the next questions using yes or no.

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

		Yes	No
1.	Your alcohol or drug use	1	0
2.	Your family's alcohol or drug use	1	0
3.	Your situation at home, work or school	1	0
4.	AA, NA, CA or other self-help and support groups	1	0
5.	Detoxification	1	0
6.	Getting Treatment	1	0
7.	Getting methadone (Methadose), Antabuse, or other medication (disulfiram, LAAM) for alcohol or other drug withdrawal or cravings	1	0
99.	Anything else related to your alcohol or drug use	1	0

(Please describe) v. _____

	For Staff Use Only
AGUR	S11. Urgency Rating [SUR]: NO ☐ 0 ALREADY ☐ 1 GT 3 MO ☐ 2 0-3 MON ☐ 3 NOW ☐ 4
AGDM*	S12. DM Rating [SDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

P. Physical Health

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

BAC* P1. About how tall are you (in feet and inches)? ..... [ ] + [|]
Feet Inches

* P2. About how much do you weigh, without shoes? ..... [| |]
Pounds

HDS * P3. During the past 12 months, would you say your health in general was . . .? **(Circle one)**

Excellent	0
Very good	1
Good	2
Fair	3
Poor	4

Please answer the next questions using yes or no.

P3.		Yes	No	
	During the past 12 months, has your health limited your ability to do..			
a.	vigorous activities like running, lifting heavy objects or active sports?	1	0	**[IF NO, GO TO P3d]**
b.	moderate activities like moving a table, carrying groceries or light sports?	1	0	**[IF NO, GO TO P3d]**
c.	light activities like bending, lifting or stooping?	1	0	
	During the past 12 months, have you . . .			
d.	lost or gained 10 or more pounds when you were not trying to?	1	0	
e.	had a lot of physical pain or discomfort?	1	0	
f.	been worried about your health or behaviors?	1	0	
g.	had health problems that kept you from meeting your responsibilities at work, school or home?	1	0	
h.	had lung or breathing problems?	1	0	
j.	had pain when you urinated?	1	0	
k.	coughed up or urinated blood?	1	0	

The next questions are about any physical limitations you may have. Please include problems such as wearing prescription glasses or contacts, a hearing aid, artificial limbs or difficulties moving around.

P4. Do you have any physical problems with your vision, hearing, limbs, or any other problems communicating or getting around? (Any other issues?)

		MENTIONED Yes	No	
1.	Any problems	1	0	**[IF 0, GO TO P5_1]**
3.	Legally deaf	1	0	
4.	Limited hearing or other hearing problems	1	0	
5.	Legally blind	1	0	
6.	Limited vision or other vision problems	1	0	
7.	Lost limbs	1	0	
8.	Other difficulties moving hands, feet or body	1	0	
99.	Other physical impairments **(Please describe)**	1	0	

v. _____

			Yes	No	
**	P5_1.	Have you ever (been/gotten someone) pregnant?	1	0	**[IF NO, GO TO P6a]**

P5a1. About when did (your/the) last pregnancy begin? **(Clarify and circle one)**

During the past 90 days	1
4 to 6 months ago	2
7 to 9 months ago	3
10 to 12 months ago	4
More than a year ago	5

P5b1. What happened (or is happening) during that pregnancy? **(Clarify and circle one)**

Carried the baby to term--live birth?	1	**[CONTINUE]**
Miscarriage?	2	**[GO TO P6a]**
Abortion?	3	**[GO TO P6a]**
Uncertain?	4	**[GO TO P6a]**
Currently pregnant?	5	**[GO TO P6a]**
Other? **(Please describe)**	6	**[GO TO P6a]**

v. _____

P5c1. How much did the baby weigh at birth? ____ Pounds ____ Ounces

P5d. What was the baby's date of birth? __ / __ / ____ (mm/dd/yyyy)

P6a-e. When was the last time (if ever) you were told by a doctor or nurse that you have. . . Please answer the next questions using **Card B**	Past Month	2-12 Months	1+Years	Never
	3	2	1	0
a. Hepatitis, yellow jaundice, or cirrhosis of the liver?	3	2	1	0
b. Tuberculosis or TB?	3	2	1	0
c. the Human Immunodeficiency Virus, HIV or AIDS? **[In Illinois, record answer to P6c in separate secure record]**	3	2	1	0
d. other sexually transmitted diseases, such as syphilis, gonorrhea, or chlamydia?	3	2	1	0
e. other infectious diseases? **(Please describe)** v. _____	3	2	1	0

[IF NONE REPORTED IN P6a-e, GO TO P7a]

Please answer the next questions using yes or no.

P6f. Are you currently receiving treatment for any of these diseases?	Yes	No
	1	0

P7a-h. Have you ever had the following childhood diseases?	Yes	No
a. Rubella	1	0
b. Chicken pox	1	0
c. Mumps	1	0
d. Rheumatic fever	1	0
e. Measles	1	0
f. Whooping cough	1	0
g. Polio	1	0
h. Other childhood illness **(Please describe)** v. _____	1	0

	Yes	No
P7j. Have you had all of your childhood vaccinations?	1	0

P8. When was your last tetanus shot? **(Clarify and circle one)**

During the past year	5
1 to 2 years ago	4
3 to 7 years ago	3
8 to 10 years ago	2
More than 10 years ago	1
Never	0

Using **Card A**...

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

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	**[GO TO P10]**
More than 12 months ago	1	**[GO TO P10]**
Never	0	**[GO TO P10]**

Please answer the next questions using number of days.

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

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

P9c. What is the problem you have been having?

v1. _____

v2. _____

v3. _____

P10. Do you need any medical attention in order to attend treatment? Yes 1 No 0

(If yes, please describe below)

v1. _____

v2. _____

v3. _____

Please answer the next questions using yes or no.

PHPI P10. Have you ever been treated or told by a health professional you have the following medical problems or conditions?

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

[IF MALE, CIRCLE 0 IN P10u1 AND GO TO P11]

Using **Card A**...

P10u1. When did you start your last menstrual 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	
More than 12 months ago	1	
Never	0	**[GO TO P11]**

P10u2. How old were you when you had your first period? ..... [|] Age

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

Please answer the next questions using number of times.

** P11. How many times in your life have you.....

a. been treated in an emergency room for health problems? ..... [| |] Times

b. been admitted for at least one night to a hospital for health problems? ..... [| |] Times

c. received any outpatient surgical procedures for health problems? ..... [| |] Times

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

v. _____

Using **Card A...**

e. When was the last time you saw a doctor or nurse about a health problem or took prescribed medication for one?

(Circle one) (Card A)

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	**[GO TO P12]**
More than 12 months ago	1	**[GO TO P12]**
Never	0	**[GO TO P12]**

Please answer the next questions using number of times, nights, or days.
(If no lifetime service use above, enter 0 in the respective row below.)

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

PHTI f. times have you had to go to the emergency room (for a health problem)? ..... [|] Times

g. nights total did you spend in the hospital (for a health problem)? ..... [|] Nights

h. times did you have an outpatient surgical procedure (for a health problem)? ..... [|] Times

j. times did you see a doctor or nurse in an office or outpatient clinic (for a health problem)? ..... [|] Times

j1. days did you take prescribed medication for a health problem? ..... [|] Days

k. Are you currently being treated for a health problem? ..... Yes 1 No 0 **[IF NO, GO TO P12]**
(If yes, where do you go?)

v. _____

m. How long have you been treated regularly? [|] + [|] + [|] + [|]
Years Months Weeks Days

The next questions are about blood relatives. This includes your children, brothers, sisters, parents, aunts, uncles and grandparents. **(Please write "DK" if you don't know.)**

Please answer the next questions using yes or no.

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

Using **Card E**...

AGHS P13. How soon (if at all) do you need (more) help for your current physical health? (Would you say...) **(Circle one)**

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

Please answer the next questions using yes or no.

P13a. Do you currently want (more) help with the following situations related to your physical health?

		Yes	No
1.	Getting dental treatment	1	0
2.	Pregnancy, postpartum or family planning	1	0
3.	Testing, counseling or education on hepatitis, TB, HIV or STDs	1	0
4.	Help with sexual or fertility problems	1	0
5.	Getting health care treatment	1	0
6.	Coping with your current medical problems	1	0
7.	Paying for health care treatment	1	0
8.	Physical handicap/Physical therapy	1	0
99.	Anything else related to your health situation	1	0

(Please describe) v. _____

	For Staff Use Only
AGUR	P14. Urgency Rating [PUR]: NO ☐ 0 ALREADY ☐ 1 GT 3 MO ☐ 2 0-3 MON ☐ 3 NOW ☐ 4
AGDM*	P15. DM Rating [PDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

R. Risk Behaviors and Disease Prevention

Next, we would like to ask a few very personal questions about behaviors that may have put you at risk or reduced your risk for getting or spreading infectious diseases. Please remember that all of your answers are strictly confidential. The first questions are about the use of a needle to inject you with drugs or medication. Do not include shots given by a doctor or nurse. Please include if you were injected by someone else or if you injected medication.

Using **Card A...**

NFS ** R1. When was the last time (if ever) that you used a needle to inject drugs or medication? (Please include medication prescribed by a doctor.)

	(Circle one) (Card A)	
Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	**[GO TO NEXT PAGE]**
Never	0	**[GO TO NEXT PAGE]**

Please answer the next questions using yes or no.

NPS R1. During the past 12 months, did you...

		Yes	No
a.	use a needle to shoot up drugs?	1	0
b.	reuse a needle that you had used before?	1	0
c.	reuse a needle without cleaning it with bleach or boiling water first?	1	0
d.	use a needle that you knew or suspected someone else had used before?	1	0
e.	use someone else's rinse water, cooker, or cotton after they did?	1	0
f.	ever skip cleaning your needle with bleach or boiling water after you were done?	1	0
g.	let someone else use a needle after you used it?	1	0
h.	let someone else use the rinse water, cooker or cotton after you did?	1	0
j.	allow someone else to inject you with drugs?	1	0

[IF 4 TO 12 MONTHS AGO REPORTED IN R1, GO TO R2]

Please answer the next questions using number of days or people.

NFS

k.	During the past 90 days, on how many days did you use a needle to inject any kind of drug or medication?	___ Days	**[IF 0, GO TO NEXT PAGE]**
m.	During the past 90 days, with how many people have you shared needles or works?	___ People	**[IF 0, GO TO NEXT PAGE]**
n.	During the past 90 days, on how many days did you share needles with other people?	___ Days	

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

Using **Card A**...

** R2. When was the last time (if ever) that you had any kind of sex (vaginal, oral or anal) with another person? **(Circle one) (Card A)**

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	**[GO TO R3]**
Never	0	**[GO TO R3]**

Please answer the next questions using yes or no.

SxRS R2. During the past 12 months, did you...

		Yes	No
a.	have sex while you or your partner was high on alcohol or drugs?	1	0
b.	have sex with someone who was an injection drug user?	1	0
c.	have sex involving anal intercourse (penis to butt)?	1	0
d.	have sex with a man who might have had sex with other men?	1	0
e.	trade sex to get drugs, gifts, or money?	1	0
f.	use drugs, gifts, or money to purchase or get sex?	1	0
g.	have two or more sexual partners?	1	0
h.	have sex with a male partner?	1	0
j.	have sex with a female partner?	1	0
k.	have sex without using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy?	1	0
m.	have a lot of pain during sex or after having had sex?	1	0
n.	use alcohol or drugs to make sex last longer or hurt less?	1	0

** R2 Continued

[IF 4 TO 12 MONTHS AGO REPORTED IN R2, GO TO R3]

Please answer the next questions using number of partners or times.
[IF NO PAST-YEAR MALE PARTNERS, ENTER '0' IN R2p]
[IF NO PAST-YEAR FEMALE PARTNERS, ENTER '0' IN R2q]

During the past 90 days, ...

p. how many sexual partners did you have who were male? ..... |_|_|_| Partners

q. how many sexual partners did you have who were female? .... |_|_|_| Partners

SPR r. how many times did you have any kind of sex (vaginal, oral, or anal) with another person? ..... |_|_|_| Times **[IF 0, GO TO R3]**

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

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

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

v. _____

[IF "NEVER" HAD SEX, GO TO R4]

R3a. What forms of contraception do you or your partner try to use (if at all) to avoid pregnancy or sexually transmitted diseases? (Any other methods?)

		MENTIONED Yes	MENTIONED No
1.	Do not regularly use contraceptives	1	0
2.	Following your/the woman's period or cycle	1	0
3.	Pulling out before you/the man comes	1	0
4.	A douche, foam or suppository	1	0
5.	A birth control pill	1	0
6.	An intrauterine device (IUD)	1	0
7.	A condom or other barrier	1	0
8.	Not having intercourse	1	0
9.	Sterilized or infertile	1	0
99.	Something else **(Please describe)**	1	0

v. _____

Using **Card A**...

* 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	0	**[GO TO R5]**

Please answer the next questions using number of days or times.

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

* b. On those days, how many times per day, did you usually smoke or use any kind of tobacco? ____ Times

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

c. How old were you when you first smoked or used any kind of tobacco? ____ Age

TDS

Next we want to go over a list of common problems related to tobacco use. After (hearing/reading) each of the following statements, we would like you to tell us the last time you had this problem by using **Card B** and responding in the past month, 2-12 months ago, 1 or more years ago, or never.	Past Month	2-12 Months	1+ Years	Never
R4c. When was the last time that...	3	2	1	0
n. you needed more tobacco to get the same effect?	3	2	1	0
p. you had headaches or other withdrawal symptoms when you tried to stop or cut down on your tobacco use?	3	2	1	0
q. you used more tobacco or used it longer than you meant to?	3	2	1	0
r. you were unable to cut down on or stop using tobacco?	3	2	1	0
s. you spent a lot of time using or getting tobacco?	3	2	1	0
t. tobacco caused you to give up activities or caused problems?	3	2	1	0
u. you kept using tobacco despite medical or psychological problems?	3	2	1	0

For Staff Use Only *(Optional Tobacco Diagnostic Detail)*	
R4cy. Substance Use Diagnosis (check first row applicable; note - there is no tobacco abuse diagnosis)	
1. Dependence w/Physiological Sx. (3 + Sx in n-u) & (n or p)	1
2. Dependence w/out Physiological Sx. (3+ Sx in n-u)	2
R4cz. Course Specifier (If lifetime dependence, check first row applicable)	
1. In a Controlled Environment (Half+ time in CE - S2x GT 44)	1
2. On Agonist Therapy (Half+ time in Tx - S7e5 GT 44)	2
3. Sustained Full Remission (No past year Sx in n-u)	3
4. Early Full Remission (No past month Sx in n-u)	4
5. Sustained Partial Remission (1-2 past year Sx in n-u)	5
6. Early Partial Remission (1-2 past months Sx in n-u)	6

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

Please answer the next questions using number of days.

		Days
R5.	During the past 90 days, on how many days have you...	
a.	gone without eating or threw up much of what you did eat?	|
b.	exercised for at least 20 minutes per day?	|

Please answer the next questions using number of times.

		Times
R6.	During the past 90 days, how many times have you attended classes or sessions on the following topics?	
a.	Diet or nutrition	|
b.	Exercise	|
c.	Relaxation	|
d.	HIV/AIDS prevention	|
e.	HIV or other health testing, counseling or education	|
f.	How to stop smoking	|
g.	Other health education or prevention classes	|

(Please describe) v. _____

AGHS Using **Card E**...

R7. How soon (if at all) do you need (more) help (to quit smoking or) with behaviors that put you at risk of getting or spreading infectious diseases? (Would you say...)

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

Please answer the next questions using yes or no.

		Yes	No
R7a.	Do you currently want (more) help with the following issues related to your (smoking or other) risk behaviors?		
1.	Changing your pattern of needle use.	1	0
2.	Changing your pattern of sexual behavior.	1	0
3.	Getting information about health or prevention.	1	0
4.	Diet, exercise or relaxation programs.	1	0
5.	Quitting or cutting back on your smoking.	1	0
99.	Anything else related to your risk behaviors.	1	0

(Please describe) v. _____

	For Staff Use Only
AGUR	R8. Urgency Rating [RUR]: NO ☐ 0 ALREADY ☐ 1 GT 3 MO ☐ 2 0-3 MON ☐ 3 NOW ☐ 4
AGDM*	R9. DM Rating [RDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

M. Mental and Emotional Health

The next questions are about common nerve, mental or psychological problems that many people have. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities or they make you feel like you cannot go on. Please answer the next questions using yes or no.

			Yes	No	
IMDS/ GMDS/ SSI **	M1a.	During the past 12 months, have you had significant problems with...			
		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 heavy feeling in your heart, chest, lower back, arms, legs or other muscles?	1	0	
IMDS/ GMDS/ DSS **	M1b.	During the past 12 months, have you had significant problems with...			
		1. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	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	
		7. feeling tired, having no energy or like you could not get things done?	1	0	
		8. losing interest or pleasure in work, school, friends, sex or other things you cared about?	1	0	
		9. losing or gaining 10 or more pounds when you were not trying to?	1	0	
		10. moving and talking much slower than usual?	1	0	
IMDS/ GMDS/ HSTS **	M1c.	During the past 12 months, have you...			
		1. thought about killing or hurting someone else?	1	0	
		2. thought about ending your life or committing suicide?	1	0	**[If 0, GO TO M1d]**
		3. had a plan to commit suicide?	1	0	
		4. gotten a gun, pills or other things to carry out your plan?	1	0	
		5. attempted to commit suicide?	1	0	

IMDS/ GMDS/ AFSS **

M1d. During the past 12 months, have you had significant problems with...

		Yes	No
1.	feeling very anxious, nervous, tense, 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 enough 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
11.	having a lot of tension or muscle aches because you were worried?	1	0
12.	being unable or finding it difficult to control your worries?	1	0

The next questions are about all the different kinds of nerve, mental or psychological problems just mentioned. Using **Card A**...

EPS * M1e. When was the last time (if ever) your life was significantly disturbed by nerve, mental or psycological problems or that you felt you could not go on (including those things we just talked about)? **(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 M1j]**
More than 12 months ago	1	**[GO TO M1j]**
Never	0	**[GO TO M2]**

** Please answer the next questions using number of days.

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

The next questions are about whether and how these problems have interacted with your drug and alcohol use.

M1j. Do these psychological problems. . .

	Yes	No
1. go away when you use drugs or alcohol?	1	0
2. get worse when or after you have been using drugs or alcohol?	1	0
3. only happen when or after you have been using drugs or alcohol?	1	0
4. happen even when you have not been using drugs or alcohol?	1	0

M1k. How old were you when you first started having these kinds of psychological problems? ____ Age

For Staff Use Only (Optional General Mental Distress Diagnostic Detail)	
M1m. Rule out Other Axis 1 Diag. (Check if 3+ Sx in M1c, 13+ Sx in M1a-d, M1f GT 12 or M1g Gt 1)	
M1n. Major Depressive Disorder (MDD) (Check if (5+ symptoms on M1a2, M1b1, M1b3, M1b4, M1b5, M1b6, M1b7, M1b8, M1b9, M1b10, M1c2, M1d3) and (1+ symptoms on M1b1, M1b6, M1b8))	
M1p. Generalized Anxiety Disorder (GAD) (Check if (3+ symptoms on M1a2, M1a4, M1b3, M1b6, M1b7, M1d3, M1d11) and (M1d1=1) and (M1d12=1))	
M1q. Severe Internal Distress (Check if 45+ days on M1f or 13+ days on M1g)	

Using **Card A**...

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

	(Circle one) (Card A)	
Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	**[GO TO M3]**
Never	0	**[GO TO M3]**

Please answer the next questions using yes or no.

IMDS/ TSS ** M2. During the past 12 months, have the following situations happened to you?

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

[IF 4 TO 12 MONTHS AGO REPORTED IN M2, GO TO M3]
Please answer the next question using number of days.

EPS * 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

For Staff Use Only (Optional Stress Diagnosis Detail)	
M2r. Rule out Disorder of Extreme Stress (Check if 5+ Sx in M2a-p or M2q = 13+ Days)	☐

Using **Card A**...

EPS *

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

(Circle one) (Card A)

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	**[GO TO M4]**
Never	0	**[GO TO M4]**

Please answer the next questions using yes or no.

BCS/ IDS **

M3a. During the past 12 months, have you done the following things two or more times?

		Yes	No
1.	Made mistakes because you were not paying attention.	1	0
2.	Had a hard time paying attention at school, work or home.	1	0
3.	Had a hard time listening to instructions at school, work or home.	1	0
4.	Not followed instructions or not finished your assignments.	1	0
5.	Had a hard time staying organized or getting everything done.	1	0
6.	Avoided things that took too much effort, like school work or paper work.	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 absent-minded.	1	0

BCS/ HIS **

10.	Fidgeted or had a hard time keeping your hands or feet still when you were supposed to.	1	0
11.	Been unable to stay in a seat or where you were supposed to stay.	1	0
12.	Felt restless or the need to run around or climb on things.	1	0
13.	Gotten in trouble for being too "loud" when you were playing or relaxing.	1	0
14.	Felt like you were always on the "go" or "driven by a motor".	1	0
15.	Talked too much or had others complain that you talked too much.	1	0
16.	Gave answers before the other person finished asking the question.	1	0
17.	Had a hard time waiting for your turn.	1	0
18.	Interrupted or butted into other people's conversations or games.	1	0
19.	Have you had any of the above problems in the past six months?	1	0

BCS/ CDS **

M3b. During the past 12 months, have you done the following things two or more times?

	Yes	No
1. Been a bully or threatened other people.	1	0
2. Started fights with other people.	1	0
3. Used a weapon in fights.	1	0
4. Been physically cruel to other people.	1	0
5. Been physically cruel to animals.	1	0
6. Taken a purse, money or other things from another person by force.	1	0
7. Forced someone to have sex with you when they did not want to.	1	0
8. Set fires.	1	0
9. Broken windows or destroyed property.	1	0
10. Taken money or things from a house, building or car.	1	0
11. Lied or conned to get things you wanted or to avoid having to do something.	1	0
12. Taken things from a store or written bad checks to buy things.	1	0
13. Stayed out at night later than your parents or partner wanted.	1	0
14. Run away from home (partner) for at least one night.	1	0
15. Skipped work or school.	1	0
17. (Have you/Before you were 18 did you) ever run away for 2 or more days or 2 or more times?	1	0

** Before you were 13 years old, did you...

18. often stay out at night later than your parents wanted?	1	0
19. skip school (or work) many times?	1	0

[IF 4 TO 12 MONTHS AGO REPORTED IN M3, GO TO M4]
Please answer the next question using number of days.

EPS *

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

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

Please answer the next questions using True or False.

M4. Do each of the following statements describe you during the past 12 months?

			True	False
PCSS/ CPI	a.	You could not really trust most people.	1	0
	b.	Rather than get mad, you wanted to get even.	1	0
	c.	You daydreamed or tried to space out the world a lot.	1	0
	d.	You did not care to be around other people much.	1	0
	e.	You were not very emotional about other people or things.	1	0
	f.	You were afraid that you were crazy.	1	0
PCSS/ IPI	g.	You often just did not pay bills or live up to your commitments.	1	0
	h.	You lied often and easily.	1	0
	j.	You got bored easily or hated routines.	1	0
	k.	You often acted before thinking about the trouble you might get into.	1	0
	m.	You were a very moody person or had your feelings toward others change drastically.	1	0
	n.	You did not like being told by others what you should be doing.	1	0
	p.	You could usually get people to do things your way.	1	0
	q.	Other people think your problems are worse than they really are.	1	0
PCSS/ WPI	r.	You spent a lot of time trying to think through your problems or what to do.	1	0
	s.	You got mad at yourself a lot because you did not do a good enough job.	1	0
	t.	You felt like you could not make it through life.	1	0
	u.	You had a hard time deciding what to do.	1	0
	v.	You had a hard time changing the way you did things.	1	0
	w.	You often felt critical of others or picked on them.	1	0
	x.	You were very concerned about your health and other things that happened to you.	1	0

Please answer the next questions using True or False.

M4z. During the past 12 months you. . .

1.	cut, burned, or hurt yourself on purpose?	1	0	**[IF 0, GO TO M5a]**
2.	needed medical treatment after you cut, burned, or hurt yourself on purpose?	1	0	
3.	felt like you could not stop yourself from cutting, burning or hurting yourself?	1	0	

M4z4. During the past 90 days, on how many days have you cut, burned, or hurt yourself on purpose? ____ 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.

** M5a. Has a doctor, nurse or counselor ever told you that you have a mental, emotional or psychological problem or told you the name of a particular condition you have/had? **(Please record and/or circle all that apply below)**

v1. _____

v2. _____

v3. _____

(Circle all that apply - blanks will be treated as No)	MENTIONED Yes	MENTIONED No	
0. Any condition reported	1	0	**[IF M5a0 = 0, MARK REMAINING ITEMS 0]**
1. Alcohol or drug dependence	1	0	
2. Attention-deficit/hyperactivity disorder	1	0	
3. Antisocial personality disorder	1	0	
4. Anxiety or phobia disorder	1	0	
5. Borderline personality	1	0	
6. Conduct disorder	1	0	
7. Major depression	1	0	
8. Depression, dysthymia or other mood disorder	1	0	
9. Mental retardation, developmental or other communication disorder	1	0	
10. Oppositional defiant disorder	1	0	
11. Pathological gambling	1	0	
12. Post or acute traumatic stress disorder	1	0	
13. Somatoform, pain, sleep, eating or body disorder	1	0	
14. Other cognitive disorder (like delirium, dementia, amnesic)	1	0	
15. Other mental breakdown, nerves or stress	1	0	
16. Other personality disorder (like avoidant, dependent, histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid or schizotypal)	1	0	
17. Other schizophrenia or psychotic disorder	1	0	
99. Other **(Please describe)**	1	0	

v. _____

Please answer the next questions using number of times.

** M5. How many times in your life have you ... Times

b. been treated in an emergency room for mental, emotional, behavioral or psychological problems? ..... |__|__|

c. been admitted for at least one night to a hospital for mental, emotional, behavioral or psychological problems? ..... |__|__|

M5d. Are you currently taking medication for mental, emotional, behavioral or psychological problems? ..... Yes 1 No 0

(If yes, please describe)

v. _____

Using **Card A**...

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

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	**[GO TO M6]**
More than 12 months ago	1	**[GO TO M6]**
Never	0	**[GO TO M6]**

Please answer the next questions using number of times, nights, or days.
(If no lifetime service use above, enter 0 in the respective row below.)

MHTI M5. 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 a 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

* h1. days did you take prescribed medication for mental, emotional, behavioral or psychological problems? ..... |__|__| Days

* j. Are you currently being treated for a mental, emotional, behavioral or psychological problem? ..... Yes 1 No 0 **[IF NO, GO TO M6]**

(If yes, where do you go?)

v. _____

k. How long have you been treated regularly? |__|__| + |__|__| + |__|__| + |__|__|
Years Months Weeks Days

Using **Card E**...

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

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

Please answer the next questions using yes or no.

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

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

v. _____

	For Staff Use Only
AGUR	M7. Urgency Rating [MUR]: NO ☐ 0 ALREADY ☐ 1 GT 3 MO ☐ 2 0-3 MON ☐ 3 NOW ☐ 4
AGDM*	M8. DM Rating [MDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

E. Environment and Living Situation

The next set of questions is about places where you spend most of your time and the people you spend your time with. First we would like to ask some questions about where you live.

** E1. What kind of housing do you currently live in? **(Clarify and code response)**

- A house, apartment or room you, your spouse, your partner or your parents rent or own 1
- A foster home 2
- A public housing or rent-subsidized apartment or house registered in your or your family's name 3
- A friend's or relative's house, apartment or room 4
- An unsupervised dormitory or quarters, such as at college, religious or military quarters or agriculture or other workers' quarters 5
- A nursing home or any other kind of group home 6
- Any kind of hospital, inpatient or residential facility for medical, mental, alcohol or drug-related problems 7
- Jail, detention center, correctional halfway house or other correctional institution 8
- Temporary or emergency shelter for people who are homeless, runaways, neglected or abused 9
- Vacant buildings, public or commercial facilities, parks, cars or on the street because you do not have a place to stay 10
- Any other housing situation **(Please describe)** 99

v. _____

a. How long have you been living there? [|] + [|] + [|] + [|]
Years Months Weeks Days

Using **Card A**...

RERI b. When was the last time (if ever) that you considered yourself to be homeless?

(Circle one)

- 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

	Yes	No
E1c. Can you continue to stay where you are now?	1	0

E1d. During the past 90 days, on how many days have you been homeless or had to stay with someone else to avoid being homeless? [|] Days

Please answer the next questions using number of days.

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? [|]

The next two questions are about alcohol and drug use at home or where you are living.

RERI ** E2. During the past 90 days, on how many days did... Days

d. other people use alcohol where you were living? [|]

e. other people use drugs where you were living? [|]

RERI * E2f. During the past 90 days, on how many days did you live someplace where you were not free to come and go as you please - such as jail, an inpatient program, or hospital? [|] Days

RERI* 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

Please answer the following questions using yes or no.

			Yes	No	
**	E3a1.	During the past 12 months, have you lived with anyone other than yourself?	1	0	**[IF NO, GO TO E3b1]**

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

			Yes	No
*	E3b1.	Have you ever been married or lived as married with someone? **[IF NO, CIRCLE 8 IN E3b2 AND GO TO E4]**	1	0

* E3b2. What is your current marital status? **(Clarify and circle one)**

Married 1
Remarried 2
Living with someone as married 3
Married but living apart 4
Divorced 5
Legally separated 6
Widowed 7
Never married 8

* E4. How many children (if any) do you have (under the age of 21)? ____ Number **[IF NONE, GO TO E5]**

a. During the past 12 months, who has had legal custody of the child(ren) (anyone else during the past 12 months?)

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

v. _____

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

Please answer the next questions using number of children or days.

b1. For how many of the children living with you are you the primary caregiver? ____ Children

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

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

e. During the past 90 days, how many children (under 21) do you have who have been in a group home or child care institution? ____ Children **[IF 0, ENTER 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

E4h. What is the age of the youngest child whom you have custody of (or are trying to get custody of)? ____ Age

E4 (continued)

Please answer the next questions for all of your children under age 21 using yes or no.

CAS	E4. During the past 12 months, have you done any of the following things with this child/these children?	Yes	No
	j. Spent 30 minutes or more playing with (him/her/them)	1	0
	k. Taken (him/her/them) to an organized activity or event	1	0
	m. Read a book to (him/her/them)	1	0
	n. Worked with (him/her/them) on homework or taught (him/her/them) to read, write or do math	1	0
	p. Met with a teacher, social worker, lawyer, court official or police officer about (him/her/them)	1	0

After each statement, please respond using yes or no.

CFS	E4q. During the past 12 months, (has this child/have these children) been doing well in terms of...	Yes	No
	1. doing schoolwork and learning?	1	0
	2. avoiding alcohol and drugs?	1	0
	3. avoiding illegal activities?	1	0
	4. getting along with other people?	1	0
	5. getting to places on time?	1	0
	6. his/her/their health?	1	0

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

** E5. During the past 12 months, how many people would you say you have regularly lived with (including your parents or family)? ..... | | People **[IF 0 GO TO E6]**

Using **Card C**...

LRI/ ERS 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
a.	were employed or in school or training full-time?	4	3	2	1	0
b.	were involved in illegal activity?	0	1	2	3	4
c.	weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
d.	used any drugs during the past 90 days?	0	1	2	3	4
e.	shout, argue, and fight most weeks?	0	1	2	3	4
f.	have ever been in drug or alcohol treatment?	4	3	2	1	0
g.	would describe themselves as being in recovery?	4	3	2	1	0

** E6. During the past 12 months, how many people would you say you spend most of your time with at work, a training program, or school? ..... | | People **[IF 0 GO TO E7]**

Using **Card C**...

VRI/ ERS 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
a.	were employed or in school or training full-time?	4	3	2	1	0
b.	were involved in illegal activity?	0	1	2	3	4
c.	weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
d.	used any drugs during the past 90 days?	0	1	2	3	4
e.	shout, argue, and fight most weeks?	0	1	2	3	4
f.	have ever been in drug or alcohol treatment?	4	3	2	1	0
g.	would describe themselves as being in recovery?	4	3	2	1	0

** E7. During the past 12 months, how many people would you say you spend most of your free time with or hang out with? ..... | | People **[IF 0 GO TO E8]**

Using **Card C**...

SRI/ ERS 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
a.	were employed or in school or training full-time?	4	3	2	1	0
b.	were involved in illegal activity?	0	1	2	3	4
c.	weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
d.	used any drugs during the past 90 days?	0	1	2	3	4
e.	shout, argue, and fight most weeks?	0	1	2	3	4
f.	have ever been in drug or alcohol treatment?	4	3	2	1	0
g.	would describe themselves as being in recovery?	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.

Using **Card A**...

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

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	**[GO TO E9]**
Never	0	**[GO TO E9]**

Please answer the following questions using yes or no.

GCTS E8. During the past 12 months, have you had a disagreement in which you did the following things?

		Yes	No
a.	Discussed it calmly and settled the disagreement.	1	0
b.	Left the room or area rather than argue.	1	0
c.	Insulted, swore or cursed at someone.	1	0
d.	Threatened to hit or throw something at another person.	1	0
e.	Actually threw something at someone.	1	0
f.	Pushed, grabbed, or shoved someone.	1	0
g.	Slapped another person.	1	0
h.	Kicked, bit, or hit someone.	1	0
j.	Hit or tried to hit anyone with something (an object).	1	0
k.	Beat up someone.	1	0
m.	Threatened anyone with a knife or gun.	1	0
n.	Actually used a knife or gun on another person.	1	0

[IF 4 TO 12 MONTHS AGO REPORTED IN E8, GO TO E9]
Please answer the following question using number of days.

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

The next questions are about things that other people may have done to you. Please answer the next questions using yes or no.

GVS ** E9. Has anyone ever done any of the following things to you?

		Yes	No
a.	Attacked you with a gun, knife, stick, bottle or other weapon.	1	0
b.	Hurt you by striking or beating you to the point that you had bruises, cuts, or broken bones or otherwise physically abused you.	1	0
c.	Pressured or forced you to participate in sexual acts against your will, including your regular sexual partner, a family member or friend.	1	0
d.	Abused you emotionally; that is, did or said things to make you feel very bad about yourself or your life.	1	0

[IF ALL OF ABOVE ARE NO, GO TO E9n BELOW]

e. About how old were you the first time any of these things happened to you? ___ Age

		Yes	No
e18.	**[IS E9e UNDER 18?]**	1	0

Did any of the previous things happen. . .

		Yes	No
f.	several times or over a long period of time?	1	0
g.	with more than one person involved in hurting you?	1	0
h.	where one or more of the people involved was a family member close family friend, professional or someone else you had trusted?	1	0
j.	where you were afraid for your life or that you might be seriously injured?	1	0
k.	and result in oral, vaginal or anal sex?	1	0
m.	and people you told did not believe or help you?	1	0

Are you currently worried that someone might. . .

		Yes	No
n.	attack you with a gun, knife, stick, bottle or other weapon?	1	0
p.	hurt you by striking or beating or otherwise physically abuse you?	1	0
q.	pressure or force you to participate in sexual acts against your will?	1	0
r.	abuse you emotionally?	1	0

(If E9a-d and E9f-r are all No, circle No to E9s below and continue)

		Yes	No
E9s.	Have you gotten the help you need to deal with these problems?	1	0

** E9 (continued)

Using **Card A**...

RERI 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]**

Please answer the next question using number of days.

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

Please answer the following questions using yes or no.

PSSI E10. During the past 12 months, have you been under stress for any of the following reasons related to your family, friends, classmates or co-workers?

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

(If yes, please describe)v. _____

OSSI E11. During the past 12 months, have you been under stress because of the following other kinds of demands on you?

	Yes	No
1. Major change in housing or bad housing	1	0
2. New job, position or school	1	0
3. Hard work or school schedule	1	0
4. Problems with transportation	1	0
5. Discrimination in community, work, school or transportation	1	0
6. Threat of losing current housing, job, school or transportation	1	0
7. Interruption or loss of housing, job, school or transportation	1	0
8. Something you saw or that happened to someone close to you	1	0
(If yes, please describe)v. _____		
99. Other environmental demands on you	1	0
(If yes, please describe)v. _____		

CSAT/ GPRA **

Using CARD G, please answer the next questions using "not at all, somewhat, considerably or extremely." E11b. During the past 90 days, ...	Not at all	Somewhat	Considerably	Extremely
E11b1. how stressful have things been for you because of your use of alcohol or other drugs?	0	1	2	3
E11b2. how much has your use of alcohol or other drugs caused you to reduce or give up important activities?	0	1	2	3
E11b3. how much has your use of alcohol and other drugs caused you to have emotional problems?	0	1	2	3

Please answer the next questions using yes or no.

SSEI E12a. During the past 12 months, which of the following areas do you consider to be your strengths?

		Yes	No
1.	Doing well at school or training.	1	0
2.	Doing well at work.	1	0
3.	Doing well with your family.	1	0
4.	Doing well with your close friends.	1	0
5.	Doing well at sports, exercise or other physical activity.	1	0
6.	Doing well at music, dancing, acting or other performing arts.	1	0
7.	Drawing, painting, design or other art activities.	1	0
8.	Listening, caring, and communicating with others.	1	0
9.	Problem solving and figuring things out.	1	0
10.	Working or playing with computers.	1	0

E12b. What do you consider your most important strengths as a person?

v1. _____

v2. _____

v3. _____

Please answer the next questions using yes or no.

GSSI E12c. During the past 12 months, did you have the following kinds of social support?

		Yes	No
1.	A professional counselor or other health provider to talk to.	1	0
2.	Friends or colleagues from other companies or schools you could talk to without worry about things getting back to others at work or school.	1	0
3.	People at work or school you could talk to about day-to-day things.	1	0
4.	People at work or school who could help you get your assignments done.	1	0
5.	Family members or close partners you could talk to and rely on.	1	0
6.	Friends you could just hang out with and not talk about work or family issues.	1	0
7.	A (legal) hobby or activity that you enjoyed and did for yourself.	1	0
8.	Someone you felt like you could talk to about needs and emotions.	1	0
9.	Someone you felt could help you figure out how to cope with any problems you were having or might have.	1	0

E12d. Which people, agencies or things do you consider your most important sources of social support?

v1. _____

v2. _____

v3. _____

E13a. Do you consider yourself a member of a religious group?
(If so, which of the following best describes it?) **(Circle one)**

No/None	0	**[Go to E13d below]**
Baptist	1	
Buddhist	2	
Catholic	3	
Evangelical	4	
Hindu	5	
Jewish	6	
Lutheran	7	
Methodist	8	
Mormon	9	
Muslim	10	
Presbyterian	11	
Other Protestant	12	
Shinto	13	
Native American Church	14	
Traditional Native American	15	
Non-denominational Christian	16	
Some other group **(Please describe)**	99	

v. _____

E13b. How long have you been a ***[religion from E13a]?***
[Use age in years for whole life]

Years	Months	Weeks	Days
__	__	__	__

Please answer the next questions using yes or no.

E13c. Do you . .

	Yes	No
1. consider yourself to be a good ***[state religion from E13a]***?	1	0
2. regularly attend services or ceremonies?	1	0

E13d. Do you consider your religious or spiritual beliefs to ...

	Yes	No
1. be very strong?	1	0
2. be very important to you?	1	0
3. often influence your decisions?	1	0

E13e.

	Yes	No
Is it important for your friends to share your religious or spiritual beliefs?	1	0

Please answer the next questions using number of days.

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

Please answer the next questions using yes or no.

			Yes	No
GSI	E15a.	Are you satisfied with. . .		
	1.	where you are living?	1	0
	2.	your family relationships?	1	0
	3.	your sexual and/or marital relationships?	1	0
	4.	your school and work situations?	1	0
	5.	how you spend your free time?	1	0
	6.	the extent to which you are coping with or getting help with your problems?	1	0

Using **Card E**...

AGHS E16. How soon (if at all) do you need (more) help with your current environment or living situation? (Would you say...) **(Circle one)**

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

Please answer the next questions using yes or no.

E16a. Do you currently want (more) help with the following issues related to your environment or living situation?

		Yes	No
1.	Your housing	1	0
2.	Parenting or children you are living with or see regularly	1	0
3.	People with whom you live, work, go to school or socialize	1	0
4.	How you spend your free time and get social support	1	0
5.	People you have been avoiding, arguing or fighting with	1	0
6.	People who have or might attack or abuse you physically, sexually or emotionally	1	0
7.	How you handle arguments	1	0
99.	Anything else related to your environment or social situation or coping. **(Please describe)**	1	0

v. _____

	For Staff Use Only
AGUR	E17. Urgency Rating [EUR]: NO ☐ 0 ALREADY ☐ 1 GT 3 MO ☐ 2 0-3 MON ☐ 3 NOW ☐ 4
AGDM*	E18. DM Rating [EDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

L. Legal (Civil and Criminal)

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

Please answer the next questions using yes or no.

L1. Are you currently involved in any of the following kinds of civil proceedings?

		Yes	No
1.	Traffic court	1	0
2.	A child custody case	1	0
3.	Divorce proceedings	1	0
4.	A lawsuit	1	0
99.	Any other civil proceedings **(Please describe)**	1	0

v. _____

L2. As a result of a divorce or child custody case, do you have any settlements or ongoing alimony or child support payment you are supposed to make? **(Circle 0 if never married and no children.)**

	(Circle one)	
No	0	**[GO TO L3]**
Only alimony	1	
Only child support	2	
Both	3	

L2a. How much is either the total payment or payment per month?

$ | | | | , | | |
Total Still Due

$ | | | | , | | |
Dollars Per Month

		Yes	No
L2b.	Are your payments up to date?	1	0

Using **Card A...**

IAS* 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 (alcohol or) drugs?

	(Circle one) (Card A)	
Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	**[GO TO L4]**
Never	0	**[GO TO L4]**

** Please answer the next questions using number of times. Times

L3a. During the past 12 months, how many times have you...

GCS/ PCS

1. purposely damaged or destroyed property that did not belong to you? ___
2. bought, received, possessed or sold any stolen goods? ___
3. passed bad checks, forged (or altered) a prescription or took money from an employer? ___
4. taken something from a store without paying for it? ___
5. other than from a store, taken money or property that didn't belong to you? ___
6. broken into a house or building to steal something or just to look around? ___
7. taken a car that didn't belong to you? ___

GCS/ ICS

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

GCS/ DCS

15. driven a vehicle while under the influence of alcohol or illegal drugs? ___
16. sold, distributed or helped to make illegal drugs? ___
17. traded sex for food, drugs, or money? ___
18. been a member of a gang? ___
19. gambled illegally? ___

99. done something else (other than drug use) that would have gotten you into trouble with the police if they had known about it? ___

(Please describe) v. _____

[IF 4 TO 12 MONTHS AGO REPORTED IN L3, GO TO L4]

Please answer the next questions using number of days. Days

IAS L3d. 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 (besides drug use)? ___ **[IF 0, GO TO L4]**

L3e-g On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)...

e. in order to support yourself financially? ___
f. in order to obtain drugs or alcohol? ___
g. while you were high or drunk? ___

Please answer the next questions using number of times.

L4. In your lifetime, about how many tickets have you gotten for minor traffic violations? (Do not include any that led to an arrest.) ..... |__|__| Times

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

* L5. In your lifetime, about how many times have you been arrested, charged with a crime and booked? (Please include all the times this happened, even if you were then released or the charges were dropped.) ..... |__|__| **[IF 0, GO TO L6]** Times

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

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

(Please describe) v. _____

* L5ac. How many times were you convicted or adjudicated? ..... |__|__| Times

Using **Card A...**

* L5b. When was the last time you were arrested, charged with a crime and booked? **(Circle one) (Card A)**

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	**[GO TO L6]**
More than 12 months ago	1	**[GO TO L6]**
Never	0	**[GO TO L6]**

* L5c. During the past 90 days, how many times have you been arrested and booked for breaking a law? (Please do not count minor traffic violations.) [| |] Times **[IF 0, GO TO L6]**

** L5d. What were you arrested for in the past 90 days? (How many times? Was there anything else you were arrested for? How many times?)

		MENTIONED Times
1.	Vandalism or property destruction	[		]
2.	Receiving, possessing or selling stolen goods	[		]
3.	Passing bad checks, forgery, or fraud	[		]
4.	Shoplifting	[		]
5.	Larceny or theft	[		]
6.	Burglary or breaking and entering	[		]
7.	Motor vehicle theft	[		]
8.	Robbery	[		]
9.	Simple assault or battery	[		]
10.	Aggravated assault	[		]
11.	Forcible rape	[		]
12.	Murder, homicide or non-negligent manslaughter	[		]
13.	Arson	[		]
14.	Driving under the influence	[		]
15.	Drunkenness or other liquor law violation	[		]
16.	Possession, dealing, distribution or sale of drugs	[		]
17.	Prostitution, pimping, or commercialized sex	[		]
18.	Probation or parole violations	[		]
19.	Illegal gambling	[		]
99.	Status or other offenses (curfew, truancy, graffiti, gang involvement/activity, running away, domestic violence, disturbing the peace, disorderly conduct, paraphernalia)	[		]

(Please describe) v. _____

Using **Card A...**

CJSI ** L6. When was the last time you were on or in probation, parole, jail, detention, house arrest or electronic monitoring?

(Circle one) (Card A)

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	**[GO TO L7]**
More than 12 months ago	1	**[GO TO L7]**
Never	0	**[GO TO L7]**

Please answer the next questions using number of days.

a-f During the past 90 days, how many days have you been...

		Days
a.	on probation?	___
b.	on parole?	___
c.	in jail or prison?	___
d.	on house arrest?	___
e.	on electronic monitoring?	___
f.	in juvenile detention?	___

g. How many days of the days mentioned above (in L6a-f) did you get into trouble with your probation officer or parole officer? (How many days did you get caught doing things you were not supposed to do?) ___

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

j. How much longer do you think you will be there?
[Use 99 years for rest of life]

___ Years + ___ Months + ___ Weeks + ___ Days

Please answer the next questions using yes or no.

** L7. Are you currently involved with the criminal justice system in any of the following ways?

		Yes	No
1.	Awaiting a trial	1	0
2.	Awaiting sentencing	1	0
3.	Out on bail or released on own recognizance (ROR)	1	0
4.	On probation	1	0
5.	In jail/prison	1	0
6.	On treatment release, work release or school release	1	0
7.	On parole	1	0
8.	In detention	1	0
9.	Assigned to a sentencing alternative or treatment program (TASC)	1	0
10.	Under house arrest	1	0
11.	Under other forms of court supervision	1	0
12.	Awaiting charges	1	0
99.	Other involvement **(Please describe)** v. _____	1	0

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

		Yes	No	
L8.	Are there currently any outstanding warrants for your arrest?	1	0	**[IF NO, GO TO L9a]**
L8a.	Are you working with a lawyer or someone else to resolve these warrants?	1	0	
L9a.	Do you have any outstanding fines or restitution you must pay as a result of a criminal, traffic, civil or administrative court ruling?	1	0	**[IF NO, GO TO L10]**
L9b.	Are your payments up to date?	1	0	

L9c. What is the total still due? $ ____,____ Total Dollars Still Due

L9d. How much are you supposed to pay per month? $ ____,____ Dollars per month

Using **Card E**...

AGHS L10. How soon (if at all) do you need (more) help with your current legal situation? Would you say...?

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

Please answer the next questions using yes or no.

L10a. Do you currently want (more) help with the following issues related to your legal situation?

		Yes	No
1.	Civil justice proceedings	1	0
2.	Being involved in illegal activities	1	0
3.	Criminal justice proceedings	1	0
4.	Making arrangements with a probation officer, parole officer or other officer of the court	1	0
5.	Child custody case	1	0
99.	Anything else related to your legal situation? **(Please describe)**	1	0

v. _____

	For Staff Use Only
AGUR	L11. Urgency Rating [LUR]: NO ☐ 0 ALREADY ☐ 1 GT 3 MO ☐ 2 0-3 MON ☐ 3 NOW ☐ 4
AGDM*	L12. DM Rating [LDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

V. Vocational (School, Work, Financial)

These next questions are about school, work and money.

* V1. What is the last grade or year that you completed in school?
(NOTE: You can use 12 for high school, 16 for a BA/BS and 17 for graduate school or more than 4 years of college) ..... [|] Grade

* V1a. Did you receive any special education classes or services or go to any alternative school programs? ..... Yes 1 No 0 **[IF NO, GO TO V1b]**

[If **Yes**, what kind of services or program did you go to?]
v1. _____
v2. _____
v3. _____

* V1b. During your last year in school, what was your average grade? **(Circle one)**

A- to A+	4
B- to B+	3
C- to C+	2
D- to D+	1
F	0
Mixed/Other **(Please describe)**	99

v. _____

** V2. What kinds of diplomas, degrees, certificates or licenses have you received? (Any others?) **[If none, circle all 0's]**

		MENTIONED Yes	No
1.	High school diploma	1	0
2.	Passed GED (general equivalency diploma)	1	0
3.	Adult basic education (ABE) certificate	1	0
4.	Junior college or associate's degree	1	0
5.	Bachelor's degree	1	0
6.	Advanced college degree (master's or doctorate)	1	0
7.	Vocational/trade certificate	1	0
8.	Trade license apprenticeship	1	0
99.	Other degrees or licenses **(Please describe)**	1	0

v. _____

Using **Card A**...

TAS * V3. When was the last time you were in any kind of school or training program? **(Circle one) (Card A)**

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months	1	**[GO TO V4]**
Never	0	**[GO TO V4]**

Please answer the next questions using yes or no.

TPI V3. During the past 12 months, have you ...

		Yes	No
a.	gotten bad grades or had your grades drop at school or training?	1	0
b.	come in late or left early from school or training?	1	0
c.	gotten sick at school or training?	1	0
d.	gotten hurt or injured at school or training?	1	0
e.	gotten into a fight or trouble at school or training?	1	0
f.	been absent 5 or more days from school or training for any reason?	1	0
h.	skipped or "cut" school or training just because you didn't want to be there?	1	0
j.	been suspended or expelled from school or training?	1	0

[IF 4 TO 12 MONTHS AGO REPORTED IN V3, GO TO V4]

Please answer the next questions using number of days or times.

TAS V3. During the past 90 days, on how many days ... Days

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

*	k.	did you go to any kind of school or training?	|__|	**[IF 0, GO TO V4]**
*	m.	did you go to school or training full time?	|__|	
*	n.	did you miss school or training for any reason?	|__|	
*	p.	did you get in trouble at school or training for any reason?	|__|	
*	q.	were you suspended from school or training for any reason?	|__|	
*	r.	During the past 90 days, how many times did you get expelled from school or training?	|__| Times	

s. Where (do/did) you go to school?

v. _____

[IF UNDER 18, YOU CAN CIRCLE 0 AND GO TO V5]

V4. Have you ever been in the armed forces of the United States or another country? **(Circle one)**

Never served in any armed forces ..... 0 **[GO TO V5]**
Served in the United States armed forces 1
Served in the armed forces or military of another country 99

(Which country) v. _____

		Yes	No
a.	Were you ever in a combat zone?	1	0

b. What was your highest rank in the military?

v. _____

c. Which of the following best describes your current situation?

(Circle one)

On active duty in the armed forces 1
In a reserves component 2
Retired, honorably or regularly discharged from either reserves or active duty 3
Discharged because of alcohol, drug, mental, physical or other problems **(Please describe)** 4

v. _____

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

V5a. Including time in the military, which of the following best describes your level of work experience? **(Circle one)**

- Five or more years with the same type of job or employer 1
- Five or more years with several different types of jobs or employers 2
- Two to five years of job experience 3
- Less than two years of job experience 4
- No job experience ..... 5 **[GO TO V6]**

V5b. What was the last type of job you had ? **(Please describe below)**

v1. _____

v2. _____

v3. _____

Circle the number that best describes the type of job reported above.

(Circle one)

Professional and Technical (accountant, architect, engineer, lawyer, judge, scientist, doctor, registered nurse, teacher, social worker, writer, entertainer) 1

Manager and Administrator (office manager, sales manager, school administrator, government official, small business owner) 2

Sales (sales representative, insurance agent, real estate broker, sales clerk or other sales person) 3

Clerical or Office Worker (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent) 4

Craft and Kindred (baker, carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer) 5

Operative (assembler, checker, gas station attendant, meat cutter, packer, laundry or dry-cleaning operative, miner operative, welder, garage worker) 6

Transportation Equipment Operative (bus driver, cab driver or chauffeur, truck driver, delivery person) 7

Non-farm Laborer (construction worker, freight handler, sanitation worker) 8

Private Household Worker (maid, butler, cook) 9

Service Worker (cook, waiter/waitress, barber, janitor, practical nurse, beautician) 10

Farmer and Farm Manager 11

Farm Laborer (foreman, picker) 12

Military Service 13

Other (Please describe above) 99

Using **Card A**...

EmAS 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	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	**[GO TO V7]**
Never	0	**[GO TO V7]**

Please answer the next questions using yes or no.

EmPI V6. During the past 12 months, have you...

		Yes	No
a.	done badly at work or done worse at work?	1	0
b.	come in late or left early from your work?	1	0
c.	gotten sick at work?	1	0
d.	gotten hurt or injured at work?	1	0
e.	gotten into a fight or trouble at work?	1	0
f.	been absent 5 or more days from work for any reason?	1	0
h.	skipped or "cut" your work just because you didn't want to be there?	1	0
j.	been fired, laid off or told not to come in to work?	1	0

[IF 4 TO 12 MONTHS AGO REPORTED IN V6, GO TO V7]

Please answer the next questions using number of days or times.

EmAS V6. During the past 90 days, on how many days ... Days
(NOTE: 5 days per week in 90 days is equal to 64 working days.)

*	k.	did you work for money at a job or in a business?	__|	**[IF 0, GO TO V7]**
*	m.	did you work full time (7 or more hours per day)?	__|	
*	n.	did you miss work for any reason?	__|	
*	p.	did you get in trouble at work for any reason?	__|	
*	q.	were you suspended from work for any reason?	__|	
*	r.	During the past 90 days, how many times did you get fired from work?	__| Times	

s. Where (do/did) you go to work?
v. _____

** V7. Which of the following statements best describes your present work or school situation? **(If more than one applies, code the one engaged in most often.)**

(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, prison or detention 11
Too disabled for work **(Please describe disability)** 12
v. _____
In the military 13
Doing volunteer work 14
Some other work situation **(Please describe)** 99
v. _____

a. How long have you been in this situation? [|] + [|] + [|] + [|]
Years Months Weeks Days

Using **Card A**...

FIS V8. When was the last time (if ever) you had any money problems, including arguing about money or not having enough for food or housing? **(Circle one) (Card A)**

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	**[GO TO V9]**
Never	0	**[GO TO V9]**

Please answer the next questions using yes or no.

FPI V8. During the past 12 months, have you. . .

		Yes	No
a.	run out of money for food or transportation?	1	0
b.	run out of money for housing?	1	0
c.	spent half or more of your income on housing and utilities?	1	0
d.	not counting a home or car loan, owed people more than what you make in two months?	1	0
e.	not had enough money to pay all your bills on time?	1	0
f.	been 120 days or more behind on a bill?	1	0
g.	spent money that was needed for bills on alcohol, drugs, gambling or some other way on yourself?	1	0
h.	had to borrow money from another family member or close friend for food, rent or utilities?	1	0
j.	had to use a food bank, soup kitchen or emergency shelter?	1	0
k.	argued regularly with other people in your family or household about money?	1	0

Please answer the next questions using number of days.

FIS m. During the past 90 days, on how many days have you had any money problems, including arguing about money or not having enough for food or housing? ___ Days

The next questions are about gambling. This includes betting on sports, playing the lottery, going to casinos or betting for money, drugs, sex or other things.

Using **Card A...**

FIS * V9. When was the last time (if ever) you gambled for money, drugs, sex or other things?

	(Circle one) (Card A)	
Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	**[GO TO V10]**
Never	0	**[GO TO V10]**

Please answer the next questions using yes or no.

PGI V9. During the past 12 months, have you ...

		Yes	No
a.	spent a lot of time thinking or talking about your gambling?	1	0
b.	needed to gamble more often or in larger amounts to get the same enjoyment or high?	1	0
c.	tried to cut back on your gambling?	1	0
d.	had a hard time staying still or got mad when you could not gamble?	1	0
e.	gambled to get away from your problems or to feel better?	1	0
f.	tried to "win back" your losses by going back another day?	1	0
g.	lied about how much time you spent gambling or about how much you lost?	1	0
h.	paid for your gambling with bad checks, someone else's money or with something that did not belong to you?	1	0
j.	lost or had problems at home, work, school or with your friends because of your gambling?	1	0
k.	borrowed or gotten money from others to pay for your gambling?	1	0

[IF 4 TO 12 MONTHS AGO REPORTED IN V9, GO TO V10]

Please answer the next questions using number of days.

FIS * m. During the past 90 days, on how many days have you gambled for money, drugs, sex or other things? ____ Days

For Staff Use Only	
n. Pathological Gambling Diagnosis (Check if 5+ in a-k):	

* V10. What is your primary source of income?
(Which of the following is your primary source of income?)

(CLARIFY AND CODE ANSWER) **(Circle one)**

None	0
Wages or a salary from a legitimate job or business	1
Social Security or Railroad Retirement payments	2
Supplemental (Disability) Security Income (SSI or SSDI)	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
Unemployment compensation	10
Some other source. **(Please describe)**	99

v. _____

Using **Card A...**

V10a. When was the last time (if ever) you received Temporary Assistance for Needy Families (TANF, formerly AFDC)?

	(Circle one)	**(Card A)**
Within the past two days	6	**[RECORD 1 IN V10b]**
3 to 7 days ago	5	**[RECORD 1 IN V10b]**
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	**[GO TO V11]**

V10b. Are you still receiving TANF benefits? Yes No
(If no, can you tell me why you stopped receiving benefits?) 1 0 **[IF 1, GO TO V11]**
(Record verbatim and then code reason below.)

b1v. _____

For Staff Use Only: Reason Code					
b1.	Benefits expired	1	Other change in eligibility		4
	Got a job	2	Technical violation (missed appointment, paperwork)		5
	Change in custody	3	Other (Please describe above in b1v)		99

** V11. During the past 90 days, about how much did you receive all together from each of the following sources? **[VERIFY THAT AMOUNT IS FOR PAST 90 DAYS. IF NONE, RECORD 0.]**

		90-Day Total
a.	Wages or salary from a legitimate job or business.	$ ___,___
b.	Spouse, family or friends.	$ ___,___
c.	Alimony and child support.	$ ___,___
d.	SSI-Supplemental Security Income (that you qualify for because of low income).	$ ___,___
e.	Disability pay, such as SSDI, unemployment compensation of a work-related injury or income from a private disability plan.	$ ___,___
f.	Unemployment compensation because of layoff.	$ ___,___
g.	Other retirement income, including military and private pensions.	$ ___,___
h.	Welfare or public assistance programs such as TANF (Temporary Assistance for Needy Families), food stamps or housing assistance.	$ ___,___
j.	Department of Veterans Affairs.	$ ___,___
k.	Criminal or possibly illegal activities, including hustling or dealing.	$ ___,___
m.	Any other income not mentioned above **(Please describe)** v. _____	$ ___,___
n.	So overall, you received about _____ **(add up & correct)** from all these sources during the past 90 days.	$ ___,___
p.	How much did you spend on alcohol?	$ ___,___
q.	How much did you spend on drugs?	$ ___,___

The next two questions are about your family's household. This may include people with whom you share your income and expenses (such as husband, wife, children, parents, relatives, and/or sexual partners).

PoPI r. How many people are there in your family household? __ People

The next question is about the income of everyone in your household together. We do NOT need an exact number. You can give your answer to the nearest hundreds or thousands of dollars if that is easier. **(Put 'DK' if you don't know)**

s. During the past 90 days, what was the total family income of everyone in your household together? $ ___,___

Using **Card E**...

AGHS V12. How soon (if at all) do you need (more) help with your work or financial situation? (Would you say...) **(Circle one)**

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

Please answer the next questions using yes or no.

V12a. Do you currently want (more) help with the following issues related to your school, work or financial situation?

		Yes	No
1.	Going to training or school	1	0
2.	Getting a school loan or getting out of default on a school loan	1	0
3.	Getting a (better) job	1	0
4.	Getting or keeping public or private benefits	1	0
5.	Managing your financial situation	1	0
6.	Gambling	1	0
7.	Identification (social security card)	1	0
8.	Childcare while in work or school	1	0
99.	Anything else related to your school, work or financial situation **(Please describe)**	1	0

v. _____

	For Staff Use Only
AGUR	V13. Urgency Rating [VUR]: NO ☐ 0 ALREADY ☐ 1 GT 3 MO ☐ 2 0-3 MON ☐ 3 NOW ☐ 4
AGDM*	V14. DM Rating [VDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 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(s), please make sure you write in about how many minutes total it took you to do this assessment.

** Z1. What time is it now? ..... [| | : | |] Time (HH:MM)

b. Is it AM or PM? ..... [ ] AM/PM

c. How many breaks did you take to finish this? ..... [|] Breaks

d. Not counting breaks, how long did it take you to finish this? ..... [| |] Minutes

** Z2. Are there any other special issues we need to know about to help you (or help you come to treatment)? Do you have any additional comments or questions?

v1. _____

v2. _____

v3. _____

v4. _____

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

For Staff Use Only (Optional)

Z3. Once we have answered any of your questions and gone over the assessment with you, we will ask you to sign and date this form below.

Person	Signature	Date (mm/dd/yyyy)
a. Client/Patient:	_____	_____
b. Counselor:	_____	_____
c. Clinical Supervisor:	_____	_____
d. Medical Staff:	_____	_____
e. Other:	_____	_____

For Staff Use ONLY

** XADM. Administration

Please document the following aspects of how the interview was administered. If there are more detailed comments elsewhere in the document, please be sure to summarize them in the additional comments section below or at least say where we can find them.

a. What was the primary mode of administration (MOA)?
(Circle all that apply)

	Yes	No
1. Self-Administered (SA)	1	0
2. Self-Administered with sound files (SAS)	1	0
3. Orally Administered by staff (ORS)	1	0
4. Orally Administered by others (ORA)	1	0
5. Done with Pen and Paper (PAP)	1	0
6. Done on Computer (COMP)	1	0
7. Done on Telephone (TEL)	1	0
99. Other (OTH) **(Please describe)**	1	0

v. _____

b. What was the primary language in which it was conducted (LNG)?

English (ENG) 1
Spanish (SPN) 2
Other (OTH) **(Please describe)** 99
v. _____

c. Were there any indications that the client might have learning disabilities that would interfere with his or her ability to respond or participate in treatment or, in general, indications of developmental disabilities (IDD)?

No/none (NO) 0
Minimal (MIN) 1
Moderate (MOD) 2
Major (MAJ) 3

d. Was there any evidence that the person could not place himself or herself in place or time or, in general, any evidence of cognitive impairment or dementia (ECD)?

No/none (NO) 0
Minimal (MIN) 1
Moderate (MOD) 2
Major (MAJ) 3

**

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e. Was there any evidence of the following observed participant behaviors (OPB)?

	Yes	No
1. Depressed or withdrawn (DEP)	1	0
2. Violent or hostile (VIO)	1	0
3. Anxious or nervous (ANX)	1	0
4. Bored or impatient (BOR)	1	0
5. Intoxicated or high (INT)	1	0
6. In withdrawal (WIT)	1	0
7. Distracted (DIS)	1	0
8. Cooperative (COP)	1	0

f. Did the individual's appearance suggest...(APP)

No problems/none (NO)	0
Poor hygiene? (PH)	1
Unkempt appearance? (UNK)	2
Inadequate clothing? (INA)	3
Not applicable? (NA)	4

g. What was the participant's location during the assessment? (LOC)

Treatment unit (Tx)	1
Specialized intake unit (INT)	2
Correctional setting (COR)	3
School (SCH)	4
Employment or work setting (EMP)	5
Home (HOM)	6
Probation or Parole Office (PPO)	7
Welfare or Child Protection Agency (WCP)	8
Research Office or Setting (RES)	11
Other (OTH) **(Please describe)**	99

v. _____

g1-5. Were there any problems providing a quiet, private environment? (PRI)

	Yes	No
1. Noise or other frequent distractions (DIS)	1	0
2. Divided attention or frequent interruptions (DIV)	1	0
3. Other people present or within earshot (EAR)	1	0
4. Police, guards, social workers or other officials present (OFF)	1	0
5. Speaker or telephone call monitoring (MON)	1	0

**

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h. What administration protocol was followed?

FULL Interview (FUL) 1
Initial CORE, followed by FULL interview (SPLIT) 2
Started FULL, then converted to CORE (CONV) 3
CORE only (including GPRA Core) (CORE) 4
Partial assessment/incomplete to date (PAR) 5
Other (OTH) **(Please describe)** 99
v. _____

		Yes	No
h1.	Was administration done over multiple sessions/days? (MUL)	1	0

[IF NO, GO TO XADMj]

a. What is the final revision date (mm/dd/yyyy)? ..... | | | / | | | | / | | | | |
Month Day Year

b. What is the total number of breaks across all sessions? ..... | | |
(Include "1" for break in between multiple sesions.)

c. What is the total number of minutes spent doing the interview across all sessions? ..... | | |

d. What is the staff id [XSID] of the person finishing the interview? | | | | | |

j. Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment (AC)? **Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented).**

v1. _____

v2. _____

For Staff Use Only (Collateral Supplemental Information)

		Yes	No	
*	CY0. Do you want to enter additional collateral information?	1	0	**[IF NO, GO TO XDIAG]**

We would like to ask you a few questions about a participant named _____.

* CY1. What is your relationship with the participant?

- Mother 1
- Father 2
- Brother 3
- Sister 4
- Other relative 5
- Other legal guardian 6
- Spouse 7
- Living as married 8
- Close friend 9
- Professional working with participant 10
- Other **(Please describe)** 99

v. _____

		Yes	No	
*	CB5. Are the participant's medical expenses covered by any type of insurance, court, or health program?	1	0	**[IF NO, GO TO CV11r]**

* CB5a. What is the name of the participant's insurance company or provider?

v. _____

* CB5b. Is the participant's insurance publicly funded, privately funded, or both?

- Public (Medicare, Medicaid, publicly funded, VA, CHAMPUS, correctional authority) 1
- Private (HMO, BCBS, from employer, employee assistance program) 2
- Mixed (both public and private, public purchase of HMO) 3

For Staff Use Only:

* CB5c. Detailed Insurance Code: | | | | | |

The next two questions are about the participant's family household size and income. This includes people with whom he/she shares his/her income and expenses (such as husband, wife, children, parents, relatives, or sexual partners).

* CV11r. How many people are there in the participant's family household? | | People

For the next question, we do not need an exact number. You can give your answer to the nearest hundreds or thousands of dollars if that is easier. **(Put "DK" if you do not know)**

* CV11s. During the past 90 days, what was the total family income of everyone in his/her household together? $| | | | , | | |

		Now we want to go over a list of common problems related to alcohol or drug use. After (hearing/reading) each of the following statements, we would like you to tell us the last time the participant had this problem by **Using Card B** and responding in the past month, 2-12 months ago, 1 or more years ago, or never.	Past Month	2-12 Months	1+ Years	Never
**		CS9. When was the last time that... (Please answer questions using **Card B**)	3	2	1	0
SPS/O	c.	the participant tried to hide that he/she was using alcohol or drugs?	3	2	1	0
	d.	the participant's parents, family, partner, co-workers, classmates or friends complained about his/her alcohol or drug use?	3	2	1	0
	e.	the participant used alcohol or drugs weekly?	3	2	1	0
	f.	the participant's alcohol or drug use caused him/her to feel depressed, nervous, suspicious, uninterested in things, reduced his/her sexual desire or caused other psychological problems?	3	2	1	0
	g.	the participant's alcohol or drug use caused him/her to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease or any other health problems?	3	2	1	0
SPS/A	h.	the participant kept using alcohol or drugs even though he/she knew it was keeping him/her from meeting his/her responsibilities at work, school, or home?	3	2	1	0
	j.	the participant used alcohol or drugs where it made the situation unsafe or dangerous for him/her, such as when he/she was driving a car, using a machine, or where he/she might have been forced into sex or hurt?	3	2	1	0
	k.	the participant's alcohol or drug use caused him/her to have repeated problems with the law?	3	2	1	0
	m.	the participant kept using alcohol or drugs even after he/she knew it could get him/her into fights or other kinds of legal trouble?	3	2	1	0
SPS/D	n.	the participant needed more alcohol or drugs to get the same high or found that the same amount did not get him/her as high as it used to?	3	2	1	0
	p.	the participant had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that he/she used any alcohol or drugs to stop being sick or avoid withdrawal problems?	3	2	1	0
	q.	the participant used alcohol or drugs in larger amounts, more often or for a longer time than he/she meant to?	3	2	1	0
	r.	the participant was unable to cut down or stop using alcohol or drugs?	3	2	1	0
	s.	the participant spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	3	2	1	0
	t.	the participant's use of alcohol or drugs caused him/her to give up, reduce or have problems at important activities at work, school, home or social events?	3	2	1	0
	u.	the participant kept using alcohol or drugs even after he/she knew it was causing or adding to medical, psychological or emotional problems he/she was having?	3	2	1	0

v. How old was the participant when he/she first got drunk or used any drugs? ____ Age

For Staff Use ONLY (Optional Supplemental Diagnostic Impressions [XDIAG])

		Yes	No	
**	XDIAG. Do you want to enter additional diagnostic information?.....	1	0	**[IF NO, GO TO XAS]**

1. DSM Axis 1. Clinical Disorders/Focal Conditions

	DSM-IV Code	Spec.	Condition
a.	| | | . | |	| |	v. _____
b.	| | | . | |	| |	v. _____
c.	| | | . | |	| |	v. _____
d.	| | | . | |	| |	v. _____
e.	| | | . | |	| |	v. _____
f.	| | | . | |	| |	v. _____
g.	| | | . | |	| |	v. _____
h.	| | | . | |	| |	v. _____

2. Axis 2. Personality Disorders/Mental Retardation

	DSM-IV Code	Spec.	Condition
a.	| | | . | |	| |	v. _____
b.	| | | . | |	| |	v. _____
c.	| | | . | |	| |	v. _____
d.	| | | . | |	| |	v. _____

3. Axis 3. General Medical Conditions

	DSM-IV Code	Spec.	Condition
a.	| | | . | |	| |	v. _____
b.	| | | . | |	| |	v. _____
c.	| | | . | |	| |	v. _____
d.	| | | . | |	| |	v. _____

4. Axis 4. Psycho-social and Environmental Problems **(Circle all that apply)**

a. Primary Support Group:	Yes-1	No-0	f. Economic:	Yes-1	No-0
b. Social Environment:	Yes-1	No-0	g. Access to Treatment:	Yes-1	No-0
c. Educational:	Yes-1	No-0	h. Legal:	Yes-1	No-0
d. Occupational:	Yes-1	No-0	j. Victimization/Abuse:	Yes-1	No-0
e. Housing:	Yes-1	No-0	z. Other: (v. _____)	Yes-1	No-0

5. Axis 5. Functional Assessment Ratings (Circle here if using CGAF in a/b Yes-1 No-0)

a. GAF Past Year Average:	| | |	b. GAF Past 90 Day Average:	| | |
c. GARF Past Year Average:	| | |	d. GARF Past 90 Day Average:	| | |
e. SOFAS Past Year Average:	| | |	f. SOFAS Past 90 Day Average:	| | |

6. Additional Sources of Information Considered (will be reported as part of methods):

v1. _____

v2. _____

v3. _____

For Staff Use ONLY (Optional Supplemental ASAM Impressions [XAS])

		Yes	No	
**	XAS. Do you want to enter additional placement information?.....	1	0	**[IF NO, GO TO XSS1]**

A1. Substance Use Disorder Diagnostic Severity:

a. Lifetime Severity: 0 - None 1 - Collateral 2 - Codependent 3 - Use 4 - Abuse 5 - Dependence

b. Rating: 1 - No problem 2 - Past problems 3 - Problems 4 - Problems w/past treatment
5 - In Tx w/no problems 6 - In Tx w/moderate severity 7 In Tx w/high severity

Comment: v. _____

B1. Acute Intoxication and Withdrawal:

a. Rating: 1 - No problem 2 - Past problems 3 - Problems 4 - Problems w/past treatment
5 - In Tx w/no problems 6 In Tx w/moderate severity 7 In Tx w/high severity

Comment: v. _____

B2. Biomedical Conditions and Complications:

a. Rating: 1 - No problem 2 - Past problems 3- Problems 4 - Problems w/past treatment
5 - In Tx w/no problems 6 - In Tx w/moderate severity 7- In Tx w/high severity

Comment: v. _____

B3. Emotional/Behavioral Conditions and Complications:

a. Rating: 1 - No problem 2 - Past problems 3 - Problems 4 - Problems w/past treatment
5 - In Tx w/no problems 6 - In Tx w/moderate severity 7 - In Tx w/high severity

Comment: v. _____

B4. Readiness for Change (formerly Treatment Acceptance/Resistance):

a. Rating: 1 - No problem 2 - Past problems 3 - Problems 4 - Problems w/past treatment
5 - In Tx w/no problems 6 - In Tx w/moderate severity 7 - In Tx w/high severity

Comment: v. _____

B5. Relapse Potential:

a. Rating: 1 - No problem 2 - Past problems 3 - Problems 4 - Problems w/past treatment
5 - In Tx w/no problems 6 - In Tx w/moderate severity 7 - In Tx w/high severity

Comment: v. _____

B6. Recovery Environment:

a. Rating: 1 - No problem 2 - Past problems 3 - Problems 4 - Problems w/past treatment
5 - In Tx w/no problem 6 - In Tx w/moderate severity 7 - In Tx w/high severity

Comment: v. _____

C. Level of Care Placement Recommendation:

a. Level: 0 - None 0.5 - EI 1 - OP 1.5 - OMT 2.1 - IOP 2.5 - PH 3.1 - HH/LIRT
3.5 - MIRT 3.6 - LTR/TC 3.7 - HIRT/IP 4 - MM/IP 5 - Detox 99 - Other

Comment: v1. _____
v2. _____
v3. _____

For Staff Use ONLY (Optional Special Study Detail)					
**	XSS1. Do you want to enter additional special study information?.....	Yes 1	No 0	**[IF NO, END]**	
XSSN. Special Study Number:		Name: v. _____			
aa.		ba.		ca.	
ab.		bb.		cb.	
ac.		bc.		cc.	
ad.		bd.		cd.	
ae.		be.		ce.	
af.		bf.		cf.	
ag.		bg.		cg.	
ah.		bh.		ch.	
aj.		bj.		cj.	
ak.		bk.		ck.	
am.		bm.		cm.	
an.		bn.		cn.	
ap.		bp.		cp.	
aq.		bq.		cq.	
ar.		br.		cr.	
as.		bs.		cs.	
at.		bt.		ct.	
au.		bu.		cu.	
av.		bv.		cv.	
aw.		bw.		cw.	
ax.		bx.		cx.	
ay.		by.		cy.	
az.		bz.		cz.	