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Global Appraisal of Individual Needs - Initial (GAIN-I) - Regional System Core

Version [GVER]: 5.5.1

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

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

Part. ID [XPID]: _____

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

Data Entry Staff ID [XDESID]: _____ Key Date [XDEDT]: __ / __ / ____

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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 the GAIN is limited by the veracity of the individual respondent's answers; it should be collected by someone certified in GAIN administration, combined with other information, and interpreted by clinical or other qualified personnel prior to taking any specific actions.

The information on this form must be handled in the strictest confidence and will not be released to unauthorized personnel. In accordance with provisions of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, unauthorized disclosure could result in fines for each violation. All staff with access to the specific answers on this form must understand this restriction and agree to resist sharing specific answers without prior written consent.

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

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For Staff Use Only
A1. Administrative Information a. Time: | | : | | (HH:MM) b. | | (AM/PM) c. Today's Date [XOBSDT]: | | / | | | / | | | | (MM/DD/YYYY) d. Reference Date IF Different [XRFDT]: | | / | | | / | | | | (MM/DD/YYYY)

Introduction

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.

Format: 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.

Length: 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.

Privacy: 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.

Confidentiality: 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. (READ ONLY 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. Timeframe Anchoring and Initial Literacy 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. 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, whom 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 **(Please 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 marks them and asks you to do them.

If you are not sure about an answer, please try to 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?

B. Background and Treatment Arrangements

B1. What is your gender?

Male 1
Female 2
Transgender (Male to Female) .. 4
Transgender (Female to Male) .. 5
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...)

v. _____

(Clarify and code)

Parents living together 1
Parents who are separated but 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

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, adopted or step) 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, ethnicities, nationalities or tribes 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

B4j. Have you been required or mandated to go to treatment? 1 0 **[IF NO, GO TO NEXT PAGE]**

By who? 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
AGDM	B11. DM Rating [BDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

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

The next 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 or 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 (e.g., gin, rum, scotch, tequila, whiskey, or mixed drinks)

2 Amphetamines
2A Methamphetamine (Desoxyn, methedrine)
2B Methylphenidate (Ritalin)
2C Ecstasy/MDMA (methylenedioxy-methamphetamine)
2Z Other amphetamines (Benzedrine, Biphetamine, 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 (Lorcet, Lortab, Vicodin)
7M Oxycodone (OxyContin, Percocet Percodan)
7N Hydrocodeine or Nicodine
7Y Other opiates or opioids (Demerol, Dilaudid, hydromorphone, meperidine, pentazocine, Talwin)
7Z Other analgesics (Darvocet, Darvon, propoxyphene)

8 PCP (angel dust, phencyclidine)

9 Sedative, Hypnotic, or Anxiolytic
9A Methaqualone (Parest, Quaaludes, Sopor)
9B GHB/GBL
9C Diazepam (DPAM, ProPAM, Valium)
9D Meprobamate (Deprol, Equanil, Miltown)
9E Flunitrazepam (Rohypnol)

9G Other benzodiazepine 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, Novapam, 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 (Coricidin, DXM, Robitussin, triple C's)
99C Nitrous oxide
99D NyQuil
99E Poppers
99F Ephedrine/pseudoephedrine
99G Steroids
99Z Other

100 Tobacco

SFS

S2. The next questions are about the **last** time, if ever, you used alcohol or other drugs. Using **Card A** and answering whether it was within the past two days, 3 to 7 days ago, 1 to 4 weeks ago, 1 to 3 months ago, 4 to 12 months ago, more than 12 months 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 ...							
a. any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine 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 freebase 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. painkillers, 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, Diazepam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax)?	6	5	4	3	2	1	0
pa. methamphetamine, crystal, ice, glass, or other forms of methedrine (such as Desoxyn)?	6	5	4	3	2	1	0
pb. speed, uppers, amphetamines, ecstasy, MDMA or other stimulants (such as Biphetamine, Benzedrine, Dexedrine 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 ecstasy, methaqualone, Placidyl, Quaalude, Secobarbital, Seconal, Rohypnol or Tuinal)?	6	5	4	3	2	1	0
r. any other drug that has not been mentioned **(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 freebase?		X	X	X
e. used other forms of cocaine?		X	X	X
f. used inhalants or huffed?		X	X	X
g. used heroin (alone or mixed)?		X	X	X
h. used nonprescription or street methadone?		X	X	X
j. used painkillers, 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?		
pa. used methamphetamine, crystal, ice, glass, or other forms of methedrine?		X		
pb. used speed, uppers, amphetamines, 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 any other drug?		5v. What did you use?		

For 5v: Use codes from S1 or spell out

<u>Common Conversions and Norms (0 to 90th percentile of users)</u>
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 (Round to nearest whole number); (1-20 norm)
e. gram = 4 quarter grams; (5-10 lines = 1 quarter gram); (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 freebase?	__/__/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. painkillers, 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. _____
pa. methamphetamine, crystal, ice, glass, or other forms of methedrine?	__/__/20__	v. _____
pb. speed, uppers amphetamines, ecstasy, MDMA, or other stimulants?	__/__/20__	v. _____
q. downers, sleeping pills, barbiturates or other sedatives?	__/__/20__	v. _____
r. any other drug?	__/__/20__	v. _____

Note: Not necessary to convert to standard units

The next questions are about your use of alcohol, marijuana, cocaine, heroin and other drugs.

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 **at all** or were you high for most of the day?	____	
3.	on how many **days** did alcohol or other 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 other drugs...

		Yes	No
1.	at home?	1	0
2.	at someone else's home?	1	0
3.	at a party or a 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 other drugs...

		Yes	No
1.	alone?	1	0
2.	with your spouse or 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 other drugs with (a running partner)?	1	0
9.	with a drug dealer or 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 other drugs by...

		Yes	No
1.	drinking, 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 other 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, **potentially** dangerous equipment, or heavy machinery (such as a lawn mower, saw, stove, 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? **(Use 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.)

To help you remember the time period for the next set of questions, let's get out the calendar like we did earlier and mark the last 90 days when you spent fewer than 13 days in a jail, hospital, or other place where you could not use alcohol, marijuana, or other drugs. Do you recall anything that was going on about (DATE 90 DAYS BEFORE PARTICIPANT ENTERED CONTROLLED ENVIRONMENT)?

(PROBE FOR SPECIFIC EVENT AS BEFORE.)

Record anchor v. _____

When we talk about things happening to you during the past 90 days, we are talking about things that have happened since about (PRE-CONTROLLED-ENVIRONMENT ANCHOR).

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 at all 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 freebase 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 painkillers, 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?	____	
pa.	methamphetamines, crystal, ice, glass, or other forms of methedrine?	____	
pb.	speed, uppers, amphetamines, ecstasy, MDMA, or other stimulants?	____	
q.	any downers, sleeping pills, barbiturates or other sedatives?	____	
r.	any other kind of drug? **(Please describe)**	____	
	v. _____		

Now we're going to go back to the original 90-day and 12-month timeframes for the rest of the interview.

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	

[IF NO PAST WEEK USE, CODE NO]

		Yes	No	
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 S4]**

			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	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 get 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
	99.	Some other withdrawal-related problem **(Please describe)**	1	0
		v. _____		

[IF NONE REPORTED IN S3c1-99, GO TO S4]

S3c20.	Have any of these withdrawal problems kept you from doing social, family, job or other activities?	1	0
S3c21.	Have you used the same or another drug to stop or avoid having any of these withdrawal problems?	1	0

Useful Definitions
Withdrawal Symptoms are a group of physical or emotional symptoms that happen when a person who regularly uses alcohol or other drugs stops using them, tries to stop using them, or cuts down on their use **during the past week**.

The next questions are about **treatment** for alcohol or other 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 other 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 other 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 other 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 other 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) for your alcohol or other drug use?	___ 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 alcohol and other drug 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 other drugs? ..... [|] Episodes

[IF 0, GO TO S8]

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

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

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

99. in any **other** kind of treatment program or working with some other kind of case manager about your alcohol or other drug use problems? **(Please describe)** ..... [|]

v. _____

S7b. What substances did you receive treatment or counseling for? (Any others?)

		MENTIONED Yes	MENTIONED 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, freebase 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)**	1	0

v. _____

		Yes	No	
S7c.	Are you currently taking medication for alcohol or other drug problems? **(Please describe)**	1	0	**[IF NO, GO TO S7d]**
	v. _____			
S7c1.	Are you currently taking methadone? **(Code if reported in S7cv)**	1	0	

(IF AN INTAKE INTERVIEW: DO NOT COUNT THIS TREATMENT PROGRAM WHEN ANSWERING THE NEXT QUESTIONS.)

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)

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 other drug abuse treatment? ____ Times
2. **nights** were you in a halfway house, **residential**, inpatient, or hospital program (for your alcohol or other drug use problems)? ____ Nights
3. **days** were you in an **intensive outpatient** or day program (for your alcohol or other drug use problems)? ____ Days
4. **times** did you go to a regular (1-8 hours per week) **outpatient** program (for your alcohol or other 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 for your alcohol or other drug use problems? **(Please describe)** ____ Days

v. _____

	Yes	No	
S7f. Are you currently being treated **regularly** for alcohol or other drug problems? **(Where do you go?)**	1	0	**[IF NO, GO TO S8]**

v. _____

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."

			Yes	No	
TRI	S8.	Do you **currently** feel that....			
	a.	being in a treatment program is too demanding?	1	0	
	b.	you have too many other responsibilities now to be in a treatment program?	1	0	
	c.	it will be hard for you to resist alcohol or other 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 other drugs again?	1	0	
		Do you **currently** feel that...			
TMI	e.	there is a lot of pressure for you to be in alcohol or other drug treatment?	1	0	
	f.	you can get the help you need in an alcohol or other 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 other drug use?	1	0	
		Do you **currently** think you...			
SES	k.	spend a lot of time thinking about alcohol or other drugs?	1	0	
	m.	could avoid using alcohol or other drugs **at home**?	1	0	
	n.	could avoid using alcohol or other drugs **at work or school**?	1	0	
	p.	could avoid using alcohol or other drugs **with your friends**?	1	0	
	q.	could avoid using alcohol or other drugs **when people around you were using them**?	1	0	
		Do you **currently** think...			
POS	r.	you have **any** problems related to alcohol or other drug use, including those things we just talked about?	1	0	**[IF NO, GO TO S9ab1]**
	s.	you have a good understanding of how alcohol and other drug 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 and other drugs (including marijuana, cocaine, heroin, and other drugs you mentioned).

Please respond to the following statements using yes or no. Please use "no" for any that do not apply to you.

RFQ/ PMS

S9ab.	You want to quit using alcohol and other 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 other 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 other 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 other 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 other 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 other 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 other drug use.	1	0
19.	for spiritual or religious reasons.	1	0
20.	because you want to do better in life.	1	0

RFQ/ IMS

S9ac. You want to quit using alcohol or other 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 other drug testing policy in detention, probation, parole or school.	1	0
8.	because of legal problems related to your alcohol or other 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 or children.	1	0
13.	to get your child or children back.	1	0

S9ad. What is your main or most important reason for wanting to quit now? (Do not ask "Any others?")

1v. _____

2v. _____

3v. _____

		Yes	No	
S9b.	Have you quit yet?	1	0	**[IF NO, GO TO S9b2]**

Using **CARD F** and answering from 0% for "not ready at all" to 100% for "entirely ready"...

S9b1. How ready are you **right now** to remain abstinent from (not use) alcohol, marijuana, cocaine, heroin and other drugs? ..... |__|__| % **[GO TO S9c]**

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

not ready to remain abstinent — ready to remain abstinent

Using **CARD F** and answering from 0% for "not ready at all" to 100% for "entirely ready"...

S9b2. How ready are you **right now** to stop using alcohol, marijuana, cocaine, heroin and other drugs? ..... |__|__| % **[GO TO S9c]**

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 other drug use.

Using **Card B** and answering whether it was in the past month, 2 to 12 months ago, 1 or more years ago, or never...

After each of the following questions, we would like you to tell us the **last** time you had this problem.

	S9. When was the **last** time that...	Past month	2-12 months	1+ years	Never
SPS/O	c. you tried to hide that you were using alcohol or other drugs?	3	2	1	0
	d. your parents, family, partner, co-workers, classmates or friends complained about your alcohol or other drug use?	3	2	1	0
	e. you used alcohol or other drugs weekly or more often?	3	2	1	0
	f. your alcohol or other 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 other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease or any other health problems?	3	2	1	0

Using **Card B**...

	S9. When was the **last** time that...	Past Month	2-12 Months	1+ Years	Never
SPS/A	h. you kept using alcohol or other 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 other drugs where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might have been forced into sex or hurt?	3	2	1	0
	k. your alcohol or other drug use caused you to have repeated problems with the law?	3	2	1	0
	m. you kept using alcohol or other 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 other 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 other drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	3	2	1	0
	q. you used alcohol or other 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 on or stop using alcohol or other drugs?	3	2	1	0
	s. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs (high, sick)?	3	2	1	0
	t. your use of alcohol or other 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 other 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

(FOR EACH "NEVER" RESPONSE IN S9h-u, SKIP THE CORRESPONDING ROW ON THE S9 GRID)

Useful Definitions
Withdrawal Symptoms are a group of physical or emotional symptoms that happen when a person who regularly uses alcohol or other drugs stops using them, tries to stop using them, or cuts down on their use.

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 on 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 month 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

* Requires 1-2 dependence symptoms for 3 or more substance classes but no dependence for any single substance.

For Staff Use Only
S12. DM Rating [SDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

AGDM

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

		Yes	No	
P5_1.	Have you **ever** (been/gotten someone) pregnant?	1	0	**[IF NO, GO TO P9]**

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

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 code)

Carried the baby to term--live birth	1	**[CONTINUE]**
Miscarriage	2	**[GO TO P9]**
Abortion	3	**[GO TO P9]**
Uncertain	4	**[GO TO P9]**
Currently pregnant	5	**[GO TO P9]**
Other **(Please describe)**	6	**[GO TO P9]**

v. _____

P5c1. How much did the baby **weigh** at birth? ..... [|] [|]
Pounds Ounces

P5d. What was the baby's date of birth? ..... [| | / | | | / | | | |]
(mm/dd/yyyy)

Using **Card A**...

HPS P9. When was the **last** time, if ever, that you were bothered by any 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)**

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 P11]**
More than 12 months ago	1	**[GO TO P11]**
Never	0	**[GO TO P11]**

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 P11]**

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. _____

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 or other 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? **(Please describe)** ..... 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)**

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]**
(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.

P12.	Have any of your blood relatives **ever** had...	Yes	No
	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

	For Staff Use Only
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 affected your risk of 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, but do include if you were injected by someone besides a doctor or nurse or if you injected prescribed 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)	
Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	**[GO TO R2]**
Never	0	**[GO TO R2]**

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 number of 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 R2]**
m.	**During the past 90 days**, with how many **people** have you shared needles or works?	___ People	**[IF 0, GO TO R2]**
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 vaginal, oral or anal sex** with another person? **(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	**[GO TO R4]**
Never	0	**[GO TO R4]**

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 other 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** different sex 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 other drugs to make sex **last longer or hurt less**?	1	0

R2 Continued

[IF 4 TO 12 MONTHS AGO REPORTED IN R2, GO TO R4]

[IF NO PAST-YEAR MALE PARTNERS, ENTER "0" IN R2p]

[IF NO PAST-YEAR FEMALE PARTNERS, ENTER "0" IN R2q]

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

During the past 90 days....

p. how many sex partners did you have who were male? ..... [| |] Partners

q. how many sex partners did you have who were female? ..... [| |] Partners

SPR r. how many times did you have any kind of vaginal, oral, or anal sex with another person? ..... [| |] Times **[IF 0, GO TO R4]**

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

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)**

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 M1a]**
More than 12 months ago	1	**[GO TO M1a]**
Never	0	**[GO TO M1a]**

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, RECORD 0 IN R4b AND CONTINUE]**

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

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

For Staff Use Only
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 when they make you feel like you cannot go on.

Please answer the next questions using yes or no.

IMDS/ GMDS/ SSI

M1a. **During the past 12 months**, have you had **significant** problems with...

	Yes	No
1. headaches, faintness, dizziness, tingling, numbness, sweating, or hot or cold spells?	1	0
2. sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?	1	0
3. having dry mouth, loose bowel movements, constipation, trouble controlling your bladder, or related itching?	1	0
4. pain or 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 feeling 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	

M1c6. **During the past week** have you thought about ending your life or committing 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 psychological problems or that you felt you could not go on, **including** those things we just talked about? **(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	**[GO TO M2]**
More than 12 months ago	1	**[GO TO M2]**
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

Using **Card A**...

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

(Circle one)

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 reminded 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 thought of things you have done, you wished you were dead	1	0
d.	It seemed as if you have no feelings	1	0
e.	Your dreams at night were so real that you awoke in a cold sweat and forced 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

[IF NONE REPORTED IN M2a-n, GO TO M2q]

M2p. Have you had any of the problems just mentioned 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 M2q. **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

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)

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 paperwork.	1	0
7.	Lost things that you needed for school, work or home.	1	0
8.	Been unable to pay attention when other things were going on.	1	0
9.	Been forgetful or absentminded.	1	0

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

[IF NONE REPORTED IN M3a1-18, GO TO M3b]

M3a19. Have you had any of the problems just mentioned 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

M3b17. **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 M4z4]

Please answer the next questions 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 broke rules you were supposed to follow? ..... [|] Days

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 or had? **(Please record and circle all that apply)**

v1. _____

v2. _____

v3. _____

(Circle all that apply)		MENTIONED Yes	MENTIONED No	
0.	Any condition reported	1	0	**[IF 0, GO TO M5b]**
1.	Alcohol or drug dependence	1	0	
2.	Attention-deficit/hyperactivity disorder	1	0	
3.	Antisocial personality disorder	1	0	
4.	Anxiety or phobia disorder	1	0	
5.	Borderline personality	1	0	
6.	Conduct disorder	1	0	
7.	Major depression	1	0	
8.	Other depression, dysthymia, bipolar or 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? ..... |__|__|

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

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)**

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

Please answer the next questions using number of times, nights, or days.
(If no lifetime service use in M5b or c, 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

		Yes	No	
j.	Are you currently being treated for a mental, emotional, behavioral or psychological problem?	1	0	**[IF NO, GO TO E1]**

(Where do you go?)

v. _____

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

E. Environment and Living Situation

The next questions are 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)**

- 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 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
- A 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

The next two questions are about alcohol and other 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 a 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 next questions using yes or no.

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

Who have you lived with? (Code or say, "Have you lived with"...)	MENTIONED Yes	No
2. Spouse, significant companion or other sexual partner	1	0
3. Parents	1	0
4. Your biological or adopted children **age 12 or less**	1	0
5. Your biological or adopted children **over the age of 12**	1	0
6. Your brothers or sisters **age 12 or less**	1	0
7. Your brothers or sisters **over the age of 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?	1	0

[IF NO, CIRCLE 8 IN E3b2 AND GO TO E4]

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

- Married 1
- Remarried 2
- Living with someone as married 3
- Married but living apart 4
- Divorced 5
- Legally separated 6
- Widowed 7
- Never married and not living as married 8

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

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.

Using number of people...

E5. **During the past 12 month**s, 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

Using number of people...

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

Using number of people...

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. Next 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)**

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 next questions using yes or no.

GCTS **During the past 12 months**, have you had a disagreement in which you...

		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 next question using number of days.

RERI E8p. **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**...	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 sex 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]

E9e. 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.	to the point that you were afraid for your life or afraid 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

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)

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 E14]**
More than 12 months ago	1	**[GO TO E14]**
Never	0	**[GO TO E14]**

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 next questions using number of days.

RERI E14. **During the past 90 days**, on how many **days** have you been to a formal activity where...

	Days
a. no one was using alcohol or other drugs?	____
b. people were using alcohol or other drugs?	____

AGDM

For Staff Use Only
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.

Using **Card A...**

IAS L3. When was the **last** time that you did anything you thought might get you in trouble or be against the law besides using alcohol or other drugs? **(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	**[GO TO L4a]**
Never	0	**[GO TO L4a]**

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 gotten 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? ___

Please answer the next questions using number of days.

During the past 12 months, how many **days** have you...

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 L4a]

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 L4a]**

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 alcohol or other drugs? ___
g. while you were high or drunk? ___

Please answer the next questions using number of 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**, how many **times** have you been **arrested and charged with a crime**? Please include all the times this happened, even if you were then released or the charges were dropped. ..... [| |] Times **[IF 0, GO TO L6]**

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 or battery	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, runaway, domestic violence, disturbing the peace, disorderly conduct, paraphernalia) **(Please describe)**	1	0

v. _____

L5ac. How many times were you found guilty and sentenced, including being adjudicated as an adolescent or convicted as an adult? ..... [| |] Times

L5ad. How old were you the first time you were adjudicated or convicted? ..... [|] Age

L5ae. In your lifetime, how much total time have you spent in detention, jail or prison? ..... [|] Years + [|] Months + [|] Weeks + [|] Days

Using **Card A...**

L5b. When was the **last** time you were arrested and charged with a crime? **(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	**[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 charged with 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 or battery	___
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)	
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 of these **days** did you get into trouble with your probation officer or parole officer? __ \| __

		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) or word	1	0
4.	On probation	1	0
5.	In jail or 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.	Any other involvement in the criminal justice system **(Please describe)**	1	0

v. _____

[Record 0 if no prior arrests]

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? ____ Times

Yes No

AGDM

For Staff Use Only
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: Use 12 for high school, 16 for a BA/BS, and 17 for graduate school or more than 4 years of college) ..... [|] Grade

V1a. Have you **ever** received 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? **(Clarify and code)**

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 or 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)**

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 V6]**
More than 12 months	1	**[GO TO V6]**
Never	0	**[GO TO V6]**

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

TAS V3. **During the past 90 days**, how many...

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

		Days	
k.	**days** did you go to any kind of school or training?	__|	**[IF 0, GO TO V6]**
m.	**days** did you go to school or training full time?	__|	
n.	**days** did you miss school or training for any reason?	__|	
p.	**days** did you get in trouble at school or training for any reason?	__|	
q.	**days** were you suspended from school or training for any reason?	__|	
r.	**times** did you get expelled from school or training?	__| Times	

Using **Card A**...

EmAS V6. When was the **last** time you worked at a civilian job or were self-employed? **(Circle one)**

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

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

EmAS V6. **During the past 90 days**, how many...

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

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

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.)**

(Clarify and code)

Working full-time, 35 hours or more per week 1
Working part-time, less than 35 hours per 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 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

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

Please answer the next question 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

V10. What is **your** primary source of income?

	(Clarify and code)
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. _____

V11. **During the past 90 days**, about how much did you receive all together from each of the following sources? **(Read all)**
[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 previously mentioned **(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 sex 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. **(Enter "DK" if you don't know)**

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

For Staff Use Only					
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 in Z1. 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 today? ..... [|] 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.

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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 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. CS9. When was the **last** time that... (Please answer questions using **Card B**)	Past Month	2-12 Months	1+ Years	Never
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 - Low/Mod Severity Prob 4 - High Severity Prob
5 - In Tx w/no problems 6 - In Tx w/ Low/Mod Severity Prob 7 - In Tx w/ High Severity Prob

Comment: v. _____

B1. Acute Intoxication and Withdrawal:

a. Rating: 1 - No problem 2 - Past problems 3 - Low/Mod Severity Prob 4 - High Severity Prob
5 - In Tx w/no problems 6 - In Tx w/ Low/Mod Severity Prob 7 - In Tx w/ High Severity Prob

Comment: v. _____

B2. Biomedical Conditions and Complications:

a. Rating: 1 - No problem 2 - Past problems 3 - Low/Mod Severity Prob 4 - High Severity Prob
5 - In Tx w/no problems 6 - In Tx w/ Low/Mod Severity Prob 7 - In Tx w/ High Severity Prob

Comment: v. _____

B3. Emotional/Behavioral Conditions and Complications:

a. Rating: 1 - No problem 2 - Past problems 3 - Low/Mod Severity Prob 4 - High Severity Prob
5 - In Tx w/no problems 6 - In Tx w/ Low/Mod Severity Prob 7 - In Tx w/ High Severity Prob

Comment: v. _____

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

a. Rating: 1 - No problem 2 - Past problems 3 - Low/Mod Severity Prob 4 - High Severity Prob
5 - In Tx w/no problems 6 - In Tx w/ Low/Mod Severity Prob 7 - In Tx w/ High Severity Prob

Comment: v. _____

B5. Relapse Potential:

a. Rating: 1 - No problem 2 - Past problems 3 - Low/Mod Severity Prob 4 - High Severity Prob
5 - In Tx w/no problems 6 - In Tx w/ Low/Mod Severity Prob 7 - In Tx w/ High Severity Prob

Comment: v. _____

B6. Recovery Environment:

a. Rating: 1 - No problem 2 - Past problems 3 - Low/Mod Severity Prob 4 - High Severity Prob
5 - In Tx w/no problem 6 - In Tx w/ Low/Mod Severity Prob 7 - In Tx w/ High Severity Prob

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.	