

## Global Appraisal of Individual Needs - Q4 (GAIN-Q4)

Version [GVER]: 4.0.10 MI CT-DCF (for Provisional Diagnosis and Placement PCC 4)

Site ID [XSITE]: .....  
Staff ID [XSID]: .....  
Part. ID [XPID]: .....  
Local Site Name [XSITEa]: .....  
Staff Initials [XSIN]: .....  
Last Name [XPNAM]: .....  
First Name: ..... M.I.: .....

Observation [XOBS]: ..... v. ....

Edit Staff ID [XEDSID]: .....  
Data Entry Staff ID [XDESID]: .....  
Edit Date [XEDDT]: ..... /  / 20   
Key Date [XDEDT]: ..... /  / 20

### *For Staff Use Only*

#### A1. Administrative Information

A1a. Time: ..... :  HH:MM ..... A1b.  (AM/PM)

A1c. Today's Date [XOBSDT]: ..... /  / 20  (MM/DD/YYYY)

### Introduction

**Purpose:** The purpose of this assessment is to provide a summary of how things have been going in your life. The information collected will be used only to identify and address problems that you may want assistance with and to help us evaluate our own services.

**Format:** This assessment has questions about what has been going on in your life across a wide range of areas, including your physical and mental health, stress and risk behaviors, and life satisfaction. 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 50 minutes to complete. You will be able to take a break if you need to.

**Privacy and Confidentiality:** Your answers are private. 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.

Your confidentiality is also protected under the Privacy Act of 1974, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. (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?

**A3. Timeframe Anchoring**

Several questions will ask you about things that have happened during the **past 90 days**. To help you remember this time period, 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. **IF UNABLE TO RECALL:** Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A3a1. Record anchor for 90 days: v. \_\_\_\_\_

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

Please keep this calendar handy and use it as we go through the interview to help you remember when different things happened.

***Additional Administration Instructions***

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. You may not always know the exact answer, but I would like you to give me your best guess if you can. You can also tell me 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?

A4a. In a few words, can you tell me why you are here today?  
(What is your main reason for coming to treatment?) [Do not ask "Any others"]

v1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Clarify and code)

Drug availability (difficulties obtaining drugs or "good" drugs).....1  
Financial (can't afford to stay on drugs, lost an income source)..... 2  
General personal motive ("habit out of control," "tired," "want to  
change," "improve lifestyle," "save self")..... 3  
Health reasons (too ill to continue; drugs or related diseases are  
hurting or threatening own health, unborn baby, to live)..... 4  
Pressure from family (parent, spouse, partner).....5  
Parenting issues (get or keep custody or become better parent).....6  
Pressure from criminal justice system (court mandate, probation  
officer, parole officer, attorney, etc.).....7  
Pressure from Department of Child and Family Services (DCFS).....8  
Pressure from school teacher, minister, coach, etc..... 9  
Desire for services (want housing or other benefit).....10  
School or job (to get, keep or improve situation)..... 11  
Other (**Please describe in A4a**)..... 99

A4b. What is the name of the person who referred you to treatment?

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

A4c. What is this person's relationship to you?

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

A4d. Referral Code (from below).....

| Individuals    |                       | Agencies                      |                                   |
|----------------|-----------------------|-------------------------------|-----------------------------------|
| 1 Self         | 10 Judge              | 21 Alcohol/Drug use program   | 41 State alcohol/drug use program |
| 2 Mother       | 11 Teacher            | 22 Behavioral health provider | 42 State mental health program    |
| 3 Father       | 12 Supervisor at work | 23 Other health care provider | 43 State DCFS or welfare program  |
| 4 Brother      | 13 Social Worker      | 24 Outreach, Advocacy or      | 44 State health department        |
| 5 Sister       | 14 Lawyer             | Prevention program            | 49 Other State Agency             |
| 6 Grandparent  | 15 Probation Officer  | 25 School                     | 50 Out of State CJ program        |
| 7 Aunt         | 16 Parole Officer     | 26 Employer                   | 59 Other out of State agency      |
| 8 Uncle        | 17 Public Aid Worker  | 27 Social Service Agency      | 99 Other (please describe in A4c) |
| 9 Other family | 18 Priest/Minister    | 28 Criminal Justice Agency    |                                   |
|                | 19 Other individual   | 30 TASC or diversion program  |                                   |
|                |                       | 39 Other Agency               |                                   |

## B. Background Information

In this first section, I am going to ask you (and quickly review) some very basic questions about yourself.  
(Can you let me know if anything has changed?)

B1. What was your sex **at birth**?

(Select one)

|                                      |    |
|--------------------------------------|----|
| Male.....                            | 1  |
| Female.....                          | 2  |
| Intersex.....                        | 6  |
| Other <b>(Please describe)</b> ..... | 99 |

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

B1a. Do you currently **identify yourself** as male, female, non-binary, transgender, or something else?

(Select one)

|                                                                                                |    |
|------------------------------------------------------------------------------------------------|----|
| Male.....                                                                                      | 1  |
| Female.....                                                                                    | 2  |
| Intersex.....                                                                                  | 6  |
| Non-binary (Gender queer or fluid, bi-gender, Two-Spirit, Agender, Gender Non-Conforming)..... | 7  |
| Transgender (Female to Male, FTM, Trans Masculine).....                                        | 8  |
| Transgender (Male to Female, MTF, Trans Feminine).....                                         | 9  |
| Other <b>(Please describe)</b> .....                                                           | 99 |

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

B1b. Do you prefer that we use male, female, or gender neutral pronouns when addressing you?

(Select one)

|                                      |    |
|--------------------------------------|----|
| He/him/his.....                      | 1  |
| She/her/hers.....                    | 2  |
| They/them/theirs.....                | 3  |
| Other <b>(Please describe)</b> ..... | 99 |

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

BAC B1d. About how **tall** are you in feet and inches?.....           
Feet Inches

B1e. About how much do you **weigh** without shoes?.....              
Pounds

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

B2a. How old are you today? .....       **[IF 18 OR OVER, GO TO B3a]**  
Age

B2b. 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  |
| One parent (even if living with stepparent).....       | 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  |
| Other ( <b>Please describe in B2bv</b> ).....          | 99 |

B3a. Which races, ethnicities, nationalities or tribes best describe you? (Any others?)  
(**Please record and select all that apply**)

v1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select at least one race.

**MENTIONED**

|                                                                 | <u>Yes</u> | <u>No</u> |
|-----------------------------------------------------------------|------------|-----------|
| 1. Alaskan Native ( <b>Please record tribe in B3av1</b> ).....  | 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 ( <b>Please describe in B3av1</b> ).....               | 1          | 0         |
| 6. Native American ( <b>Please record tribe in B3av1</b> )..... | 1          | 0         |
| 7. Native Hawaiian.....                                         | 1          | 0         |
| 8. Pacific Islander .....                                       | 1          | 0         |
| 99. Some other group ( <b>Please describe in B3av1</b> ).....   | 1          | 0         |

- B12. What is the **last** grade or year that you **completed in school**?  
*(NOTE: Use 12 for high school, 14 for 2 year college program, 16 for a BA/BS, and 17 for graduate school or more than 4 years of university)*.....

Grade

- B13. What kinds of diplomas, degrees, work-related certificates or licenses have you received? (Any others?)

**MENTIONED**

|                                                               | <u>Yes</u> | <u>No</u> |
|---------------------------------------------------------------|------------|-----------|
| 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         |
| 9. Commercial driver's license.....                           | 1          | 0         |
| 99. Other degrees or licenses ( <b>Please describe</b> )..... | 1          | 0         |

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

- B14. Which of the following best describes your sexual orientation?

**(Select one)**

|                                        |    |
|----------------------------------------|----|
| Non-sexual or asexual.....             | 1  |
| Heterosexual or straight.....          | 2  |
| Homosexual, gay or lesbian.....        | 3  |
| Bisexual.....                          | 5  |
| Questioning or curious.....            | 6  |
| Not sure.....                          | 7  |
| Other ( <b>Please describe</b> ) ..... | 99 |

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

- B15. 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 |

**[IF UNDER 17, GO TO B17]**B16. Have you **ever** been in the armed forces of the United States or another country?

(Select one)

No, never served in any armed forces..... 0 [GO TO B17]

Yes, served in the United States armed forces..... 1

Which branch? v. \_\_\_\_\_

Yes, served in the armed forces or military of another country..... 99

Which country? v. \_\_\_\_\_

|                                                   |   |            |           |
|---------------------------------------------------|---|------------|-----------|
|                                                   |   | <u>Yes</u> | <u>No</u> |
| B16a. Were you <b>ever</b> in a combat zone?..... | 1 | 0          |           |

Where? v. \_\_\_\_\_

B16b. What was your **highest** rank in the military?

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

|                                                                                                      |   |            |           |                          |
|------------------------------------------------------------------------------------------------------|---|------------|-----------|--------------------------|
|                                                                                                      |   | <u>Yes</u> | <u>No</u> |                          |
| B16c. Are you currently on active duty in the armed forces, including in a<br>reserve or guard?..... | 1 | 0          |           | [IF NO, GO TO<br>B16c_2] |

B16c\_1. What is your current military status?

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

(Clarify and code)

|                                                                                                  |    |             |
|--------------------------------------------------------------------------------------------------|----|-------------|
| On active duty in the armed forces<br>(not including activated Guard or Reserve).....            | 1  | [GO TO B17] |
| In a Guard or other Reserve component that drills regularly.....                                 | 2  |             |
| In the Individual Ready Reserve<br>(Inactive Ready Reserve, Nonaffiliated Reserve Sections)..... | 3  |             |
| Other ( <b>Please describe in B16c_1v</b> ).....                                                 | 99 |             |

|         |                                                       |            |                      |
|---------|-------------------------------------------------------|------------|----------------------|
|         |                                                       | <u>Yes</u> | <u>No</u>            |
| B16c_2. | Have you ever been discharged from the military?..... | 1          | 0 [IF NO, GO TO B17] |

B16c\_2a. What is your discharge status?

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

**(Clarify and code)**

|                                                                 |    |
|-----------------------------------------------------------------|----|
| Retired/honorably discharged.....                               | 1  |
| Honorably discharged (not retired).....                         | 2  |
| Generally discharged or entry-level separation.....             | 3  |
| Other than honorably discharged.....                            | 4  |
| Bad conduct or other administrative discharge or dismissal..... | 5  |
| Dishonorably discharged or dismissal after court martial.....   | 6  |
| Other <b>(Please describe in B16c_2av)</b> .....                | 99 |

|       |                                                                                                    |            |                      |
|-------|----------------------------------------------------------------------------------------------------|------------|----------------------|
|       |                                                                                                    | <u>Yes</u> | <u>No</u>            |
| B16d. | Was your discharge related to any physical, medical, mental, alcohol, drug or other problems?..... | 1          | 0 [IF NO, GO TO B17] |

B16d. What were the problems? **(Please record and select all that apply)**

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

**MENTIONED**

|     |                                                       |            |           |
|-----|-------------------------------------------------------|------------|-----------|
|     |                                                       | <u>Yes</u> | <u>No</u> |
| 1.  | Physical.....                                         | 1          | 0         |
| 2.  | Medical.....                                          | 1          | 0         |
| 3.  | Mental.....                                           | 1          | 0         |
| 4.  | Alcohol.....                                          | 1          | 0         |
| 5.  | Drug.....                                             | 1          | 0         |
| 99. | Other problem <b>(Please describe in B16dv)</b> ..... | 1          | 0         |

**[IF B1 = MALE, GO TO WB1]**

|      |                                  |            |           |
|------|----------------------------------|------------|-----------|
|      |                                  | <u>Yes</u> | <u>No</u> |
| B17. | Are you currently pregnant?..... | 1          | 0         |

**BC. Barriers to Care**

Please answer the next questions using yes or no.

BC1a. Do you **currently** want (more) help with the following situations in order to come into and stay in treatment?

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

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

## WB. Wellbeing

The next questions are about your wellbeing.

MHC-SF

|                                                                                                                                                                                                                                               |       |               |                   |                    |                  |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|-------------------|--------------------|------------------|-----------|
| Using <b>Card WB</b> and answering the following questions about how you have been feeling during the past month as (0) never, (1) once or twice, (2) about once a week, (3) 2 to 3 times per week, (4) almost every day, or (5) every day... | Never | Once or twice | About once a week | 2-3 times per week | Almost every day | Every day |
|                                                                                                                                                                                                                                               | 0     | 1             | 2                 | 3                  | 4                | 5         |

WB. **During the month**, how often did you feel ...

|                                                                                                  |   |   |   |   |   |   |
|--------------------------------------------------------------------------------------------------|---|---|---|---|---|---|
| 1. happy.....                                                                                    | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. satisfied with life.....                                                                      | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. that you belonged to a community (social/cultural group, your school, or your community)..... | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. that your community is a good place, or is becoming a better place, for all people.....       | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. that you liked most parts of your personality.....                                            | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. that your life has a sense of direction and purpose/meaning to it .....                      | 0 | 1 | 2 | 3 | 4 | 5 |

## SP. School Problems

The next questions are about being in any kind of school or training program. Using **Card Q** and responding "in the past month," "2 to 3 months ago," "4 to 12 months ago," "1 or more years ago," or "never"...

| Past Month | 2 to 3 Months Ago | 4 to 12 Months Ago | 1+ Years Ago | Never |
|------------|-------------------|--------------------|--------------|-------|
| 4          | 3                 | 2                  | 1            | 0     |

|                |       |                                                                                                                                                                                                                                                 |   |   |   |   |   |
|----------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| SPScr/<br>QOLI | SP1.  | When was the <b>last</b> time you...                                                                                                                                                                                                            |   |   |   |   |   |
|                | a.    | came in late or left early from school or training? .....                                                                                                                                                                                       | 4 | 3 | 2 | 1 | 0 |
|                | b.    | skipped or cut school or training just because you didn't want to be there?...                                                                                                                                                                  | 4 | 3 | 2 | 1 | 0 |
|                | c.    | got bad grades or had your grades drop at school or training?.....                                                                                                                                                                              | 4 | 3 | 2 | 1 | 0 |
|                | d.    | got sick at school or training?.....                                                                                                                                                                                                            | 4 | 3 | 2 | 1 | 0 |
|                | e.    | went to any kind of school or training? .....                                                                                                                                                                                                   | 4 | 3 | 2 | 1 | 0 |
|                | SP1f. | When was the <b>last</b> time, if ever, you received any kind of help dealing with school problems (for example, talking to a school counselor about problems at school, working with a tutor, attending a social skills group at school)?..... | 4 | 3 | 2 | 1 | 0 |

### [IF SP1e IS LESS THAN 3, GO TO SP1f1]

Please answer the next questions using the number of days.

|     |       |                                                              |                                                                        |
|-----|-------|--------------------------------------------------------------|------------------------------------------------------------------------|
| QCS | SP1e. | <b>During the past 90 days</b> , on how many <b>days</b> ... |                                                                        |
|     | 1.    | were you absent from school or training for a full day?..... | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |
|     | 2.    | did you go to any kind of school or training?.....           | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |

### [IF SP1f IS LESS THAN 3, GO TO SP2a]

Please answer the next questions using the number of days.

|  |        |                                                                                                                                 |                                                                        |
|--|--------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|  | SP1f1. | <b>During the past 90 days</b> , on how many <b>days</b> have you received any kind of help dealing with school problems? ..... | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |
|--|--------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|

| <i>For Staff Use Only</i>               |                                                                                                                                                                                                |            |           |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>School Reasons Items Eligibility</b> |                                                                                                                                                                                                | <u>Yes</u> | <u>No</u> |
| SP2a.                                   | Has the participant had any school problems in the past 3 months as indicated by at least one response of 4 or 3 for items SP1a to SP1d?.....                                                  | 1          | 0         |
| SP2b.                                   | Was the participant absent from school for at least 3 of the past 90 days as reported in item SP1e1? .....                                                                                     | 1          | 0         |
| SP2c.                                   | Do you want to administer the school reasons items? If you answered yes to items SP2a or SP2b or choose to administer the school reasons items because of site or staff choice, code yes. .... | 1          | 0         |

[IF SP2c = 0, GO TO WP1a]

### School Reasons

Next are some reasons that people give for wanting to make changes in their behavior at school or training.

Please respond to each of the next statements using yes or no. If something does not apply, please answer no.

SP3. You want to make changes in your behavior at school or training because...

|                                                                                                  | <u>Yes</u> | <u>No</u> |
|--------------------------------------------------------------------------------------------------|------------|-----------|
| a. you will do better in school or training.....                                                 | 1          | 0         |
| b. you will get better grades.....                                                               | 1          | 0         |
| c. you won't get into trouble.....                                                               | 1          | 0         |
| d. you won't get expelled.....                                                                   | 1          | 0         |
| e. other people will stop bothering you about your school or training problems.....              | 1          | 0         |
| f. you can get your diploma and thus a better paying job than if you did not have a diploma..... | 1          | 0         |

SP4. What is your main or most important reason for wanting to make changes **right now** in your behavior at school or training?  
(Do not ask, "Any others?")

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

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

SP5. How ready are you **right now** to make changes in your behavior at school or training?.....

0%-----20%-----40%-----60%-----80%-----100%  
**not ready** **ready**  
 to make to make  
 changes changes

## WP. Work Problems

The next questions are about working at a job. For these items, a job includes a full or part-time job that you are paid for doing, including military service. If you have never worked, please answer "never".

Using **Card Q...**

| Past Month | 2 to 3 Months Ago | 4 to 12 Months Ago | 1+ Years Ago | Never |
|------------|-------------------|--------------------|--------------|-------|
| 4          | 3                 | 2                  | 1            | 0     |

|                |      |                                                                     |   |   |   |   |   |  |
|----------------|------|---------------------------------------------------------------------|---|---|---|---|---|--|
| WPScr/<br>QOLI | WP1. | When was the <b>last</b> time you...                                |   |   |   |   |   |  |
|                | a.   | came in late or left early from work? .....                         | 4 | 3 | 2 | 1 | 0 |  |
|                | b.   | skipped or cut work just because you didn't want to be there? ..... | 4 | 3 | 2 | 1 | 0 |  |
|                | c.   | did badly at work or did worse at work? .....                       | 4 | 3 | 2 | 1 | 0 |  |
|                | d.   | got sick at work?.....                                              | 4 | 3 | 2 | 1 | 0 |  |
|                | e.   | went to work? .....                                                 | 4 | 3 | 2 | 1 | 0 |  |

|       |                                                                                                                                                                                                                                                                              |   |   |   |   |   |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| WP1f. | When was the <b>last</b> time, if ever, you received any kind of help dealing with work problems (for example, talking to a counselor about problems at work, using the services of an employee assistance program, participating in mediation for dispute resolution)?..... | 4 | 3 | 2 | 1 | 0 |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|

**[IF WP1e IS LESS THAN 3, GO TO WP1f1]**

Please answer the next questions using the number of days.

|     |       |                                                              |                                                                        |
|-----|-------|--------------------------------------------------------------|------------------------------------------------------------------------|
| QCS | WP1e. | <b>During the past 90 days</b> , on how many <b>days</b> ... |                                                                        |
|     | 1.    | were you absent from work for a full day?.....               | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |
|     | 2.    | did you work for money at a job or in a business?.....       | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |

**[IF WP1f IS LESS THAN 3, GO TO WP2a]**

Please answer the next questions using the number of days.

|        |                                                                                                                              |                                                                        |
|--------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| WP1f1. | <b>During the past 90 days</b> , on how many <b>days</b> have you received any kind of help dealing with work problems?..... | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |
|--------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|

| <i>For Staff Use Only</i>             |                                                                                                                                                                                           |            |           |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>Work Reasons Items Eligibility</b> |                                                                                                                                                                                           | <u>Yes</u> | <u>No</u> |
| WP2a.                                 | Has the participant had any work problems in the past 3 months as indicated by at least one response of 4 or 3 for items WP1a to WP1d?.....                                               | 1          | 0         |
| WP2b.                                 | Was the participant absent from work for at least 3 of the past 90 days as reported in item WP1e1?.....                                                                                   | 1          | 0         |
| WP2c.                                 | Do you want to administer the work reasons items? If you answered yes to items WP2a or WP2b or choose to administer the work reasons items because of site or staff choice, code yes..... | 1          | 0         |

[IF WP2c = 0, GO TO WM3b1]

### Work Reasons

Next are some reasons that people give for wanting to make changes in their behavior at work.

Please respond to each of the next statements using yes or no. If something does not apply, please answer no.

WP3. You want to make changes in your behavior at work because...

|                                                                     | <u>Yes</u> | <u>No</u> |
|---------------------------------------------------------------------|------------|-----------|
| a. you will get more work done.....                                 | 1          | 0         |
| b. you will get better evaluations.....                             | 1          | 0         |
| c. you won't get into trouble.....                                  | 1          | 0         |
| d. you won't get fired.....                                         | 1          | 0         |
| e. other people will stop bothering you about your work problems... | 1          | 0         |
| f. you can continue providing for yourself (and your family).....   | 1          | 0         |

WP4. What is your main or most important reason for wanting to make changes **right now** in your behavior at work?

(Do not ask, "Any others?")

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

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

WP5. How ready are you **right now** to make changes in your behavior at work?.....

□□□□

0%-----20%-----40%-----60%-----80%-----100%  
**not ready** **ready**  
 to make to make  
 changes changes

## WM. Withdrawal Management

The next questions are about withdrawal symptoms. These are 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.

Please answer the next questions using yes or no.

|                                                                                                                               | <u>Yes</u> | <u>No</u> |                     |
|-------------------------------------------------------------------------------------------------------------------------------|------------|-----------|---------------------|
| WM3b1. <b>During the past week</b> , have you experienced any<br><b>withdrawal symptoms</b> from alcohol or other drugs?..... | 1          | 0         | [IF NO, GO TO WM3d] |

WM3c. Did you.....

|                                                                        | <u>Yes</u> | <u>No</u> |
|------------------------------------------------------------------------|------------|-----------|
| 9. have shaky hands?.....                                              | 1          | 0         |
| 10. have convulsions or seizures?.....                                 | 1          | 0         |
| 12. throw up or feel like throwing up?.....                            | 1          | 0         |
| 13. have diarrhea?.....                                                | 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         |
| 99. have any other withdrawal symptoms? <b>(Please describe)</b> ..... | 1          | 0         |
| v. _____                                                               |            |           |

WM3d. When was the **last** time you had an overdose? (used enough of the drug  
that it produced a life-threatening reaction that required medical attention)

|                               |   | <b>(Select one)</b> |
|-------------------------------|---|---------------------|
| Within the past two days..... | 6 |                     |
| 3 to 7 days ago.....          | 5 |                     |
| 1 to 4 weeks ago.....         | 4 |                     |
| 1 to 3 months ago.....        | 3 |                     |
| 4 to 12 months ago.....       | 2 | [IF NO, GO TO WM5]  |
| More than 12 months ago.....  | 1 | [IF NO, GO TO WM5]  |
| Never.....                    | 0 | [IF NO, GO TO WM5]  |

WM3e. **During the past 90 days**, how many **times** did you overdose  
on any drug?.....   [IF 0, GO TO WM5]  
Times

e1. **Of these times**, how many times were you using...

a. heroin, fentanyl or other opioids? .....    
Times

b. crack, cocaine, amphetamines, methamphetamines,  
or other stimulants?.....    
Times

c. Xanax, benzodiazepine or other sedatives, tranquilizers  
or downers?.....    
Times

d. alcohol?.....    
Times

z. other drugs? (**Please describe**) .....    
Times

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

e2. **Of these times**, on how many times...

a. did you receive naloxone or Narcan to reverse your overdose?.....    
Times

b. was emergency medical service (EMS) on the scene  
following the overdose?.....    
Times

c. did you go to the emergency department (ED) following the  
overdose?.....   [IF 0, GO TO WM3e2e]  
Times

d. were you admitted to the hospital for at least one night  
following an overdose?.....    
Times

e. did you receive a referral to substance use treatment from  
the police, EMS, ED or hospital staff?.....    
Times

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

WM5. **How many times in your life** have you been admitted to a withdrawal  
management (detoxification) program for your alcohol or other drug use?    
Times

## PH. Physical Health

The next questions are about your physical health.

Using **Card Q...**

| Past Month | 2 to 3 Months Ago | 4 to 12 Months Ago | 1+ Years Ago | Never |
|------------|-------------------|--------------------|--------------|-------|
| 4          | 3                 | 2                  | 1            | 0     |

|                |      |                                                                                                              |   |   |   |   |   |
|----------------|------|--------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| HPScr/<br>QOLI | PH1. | When was the <b>last</b> time you...                                                                         |   |   |   |   |   |
|                | a.   | gained 10 or more pounds when you were <b>not</b> trying to? .....                                           | 4 | 3 | 2 | 1 | 0 |
|                | b.   | lost 10 or more pounds when you were <b>not</b> trying to? .....                                             | 4 | 3 | 2 | 1 | 0 |
|                | c.   | were <b>worried</b> about your health?.....                                                                  | 4 | 3 | 2 | 1 | 0 |
|                | d.   | had a lot of <b>physical pain or discomfort</b> ?.....                                                       | 4 | 3 | 2 | 1 | 0 |
|                | e.   | had health problems that <b>kept</b> you from meeting your responsibilities<br>at work, school or home?..... | 4 | 3 | 2 | 1 | 0 |
|                | f.   | saw a doctor or nurse about a health problem or took prescribed<br>medication for one? .....                 | 4 | 3 | 2 | 1 | 0 |

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

PH1e1. **During the past 90 days**, on how many days did you have an injury  
where any part of your body was hurt?.....     
Days

**[IF PH1f IS LESS THAN 3, GO TO PH2a]**

|     |       |                                                                                                                    |                      |                      |                      |  |        |
|-----|-------|--------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|--|--------|
| QCS | PH1f. | <b>During the past 90 days</b> , how many...                                                                       |                      |                      |                      |  |        |
|     | 1.    | <b>times</b> have you had to go to the <b>emergency room</b> for a health<br>problem? .....                        | <input type="text"/> | <input type="text"/> | <input type="text"/> |  | Times  |
|     | 2.    | <b>nights</b> total did you spend in the <b>hospital</b> for a health problem?..                                   | <input type="text"/> | <input type="text"/> | <input type="text"/> |  | Nights |
|     | 3.    | <b>times</b> did you see a doctor or nurse in an <b>office or outpatient<br/>clinic</b> for a health problem?..... | <input type="text"/> | <input type="text"/> | <input type="text"/> |  | Times  |
|     | 4.    | <b>times</b> did you have an outpatient <b>surgical procedure</b> for a<br>health problem?.....                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |  | Times  |
|     | 5.    | <b>days</b> did you take prescribed <b>medication</b> for a health problem?...                                     | <input type="text"/> | <input type="text"/> | <input type="text"/> |  | Days   |

PPI PH2. During the past 90 days, on how many days...

- a. have you been bothered by **any** health or medical problems?.....     
Days
- b. have health problems kept you from meeting your responsibilities at work, school or home?.....     
Days
- c. have you smoked or used **any** kind of tobacco (including cigarettes, vaping, cigars, chewing tobacco, and blunts)?.....     
Days
- d. have you exercised for at least 20 minutes per day?.....     
Days

The next questions are about any physical limitations you may have. Please include problems that have been corrected by things such as wearing prescription glasses or contacts, a hearing aid, artificial limbs, or other mobility aids.

PH4. Do you have any physical problems with your vision, hearing, limbs or any other problems communicating or getting around? (Any other issues?)..... Yes No  
1 0 [IF NO, GO TO PH8a]

PH4. What problems do you have? (Any other issues?)

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

#### MENTIONED

|                                                                        | <u>Yes</u> | <u>No</u> |
|------------------------------------------------------------------------|------------|-----------|
| 3. Deaf.....                                                           | 1          | 0         |
| 4. Limited hearing or other hearing problems.....                      | 1          | 0         |
| 5. Legally blind.....                                                  | 1          | 0         |
| 6. Limited vision or other vision problems.....                        | 1          | 0         |
| 7. Lost limbs.....                                                     | 1          | 0         |
| 8. Other difficulties moving hands, feet or body.....                  | 1          | 0         |
| 99. Other physical impairments ( <b>Please describe in PH4v</b> )..... | 1          | 0         |

| <i>For Staff Use Only</i>                                                                                                                                                                           |            |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| Health Reasons Items Eligibility                                                                                                                                                                    | <u>Yes</u> | <u>No</u> |
| PH8a. Has the participant had any health problems in the past 3 months as indicated by at least one response of 4 or 3 for items PH1a to PH1e?.....                                                 | 1          | 0         |
| PH8b. Did the participant report any health problems for at least 3 of the past 90 days in item PH2a to PH2c?.....                                                                                  | 1          | 0         |
| PH8c. Do you want to administer the health reasons items? If you answered yes to items PH8a or PH8b or choose to administer the health reasons items because of site or staff choice, code yes..... | 1          | 0         |

[IF PH8c = 0, GO TO SS1a]

### Health Reasons

Next are some reasons that people give for wanting to make changes in their health-related behaviors, including the use of tobacco.

Please respond to each of the next statements using yes or no. If something does not apply, please answer no.

PH9. You want to make changes in your health-related behaviors because...

|                                                                | <u>Yes</u> | <u>No</u> |
|----------------------------------------------------------------|------------|-----------|
| a. you will feel better.....                                   | 1          | 0         |
| b. you will stop worrying about your health.....               | 1          | 0         |
| c. you will be able to participate in more activities.....     | 1          | 0         |
| d. you will get more done.....                                 | 1          | 0         |
| e. you won't be in pain.....                                   | 1          | 0         |
| f. other people will stop bothering you about your health..... | 1          | 0         |

PH10. What is your main or most important reason for wanting to make changes **right now** in your health-related behaviors?  
(Do not ask, "Any others?")

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

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

PH11. How ready are you **right now** to make changes in your health-related behaviors?.....

|                                                                  |
|------------------------------------------------------------------|
| 0%-----20%-----40%-----60%-----80%-----100%                      |
| <b>not ready</b> <span style="float: right;"><b>ready</b></span> |
| to make <span style="float: right;">to make</span>               |
| changes <span style="float: right;">changes</span>               |

## SS. Sources of Stress

The next questions are about stress in your life.

Using **Card Q...**

| Past Month | 2 to 3 Months Ago | 4 to 12 Months Ago | 1+ Years Ago | Never |
|------------|-------------------|--------------------|--------------|-------|
| 4          | 3                 | 2                  | 1            | 0     |

|                |        |                                                                                                                                                                                                                                         |   |   |   |   |   |
|----------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| SSScr/<br>QOLI | SS1.   | When was the <b>last</b> time you were under stress for any of the following reasons?                                                                                                                                                   |   |   |   |   |   |
|                | a.     | Death of a family member or close friend .....                                                                                                                                                                                          | 4 | 3 | 2 | 1 | 0 |
|                | b.     | Health problem of a family member or close friend .....                                                                                                                                                                                 | 4 | 3 | 2 | 1 | 0 |
|                | c.     | Fights with boss, teacher, coworkers or classmates .....                                                                                                                                                                                | 4 | 3 | 2 | 1 | 0 |
|                | d.     | Major change in relationships for you or your family<br>(e.g., marriage, divorce, separations).....                                                                                                                                     | 4 | 3 | 2 | 1 | 0 |
|                | e.     | Something you saw or that happened to someone close to you.<br><b>(Please describe)</b> .....                                                                                                                                           | 4 | 3 | 2 | 1 | 0 |
|                | v.     | .....                                                                                                                                                                                                                                   |   |   |   |   |   |
|                | f.     | New job, position or school.....                                                                                                                                                                                                        | 4 | 3 | 2 | 1 | 0 |
|                | g.     | You didn't have enough money to pay all your bills on time .....                                                                                                                                                                        | 4 | 3 | 2 | 1 | 0 |
|                | SS1g1. | When was the <b>last</b> time, if ever, that you considered yourself to be homeless? .....                                                                                                                                              | 4 | 3 | 2 | 1 | 0 |
|                | SS1h . | When was the <b>last</b> time, if ever, you received any kind of help dealing with<br>your stress (for example, talking to a counselor about ways to manage stress,<br>participating in classes to learn to better manage stress)?..... | 4 | 3 | 2 | 1 | 0 |

**[IF SS1h IS LESS THAN 3, GO TO SS2a]**

Please answer the next questions using the number of days.

|     |        |                                                                                                                               |                      |                      |      |
|-----|--------|-------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------|
|     | SS1h1. | During the <b>past 90 days</b> , on how many <b>days</b> have you received any<br>kind of help dealing with your stress?..... | <input type="text"/> | <input type="text"/> | Days |
| PPI | SS2.   | During the <b>past 90 days</b> , on how many days have you...                                                                 |                      |                      |      |
|     | a.     | felt stressed by events or situations in your life?.....                                                                      | <input type="text"/> | <input type="text"/> | Days |
|     | b.     | had any money problems, including arguing about money or<br>not having enough for food or housing?.....                       | <input type="text"/> | <input type="text"/> | Days |

| <i>For Staff Use Only</i>        |                                                                                                                                                                                               |            |           |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| Stress Reasons Items Eligibility |                                                                                                                                                                                               | <u>Yes</u> | <u>No</u> |
| SS3a.                            | Has the participant had any stress problems in the past 3 months as indicated by at least one response of 4 or 3 for items SS1a to SS1g?.....                                                 | 1          | 0         |
| SS3b.                            | Did the participant report stress problems for at least 3 of the past 90 days in items SS2a or SS2b?.....                                                                                     | 1          | 0         |
| SS3c.                            | Do you want to administer the stress reasons items? If you answered yes to items SS3a or SS3b or choose to administer the stress reasons items because of site or staff choice, code yes..... | 1          | 0         |

[IF SS3c = 0, GO TO RB1a]

### Stress Reasons

Next are some reasons that people give for wanting to make changes in how they deal with stress.

Please respond to each of the next statements using yes or no. If something does not apply, please answer no.

- SS4. You want to make changes in how you deal with stress because...
- |                                                                       | <u>Yes</u> | <u>No</u> |
|-----------------------------------------------------------------------|------------|-----------|
| a. you will feel better or more relaxed.....                          | 1          | 0         |
| b. you will learn how to deal with your problems in a healthy way...1 | 0          | 0         |
| c. you won't feel so anxious all the time.....1                       | 0          | 0         |
| d. you won't be so irritable.....1                                    | 0          | 0         |
| e. you will sleep better.....1                                        | 0          | 0         |
| f. you will get more done.....1                                       | 0          | 0         |

- SS5. What is your main or most important reason for wanting to make changes **right now** in how you deal with stress?  
(Do not ask, "Any others?")

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

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

- SS6. How ready are you **right now** to make changes in how you deal with stress?.....|\_|\_|\_|

|                                             |              |
|---------------------------------------------|--------------|
| 0%-----20%-----40%-----60%-----80%-----100% |              |
| <b>not ready</b>                            | <b>ready</b> |
| to make                                     | to make      |
| changes                                     | changes      |

## RB. Risk Behaviors for Infectious Diseases

The next questions are about behaviors that put you at risk for getting and spreading infectious diseases, including HIV. These behaviors may be things you have done or that others have done to you. Please remember that all of your answers are strictly confidential.

Using **Card Q...**

| Past Month | 2 to 3 Months Ago | 4 to 12 Months Ago | 1+ Years Ago | Never |
|------------|-------------------|--------------------|--------------|-------|
| 4          | 3                 | 2                  | 1            | 0     |

|                 |      |                                                                                                                                                                                  |   |   |   |   |   |
|-----------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| RBSscr/<br>QOLI | RB1. | When was the <b>last</b> time you...                                                                                                                                             |   |   |   |   |   |
|                 | a.   | had <b>two or more</b> different sex partners during the same time period?.....                                                                                                  | 4 | 3 | 2 | 1 | 0 |
|                 | b.   | had sex <b>without</b> using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy?.....                                    | 4 | 3 | 2 | 1 | 0 |
|                 | c.   | had sex while you or your partner <b>was high on alcohol or other drugs</b> ?....                                                                                                | 4 | 3 | 2 | 1 | 0 |
|                 | d.   | used a needle to inject drugs like heroin, cocaine or amphetamines?.....                                                                                                         | 4 | 3 | 2 | 1 | 0 |
|                 | g.   | were attacked with a weapon, including a gun, knife, stick, bottle or other weapon?.....                                                                                         | 4 | 3 | 2 | 1 | 0 |
|                 | h.   | were physically abused, where someone hurt you by striking or beating you to the point that you had bruises, cuts or broken bones?.....                                          | 4 | 3 | 2 | 1 | 0 |
|                 | j.   | were sexually abused, where someone pressured or forced you to participate in sexual acts against your will, including your regular sex partner, a family member or friend?..... | 4 | 3 | 2 | 1 | 0 |
|                 | k.   | were emotionally abused, where someone did or said things to make you feel very bad about yourself or your life?.....                                                            | 4 | 3 | 2 | 1 | 0 |

**[IF ALL RB1g-k = 0, GO TO RB1n]**

|        |      |                                                                                     |   |   |   |   |   |
|--------|------|-------------------------------------------------------------------------------------|---|---|---|---|---|
| RBSscr | RB1. | When was the <b>last</b> time you...                                                |   |   |   |   |   |
|        | m1.  | were abused several times or over a long period of time?.....                       | 4 | 3 | 2 | 1 | 0 |
|        | m2.  | were afraid for your life or that you might be seriously injured by the abuse?..... | 4 | 3 | 2 | 1 | 0 |

|       |                                                                                                                                                                                                                                                                |   |   |   |   |   |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| RB1n. | When was the <b>last</b> time, if ever, you received any kind of help to reduce your risk behaviors (for example, participating in a needle exchange program, being instructed in safe sex practices, moving to a shelter for domestic violence victims)?..... | 4 | 3 | 2 | 1 | 0 |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|

**[IF RB1n IS LESS THAN 3, GO TO RB2a]**

RB1n1. **During the past 90 days**, on how many **days** did you receive any kind of intervention to reduce your risk behaviors?.....           
Days

Please answer the next questions using the number of times or days. If something does not apply, please answer zero (0).

- PPI RB2. **During the past 90 days**, how many...
- times** have you had unprotected sex (sex **without** using any kind of condom, dental dam or other barrier to protect you and your partner from disease or pregnancy)?.....      
Times
  - days** have you used a needle to inject any kind of drug or medication?.....    
Days
  - days** have you been attacked with a weapon, beaten, sexually abused or emotionally abused?.....    
Days
  - days** have you gone without eating or thrown up much of what you did eat?.....    
Days

| <i>For Staff Use Only</i> |                                                                                                                                                                                                             |            |           |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|                           | <b>Risk Behaviors Reasons Items Eligibility</b>                                                                                                                                                             | <u>Yes</u> | <u>No</u> |
| RB3a.                     | Did the participant report risk behavior problems in the past 3 months as indicated by at least one response of 4 or 3 for items RB1a to RB1m2?.....                                                        | 1          | 0         |
| RB3b.                     | Did the participant report risk behavior problems for at least 3 days or times in items RB2a to RB2c?.....                                                                                                  | 1          | 0         |
| RB3c.                     | Do you want to administer the risk behavior reasons items? If you answered yes to items RB3a or RB3b or choose to administer the risk behavior reasons items because of site or staff choice, code yes..... | 1          | 0         |

[IF RB3c = 0, GO TO MH1a]

### **Risk Behavior Reasons**

Next are some reasons that people give for wanting to make changes in their risk behaviors related to getting or spreading HIV and other infectious diseases.

Please respond to each of the next statements using yes or no. If something does not apply, please answer no.

- RB4. You want to make changes in your risk behaviors because...
- |                                                                                          | <u>Yes</u> | <u>No</u> |
|------------------------------------------------------------------------------------------|------------|-----------|
| a. you don't want to get HIV or some other serious illness.....                          | 1          | 0         |
| b. you don't want to put yourself in a situation where you could be hurt.....            | 1          | 0         |
| c. you don't want your behaviors to negatively impact your family, friends, or kids..... | 1          | 0         |
| d. you don't want to be responsible for spreading disease.....                           | 1          | 0         |
| e. you don't want to die before your time.....                                           | 1          | 0         |
| f. engaging in risk behaviors makes you look bad.....                                    | 1          | 0         |

RB5. What is your main or most important reason for wanting to make changes **right now** in your risk behaviors?  
(Do not ask, "Any others?")

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

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

RB6. How ready are you **right now** to make changes in your risk behaviors?...

|                                             |
|---------------------------------------------|
| 0%-----20%-----40%-----60%-----80%-----100% |
| <b>not ready</b> <b>ready</b>               |
| to make to make                             |
| changes changes                             |

## MH. Mental Health

The next questions are about common psychological, behavioral and emotional problems. 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 can't go on.

Using **Card Q...**

| Past Month | 2 to 3 Months Ago | 4 to 12 Months Ago | 1+ Years Ago | Never |
|------------|-------------------|--------------------|--------------|-------|
| 4          | 3                 | 2                  | 1            | 0     |

|                 |      |                                                                                                                                    |   |   |   |   |   |
|-----------------|------|------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| IDScr6/<br>QOLI | MH1. | When was the <b>last</b> time you had <b>significant</b> problems with...                                                          |   |   |   |   |   |
|                 | a.   | feeling very trapped, lonely, sad, blue, depressed or hopeless about the future?.....                                              | 4 | 3 | 2 | 1 | 0 |
|                 | b.   | sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?.....                                      | 4 | 3 | 2 | 1 | 0 |
|                 | c.   | feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?.....                    | 4 | 3 | 2 | 1 | 0 |
|                 | d.   | becoming very distressed and upset when something reminded you of the past?.....                                                   | 4 | 3 | 2 | 1 | 0 |
|                 | e.   | thinking about ending your life or dying by suicide ?.....                                                                         | 4 | 3 | 2 | 1 | 0 |
|                 | f.   | seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?..... | 4 | 3 | 2 | 1 | 0 |

Using **Card Q...**

|                 |      |                                                                                       |   |   |   |   |   |
|-----------------|------|---------------------------------------------------------------------------------------|---|---|---|---|---|
| EDScr6/<br>QOLI | MH2. | When was the <b>last</b> time you did the following things <b>two or more times</b> ? |   |   |   |   |   |
|                 | a.   | Lied or conned to get things you wanted or to avoid having to do something.....       | 4 | 3 | 2 | 1 | 0 |
|                 | b.   | Had a hard time paying attention at school, work or home.....                         | 4 | 3 | 2 | 1 | 0 |
|                 | c.   | Had a hard time listening to instructions at school, work or home.....                | 4 | 3 | 2 | 1 | 0 |
|                 | d.   | Had a hard time waiting for your turn.....                                            | 4 | 3 | 2 | 1 | 0 |
|                 | e.   | Were a bully or threatened other people.....                                          | 4 | 3 | 2 | 1 | 0 |
|                 | f.   | Started physical fights with other people.....                                        | 4 | 3 | 2 | 1 | 0 |
|                 | g.   | Tried to win back your gambling losses by going back another day.....                 | 4 | 3 | 2 | 1 | 0 |

|  |       |                                                                                                                                                                                                                                                                 |   |   |   |   |   |
|--|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
|  | MH2h. | When was the <b>last</b> 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?..... | 4 | 3 | 2 | 1 | 0 |
|--|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|

**[IF MH2h IS LESS THAN 3, GO TO MH3a]**

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

QCS MH2h. **During the past 90 days**, how many...

1. **times** have you had to go to an **emergency room** for mental, emotional, behavioral or psychological problems?.....     
Times
2. **nights** total did you spend in the **hospital** for mental, emotional, behavioral or psychological problems?.....     
Nights
3. **times** did you see a mental health doctor in an **office or outpatient clinic** for mental, emotional, behavioral or psychological problems?.....     
Times
4. **days** did you take prescribed **medication** for mental, emotional, behavioral or psychological problems?.....     
Days

PPI MH3. **During the past 90 days**, on how many **days**...

- a. were you bothered by any nerve, mental or psychological problems?.....    [IF 0, GO TO MH3c]  
Days
- b. 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
- c. have you been disturbed by memories of things from the past that you did, saw or had happen to you?.....     
Days
- d. have you had any problems paying attention, controlling your behavior, or broken rules you were supposed to follow?.....     
Days

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

|                                                                                                                                                                                              | <u>Yes</u> | <u>No</u>             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|
| MH5a. Has a doctor, nurse or counselor <b>ever</b> told you that you have a mental, emotional or psychological problem, or told you the name of a particular condition you have or had?..... | 1          | 0 [IF NO, GO TO MH8a] |

MH5a. What did they say? (**Please record and select all that apply**)

v1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### MENTIONED

|                                                                                                                                                   | <u>Yes</u> | <u>No</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Alcohol or drug use disorders.....                                                                                                             | 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. Intellectual disabilities which include communication disorders, autism spectrum disorders, or other specific learning disorders...            | 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 ( <b>Please describe in MH5av1</b> ).....                                                                                               | 1          | 0         |

| <i>For Staff Use Only</i>                      |                                                                                                                                                                                                             |            |           |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>Mental Health Reasons Items Eligibility</b> |                                                                                                                                                                                                             | <u>Yes</u> | <u>No</u> |
| MH8a.                                          | Has the participant had any mental health problems in the past 3 months as indicated by at least one response of 4 or 3 for items MH1a to MH1f or MH2a to MH2g?.....                                        | 1          | 0         |
| MH8b.                                          | Did the participant report mental health problems for at least 3 of the past 90 days in item MH3a to MH3d?.....                                                                                             | 1          | 0         |
| MH8c.                                          | Do you want to administer the mental health reasons items? If you answered yes to items MH8a or MH8b or choose to administer the mental health reasons items because of site or staff choice, code yes..... | 1          | 0         |

[IF MH8c = 0, GO TO SU0a]

### Mental Health Reasons

Next are some reasons that people give for wanting to make changes in their mental health-related behaviors.

Please respond to each of the next statements using yes or no. If something does not apply, please answer no.

MH9. You want to make changes in your mental health-related behaviors because...

|                                                                                         | <u>Yes</u> | <u>No</u> |
|-----------------------------------------------------------------------------------------|------------|-----------|
| a. you will feel better.....                                                            | 1          | 0         |
| b. you will get more things done.....                                                   | 1          | 0         |
| c. you will be able to move forward in your life.....                                   | 1          | 0         |
| d. you will be able to concentrate better.....                                          | 1          | 0         |
| e. your energy will improve.....                                                        | 1          | 0         |
| f. you will be able to think more clearly.....                                          | 1          | 0         |
| g. you don't want your problems to negatively impact your family, friends, or kids..... | 1          | 0         |
| h. your family, friends or kids want you to get help with your problems.....            | 1          | 0         |
| j. you want to avoid having problems with other people.....                             | 1          | 0         |
| k. you don't want to get in trouble.....                                                | 1          | 0         |

MH10. What is your main or most important reason for wanting to make changes **right now** in your mental health-related behaviors?  
(Do not ask, "Any others?")

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

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

MH11. How ready are you **right now** to make changes in your mental health-related behaviors?.....|\_|\_|\_|

|                                             |
|---------------------------------------------|
| 0%-----20%-----40%-----60%-----80%-----100% |
| <b>not ready</b> <b>ready</b>               |
| to make to make                             |
| changes changes                             |

## SU. Substance Use

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) cannabis, b) other street drugs like crack, heroin, PCP, or poppers, c) inhalants like glue or gasoline or d) any non-medical use of prescription-type drugs (e.g. not your prescription, more or longer than recommended, in combination with other things). *In parentheses are other common names used for each type of substance, including medications. (For the latter, brand names have their first letter capitalized.)*

| After each of the following questions, please tell us the last time, if ever, you had the problem by (using <b>Card Q</b> and) answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Past Month | 2 to 3 Months Ago | 4 to 12 Months Ago | 1+ Years Ago | Never |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|--------------------|--------------|-------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4          | 3                 | 2                  | 1            | 0     |
| SU0. When was the <b>last time</b> , if ever, that you used...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                   |                    |              |       |
| a. any kind of <b>alcohol like beer, wine or mixed drinks?.....</b> .....<br>(gin, rum, scotch, tequila, vodka, whiskey, wine coolers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4          | 3                 | 2                  | 1            | 0     |
| b. <b>cannabis, hashish, blunts or other forms of THC? .....</b> .....<br>(edibles, herb, joints, marijuana, medical marijuana, reefer, weed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4          | 3                 | 2                  | 1            | 0     |
| c. <b>cocaine, methamphetamine, amphetamine or other stimulants? .....</b> .....<br>(such as Aptensio, Concerta, crack, Biphetamine, Benzedrine, Daytrana, Desoxyn, Dexedrine, ecstasy, Focalin, MDMA, methylphenidate, Quillichew, Quillivant, Ritalin, speed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4          | 3                 | 2                  | 1            | 0     |
| d. <b>heroin, fentanyl, or other opioids including prescription medication? .....</b> .....<br>(such as buprenorphine, codeine, crystal, Darvocet, Darvon, Demerol, Desoxyn, Dilaudid, Dolophine, glass, ice, Karachi, methadone, methedrine, morphine, Norco, Opana, opium, OxyContin, Oxymorphone, Oxys, Percocet, Percodan, Propoxyphene, Suboxone, Talwin, Tylenol with codeine, Vicodin, Zohyrdo)                                                                                                                                                                                                                                                                                                                                                                                             | 4          | 3                 | 2                  | 1            | 0     |
| z. <b>any other drug that has not been mentioned? (Please describe below) .....</b> .....<br>(such as acid, amyl nitrate, angel dust, anti-anxiety drugs, Ativan, ayahuasca, barbiturates, bath salt, cough syrup with DM, Dalmane, Deprol, Diazepam, DMT, Donnatal, Doriden, downers, ecstasy, Equanil, flunitrazepam, Flurazepam, GHB, Halcion, hallucinogens, inhalants, K2, Ketamine, Ketaset, Khat, Klonopin, Kratom, Librium, liquid ecstasy, Loperamide, LSD, Meprobamate, mescaline, methaqualone, Miltown, mushrooms, nitrous oxide, NyQuil, poppers, PCP, peyote, phenobarbital, Placidyl, psilocybin, Quaalude, Secobarbital, Seconal, sedatives, sleeping pills, synthetic cannabis, Robitussin, Rohypnol, special K, Spice, Serax, Spravato, tranquilizers, Tuinal, Valium or Xanax)? | 4          | 3                 | 2                  | 1            | 0     |
| v. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                   |                    |              |       |

(Continue using **Card Q** and answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.)

| Past Month | 2 to 3 Months Ago | 4 to 12 Months Ago | 1+ Years Ago | Never |
|------------|-------------------|--------------------|--------------|-------|
| 4          | 3                 | 2                  | 1            | 0     |

SU1. When was the **last** time...

- |    |                                                                                                                                                                                                                                                              |   |   |   |   |   |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| a. | you used alcohol or other drugs weekly or more often?.....                                                                                                                                                                                                   | 4 | 3 | 2 | 1 | 0 |
| b. | you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?.....                                                                             | 4 | 3 | 2 | 1 | 0 |
| c. | 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?...                                                                                                       | 4 | 3 | 2 | 1 | 0 |
| d. | your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?.....                                                                                                               | 4 | 3 | 2 | 1 | 0 |
| e. | you had withdrawal problems from alcohol or other drugs like shaky 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?.....                                | 4 | 3 | 2 | 1 | 0 |
| f. | you received treatment, counseling, medication, case management or aftercare for your use of alcohol or <b>any other drug</b> ? Please do not include any emergency room visits, withdrawal management (detoxification), self-help or recovery programs..... | 4 | 3 | 2 | 1 | 0 |

[IF SU1f IS LESS THAN 3, GO TO SU2a]

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

QCS

SU1f. **During the past 90 days**, how many...

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 medication like **buprenorphine, naltrexone or methadone** 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. \_\_\_\_\_

- QCS SU2. **During the past 90 days, how many...**
- a. **days** have you been in a **withdrawal management (detoxification)** program to help you through withdrawal?.....  
Days
- c. **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
- d. **times** did you go to an **emergency room** for your alcohol or other drug use problems?.....  
Times
- [IF SU0a-z ALL < 3, GO TO SU5]**

Please answer the next questions using the number of days.

- PPI SU3. **During the past 90 days...**
- a. on how many **days** did you go **without using any** alcohol, cannabis or other drugs?..... **[IF 90, GO TO SU5]**  
Days
- b. on how many **days** did you get drunk **at all** or were you high for most of the day?.....  
Days
- c. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?.....  
Days
- SU4. **During the past 90 days, on how many days have you...**  
**[IF SU0a < 3, GO TO SU4c]**

- PPI
- a. used any kind of alcohol (*beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks*)?..... **[IF 0, GO TO SU4c]**  
Days
- b. gotten drunk or had 5 or more drinks?.....  
Days  
**[IF SU0b < 3, GO TO SU4d]**
- c. used cannabis, hashish, blunts or other forms of THC (*herb, reefer, weed*)?.....  
Days  
**[IF SU0c < 3, GO TO SU4g]**
- d. used cocaine, opioids, methamphetamine or **any other drug**, including a prescription medication that was **not** prescribed to you, or one that you took more of than you were supposed to?..... **[IF 0, GO TO SU5]**  
Days

SU4. During the past 90 days, on how many days have you...

- e. used crack, smoked rock or freebase?.....     
Days
- f. used other forms of cocaine?.....     
Days  
[IF SU0z < 3, GO TO SU4h]
- g. used inhalants or huffed  
(such as correction fluid, gasoline, glue, lighters, spray paints or paint thinner)?.....     
Days  
[IF SU0d < 3, GO TO SU4m]
- h. used heroin or heroin mixed with other drugs?.....     
Days
- j. used nonprescription or street methadone?.....     
Days
- k. used painkillers, opiates, or other analgesics  
(such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine)?.....     
Days  
IF SU0z < 3, GO TO SU4qa]
- m. used PCP or angel dust (phencyclidine)?.....     
Days
- n. used acid, LSD, ketamine, special K, mushrooms, or other hallucinogens  
(such as mescaline, peyote, psilocybin, shrooms)?.....     
Days
- p. used anti-anxiety drugs or tranquilizers  
(such as Ativan, Deprol, Equanil, Diazepam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax)?.....     
Days  
[IF SU0c < 3, GO TO SU4r]
- qa. used methamphetamine, crystal, ice, glass, or other forms of methedrine  
(such as Desoxyn)?.....     
Days
- qb. used speed, uppers, amphetamines, ecstasy, MDMA or other stimulants  
(such as Adderall, Biphedamine, Benzedrine, Concerta, Dexedrine, Methylphenidate, Mixed Salt Amphetamine or Ritalin)?.....     
Days  
[IF SU0z < 3, GO TO SU5]
- r. used 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)?.....     
Days
- s. used any other drug that has not been mentioned  
(such as amyl nitrate, cough syrup, nitrous oxide, NyQuil, poppers, Robitussin or steroids)? (Please describe).....     
Days
- v. \_\_\_\_\_

SU5. **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, cannabis or other drugs? (Use 0 for none).....    [IF 0-12, GO TO SU7]  
Days

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 out the last 90 days when you spent fewer than 13 days in a jail, hospital or other place where you could not use alcohol, cannabis 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 "those 90 days in the community," we are talking about things that have happened from about (PRE-CONTROLLED ENVIRONMENT ANCHOR) to the time you entered the controlled environment.

Please answer the next questions using the number of days. (Use 0 for none)

SU5. In those 90 days in the community...

- a. on how many **days** did you go **without using any** alcohol, cannabis or other drugs?.....    [IF 90, GO TO SU7]  
Days
- b. on how many **days** did you get drunk **at all** or were you high for most of the day?.....     
Days
- c. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?.....     
Days

[IF NO USE IN THE PAST 90 DAYS AND NO USE IN THE 90 DAYS BEFORE BEING IN A CONTROLLED ENVIRONMENT, GO TO SU10]

### Substance Use Reasons

Next are some reasons that people give for wanting to make changes in their behavior related to their use of alcohol or other drugs.

Please respond to each of the next statements using yes or no. If something does not apply, please answer no.

SU7. You want to make changes in your behavior related to your use of alcohol or other drugs because...

|                                                                                         | <u>Yes</u> | <u>No</u> |
|-----------------------------------------------------------------------------------------|------------|-----------|
| a. you don't like the way it makes you feel.....                                        | 1          | 0         |
| b. you want to get your life on a better path.....                                      | 1          | 0         |
| c. alcohol or other drugs are hurting your body.....                                    | 1          | 0         |
| d. you are under legal pressure to quit<br>(e.g., probation, drug testing, parole)..... | 1          | 0         |
| e. your family, friends or kids want you to quit.....                                   | 1          | 0         |
| f. you want to keep your children.....                                                  | 1          | 0         |
| g. you don't want to get into trouble at work.....                                      | 1          | 0         |
| h. you don't want to get into trouble with the law.....                                 | 1          | 0         |
| j. it costs too much money.....                                                         | 1          | 0         |

SU8. What is your main or most important reason for wanting to make changes **right now** in your behavior related to your use of alcohol or other drugs? (Do not ask, "Any others?" )

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

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

SU9. How ready are you **right now** to make changes in your behavior related to your use of alcohol or other drugs?.....

|                                             |              |
|---------------------------------------------|--------------|
| 0%-----20%-----40%-----60%-----80%-----100% |              |
| <b>not ready</b>                            | <b>ready</b> |
| to make                                     | to make      |
| changes                                     | changes      |

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."

TRI SU10. Do you **currently** feel that...

|                                                                                                                  | <u>Yes</u> | <u>No</u> |
|------------------------------------------------------------------------------------------------------------------|------------|-----------|
| a. being in a treatment program is too demanding?.....                                                           | 1          | 0         |
| b. you have too many other responsibilities now to be in a treatment program?.....                               | 1          | 0         |
| 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 drugs again?...1                                          | 1          | 0         |

TMI SU10. Do you **currently** feel that...

|                                                                                                        | <u>Yes</u> | <u>No</u> |
|--------------------------------------------------------------------------------------------------------|------------|-----------|
| 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         |

SES SU10. Do you **currently** think you...

|                                                                                                  | <u>Yes</u> | <u>No</u> |
|--------------------------------------------------------------------------------------------------|------------|-----------|
| k. spend a lot of time thinking about alcohol or other drugs?.....                               | 1          | 0         |
| m. could avoid using alcohol or other drugs <b>at home</b> ?.....                                | 1          | 0         |
| n. could avoid using alcohol or other drugs <b>at work or school</b> ?.....                      | 1          | 0         |
| p. could avoid using alcohol or other drugs <b>with your friends</b> ?.....                      | 1          | 0         |
| q. could avoid using alcohol or other drugs <b>when people around you were using them</b> ?..... | 1          | 0         |

POS SU10. Do you **currently** think...

|                                                                                                                         | <u>Yes</u> | <u>No</u>              |
|-------------------------------------------------------------------------------------------------------------------------|------------|------------------------|
| r. you have <b>any</b> problems related to alcohol or other drug use, including those things we just talked about?..... | 1          | 0 [IF NO, GO TO SU11a] |
| 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                      |

|      |                                                                                                                                                             |              |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| SU11 | <b><u>During the past 90 days,</u></b> on how many days...                                                                                                  |              |
|      | a. did you go to a self-help group meeting (such as AA, NA, CA, Social Recovery, or participate in a cultural practice) for your alcohol or other drug use? | ___ ___ Days |
|      | b. did you participate in other activities where no one was using alcohol or drugs? (church, sober dances, classes)                                         | ___ ___ Days |
|      | c. did you live in a homeless shelter or emergency housing?                                                                                                 | ___ ___ Days |
|      | d. were you homeless or had to stay with someone else to avoid being homeless?                                                                              | ___ ___ Days |
|      | e. did you live where other people were using alcohol?                                                                                                      | ___ ___ Days |
|      | f. did you live where other people were using drugs?                                                                                                        | ___ ___ Days |
|      | g. did you participate in activities where people were using alcohol or drugs (even if you did not)? (parties, sporting events, drinking contests)          | ___ ___ Days |
|      | h. did you get into trouble at home or with your family for any reason?                                                                                     | ___ ___ Days |
|      | m. did you have an argument with someone in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way?                    | ___ ___ Days |
|      | n. were you attacked with a weapon, beaten, sexually abused or emotionally abused?                                                                          | ___ ___ Days |

SU11p Can you continue to stay where you are living now?..... Yes No  
1

## PPS. Patient Preferences - Substance Use

Please answer the next questions using yes or no.

PPS1a. Do you **currently** want (more) help with issues related to....

|                                                                                                                     | <u>Yes</u> | <u>No</u> |
|---------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. your alcohol or other drug use?.....                                                                             | 1          | 0         |
| 2. your family's alcohol or other drug use?.....                                                                    | 1          | 0         |
| 3. your situation at home, work or school?.....                                                                     | 1          | 0         |
| 4. AA, NA, CA, or other self-help and support groups?.....                                                          | 1          | 0         |
| 5. managing withdrawal symptoms?.....                                                                               | 1          | 0         |
| 6. getting treatment?.....                                                                                          | 1          | 0         |
| 7. getting medication for substance use withdrawal or cravings<br>(e.g. buprenorphine, naltrexone, methadone)?..... | 1          | 0         |
| 8. getting opioid overdose reversal medication (e.g. Naloxone,<br>Narcan)?.....                                     | 1          | 0         |
| 99. anything else related to your alcohol or other drug use?<br>(Please describe)....                               | 1          | 0         |

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

## FE. Family Environment

The next set of questions is about your family. In this case, family refers to anyone you consider as your family. It may include individuals with whom you have a blood or legal connection, but it does not have to include these individuals. You may or may not have a blood or legal tie with anyone you currently consider your family. Do you have any questions?

FE0. Including yourself, how many people under 25 are in your immediate family?.....     
Number

FEE All families have strengths and weaknesses, and for these items there are no right or wrong answers. Using **Card FE**, please respond if each statement about your family is (0) never true, (1) sometimes true, (2) true about half the time, (3) mostly true, or (4) always true.

FEI FE1. **During the past month,...**  
[IF FE0 = 0, GO TO FE1b]

- a. Adults in our family make home a safe place for kids.....
- b. No matter how hard it gets, in our family, we don't give up on each other.....
- c. We stick together in our family.....
- d. Family members do things for each other (like watching the kids, cooking, cleaning)..
- e. In our family, when a person needs to talk, someone will listen.....
- f. When people in our family need something (like food, money, clothes, a ride), they can get it from someone in the family.....
- g. Our family treats each other with respect.....
- h. People in our family share the work of keeping things going.....
- j. Our family has fun together.....
- k. People in our family get along with each other.....

| Never true | Sometimes true | True about half the time | Mostly true | Always true |
|------------|----------------|--------------------------|-------------|-------------|
| 0          | 1              | 2                        | 3           | 4           |

(Please continue using **Card FE** and responding if each of the following statements about your family is (0) never true, (1) sometimes true, (2) true about half the time, (3) mostly true, or (4) always true.)

FE2. **During the past month ...**

- a. Family members tell each other how to run their lives.....
- b. People in our family argue with each other.....
- c. Family members break promises to each other.....
- d. Family members lie to each other.....
- [IF FE0 = 0, GO TO FE2f]
- e. If family members tell the kids they can't do something, another family member will tell them they can.....
- f. People in our family stay angry at each other for a long time.....
- [IF FE0 = 0, GO TO FE2h]
- g. Kids in our family are out of control.....
- h. People in our family feel hopeless.....
- [IF FE0 = 0, GO TO CV1a]
- j. Adults in our family make the kids feel bad.....
- k. Kids in our family have too much on their shoulders because the adults don't do their share.....

| Never true | Sometimes true | True about half the time | Mostly true | Always true |
|------------|----------------|--------------------------|-------------|-------------|
| 0          | 1              | 2                        | 3           | 4           |

## CV. Crime and Violence

The next questions are about crime and violent behavior.

Using **Card Q...**

| Past Month | 2 to 3 Months Ago | 4 to 12 Months Ago | 1+ Years Ago | Never |
|------------|-------------------|--------------------|--------------|-------|
| 4          | 3                 | 2                  | 1            | 0     |

|                |      |                                                                                                                                                    |   |   |   |   |   |
|----------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| CVScr/<br>QOLI | CV1. | When was the <b>last</b> time you...                                                                                                               |   |   |   |   |   |
|                | a.   | had a disagreement in which you pushed, grabbed or shoved someone?.....                                                                            | 4 | 3 | 2 | 1 | 0 |
|                | b.   | took something from a store without paying for it?.....                                                                                            | 4 | 3 | 2 | 1 | 0 |
|                | c.   | sold, distributed or helped to make illegal drugs?.....                                                                                            | 4 | 3 | 2 | 1 | 0 |
|                | d.   | drove a vehicle while under the influence of alcohol or illegal drugs?.....                                                                        | 4 | 3 | 2 | 1 | 0 |
|                | e.   | purposely damaged or destroyed property that did not belong to you?.....                                                                           | 4 | 3 | 2 | 1 | 0 |
|                | f.   | were involved in the criminal justice system, such as jail or prison,<br>detention, probation, parole, house arrest or electronic monitoring?..... | 4 | 3 | 2 | 1 | 0 |

**[IF CV1f IS LESS THAN 3, GO TO CV4]**

Please answer the next questions using the number of days.

|     |      |                                                                           |                                                                        |
|-----|------|---------------------------------------------------------------------------|------------------------------------------------------------------------|
| QCS | CV2. | <b>During the past 90 days</b> , on how many <b>days</b> have you been... |                                                                        |
|     | a.   | on probation?.....                                                        | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |
|     | b.   | on parole?.....                                                           | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |
|     | c1.  | in juvenile detention?.....                                               | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |
|     | c2.  | in jail or prison?.....                                                   | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |
|     | d.   | on house arrest?.....                                                     | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |
|     | e.   | on electronic monitoring?.....                                            | <input type="text"/> <input type="text"/> <input type="text"/><br>Days |

PPI CV4. **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 CV4b]  
Days

PPI CV4a. On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)...

1. in order to support yourself financially?.....     
Days
2. in order to obtain alcohol or other drugs?.....     
Days
3. while you were high or drunk?.....     
Days

Please answer the next question using the number of times.

QCS CV4b. **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

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|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>Crime and Violence Reasons Items Eligibility</b> |                                                                                                                                                                                                                       | <u>Yes</u> | <u>No</u> |
| CV5a.                                               | Has the participant had any crime and violence problems in the past 3 months as indicated by at least one response of 4 or 3 for items CV1a to CV1e?.....                                                             | 1          | 0         |
| CV5b.                                               | Did the participant report crime and violence problems for 1 or more of the past 90 days for item CV4?.....                                                                                                           | 1          | 0         |
| CV5c.                                               | Do you want to administer the crime and violence reasons items? If you answered yes to items CV5a or CV5b or choose to administer the crime and violence reasons items because of site or staff choice, code yes..... | 1          | 0         |

[IF CV5c = 0, GO TO LS1g]

### Crime and Violence Reasons

Next are some reasons that people give for wanting to make changes in their behavior related to crime or violence.

Please respond to each of the next statements using yes or no. If something does not apply, please answer no.

CV6. You want to make changes in your criminal or violent behavior because...

|                                                                                                             | <u>Yes</u> | <u>No</u> |
|-------------------------------------------------------------------------------------------------------------|------------|-----------|
| a. you don't want to get into trouble with the law<br>(e.g., go to jail or detention, be on probation)..... | 1          | 0         |
| b. your family or friends want you to stop.....                                                             | 1          | 0         |
| c. you want to get your life on a better path.....                                                          | 1          | 0         |
| d. crime and violent behavior are wrong.....                                                                | 1          | 0         |

CV10. What is your main or most important reason for wanting to make changes **right now** in your criminal or violent behavior?  
(Do not ask, "Any others?")

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

Using **Card F** and answering anywhere from 0% for "not ready at all" to 100% for "completely ready"...

CV11. How ready are you **right now** to make changes in your criminal or violent behavior?.....

|                                                                  |
|------------------------------------------------------------------|
| 0%-----20%-----40%-----60%-----80%-----100%                      |
| <b>not ready</b> <span style="float: right;"><b>ready</b></span> |
| to make <span style="float: right;">to make</span>               |
| changes <span style="float: right;">changes</span>               |

## LS. Life Satisfaction

The next questions are about how satisfied you feel with different parts of your life. After you hear each question, please tell me **how satisfied** you currently feel by using **Card I** and responding "very satisfied," "satisfied," "mixed," "dissatisfied," or "very dissatisfied."

|                |           |       |              |                   |
|----------------|-----------|-------|--------------|-------------------|
| Very Satisfied | Satisfied | Mixed | Dissatisfied | Very Dissatisfied |
| 5              | 4         | 3     | 2            | 1                 |

|     |      |                                                                              |   |   |   |     |
|-----|------|------------------------------------------------------------------------------|---|---|---|-----|
| LSI | LS1. | <b>Currently</b> , how satisfied are you with...                             |   |   |   |     |
|     | g.   | the level of physical intimacy (sexual activity) in your relationships?..... | 5 | 4 | 3 | 2 1 |
|     | h.   | your family relationships?.....                                              | 5 | 4 | 3 | 2 1 |
|     | j.   | your general level of happiness?.....                                        | 5 | 4 | 3 | 2 1 |
|     | k.   | where you are living?.....                                                   | 5 | 4 | 3 | 2 1 |
|     | m.   | how your life is going so far?.....                                          | 5 | 4 | 3 | 2 1 |
|     | n.   | your school or work situation?.....                                          | 5 | 4 | 3 | 2 1 |

## PPE. Patient Preferences - Environment

Please answer the next questions using yes or no.

PPE1a. Do you **currently** want (more) help with....

|                                                                                                                | <u>Yes</u> | <u>No</u> |
|----------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. your housing?.....                                                                                          | 1          | 0         |
| 2. parenting or children you are living with or see regularly?... 1                                            | 1          | 0         |
| 3. people with whom you live, work, go to school or<br>socialize?.....                                         | 1          | 0         |
| 4. how you spend your free time and get social support?.....                                                   | 1          | 0         |
| 5. people you have been avoiding, or arguing or fighting with?. 1                                              | 1          | 0         |
| 6. people who have or might attack or abuse you physically,<br>sexually or emotionally?.....                   | 1          | 0         |
| 7. how you handle arguments?.....                                                                              | 1          | 0         |
| 8. anything related to sexual orientation, attractions, or<br>gender identity?.....                            | 1          | 0         |
| 99. anything else related to your environment or social situation<br>or coping? <b>(Please describe)</b> ..... | 1          | 0         |
| v. _____                                                                                                       |            |           |

**Z. End**

Thank you! That is all of the questions we have for you at this time.

(Please enter the current time in Z1. If you went straight through, we will figure out how many minutes you took. If you took any breaks, please make sure that you record about how many minutes total it took you to do the assessment without including the time for the breaks. If continuing interview on another day, record the time for the first day in Z1d and record the total time in XADMh1a-d.)

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

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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 in XADMj or at least say where we can find them.

|     |                                             |            |           |
|-----|---------------------------------------------|------------|-----------|
| a1. | How were the questions administered?        | <u>Yes</u> | <u>No</u> |
| a.  | Self-Administered (SA).....                 | 1          | 0         |
| b.  | Orally Administered by staff (ORS).....     | 1          | 0         |
| c.  | Orally Administered by others (ORA).....    | 1          | 0         |
| z.  | Other (OTH) ( <b>Please describe</b> )..... | 1          | 0         |
|     | v. _____                                    |            |           |

|     |                                             |            |           |
|-----|---------------------------------------------|------------|-----------|
| a2. | What was the mode of administration?        | <u>Yes</u> | <u>No</u> |
| a.  | Done with Pen and Paper (PAP).....          | 1          | 0         |
| b.  | Done on Computer (COMP).....                | 1          | 0         |
| c.  | Done on Telephone (TEL).....                | 1          | 0         |
| z.  | Other (OTH) ( <b>Please describe</b> )..... | 1          | 0         |
|     | v. _____                                    |            |           |

|    |                                                                       |    |
|----|-----------------------------------------------------------------------|----|
| b. | What was the primary <b>language</b> in which it was conducted (LNG)? |    |
|    | English using the English GAIN.....                                   | 1  |
|    | Spanish using the English GAIN.....                                   | 2  |
|    | Spanish using the Spanish VGNI.....                                   | 3  |
|    | Other combinations/languages ( <b>Please describe</b> ).....          | 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, <b>indications of developmental disabilities</b> (IDD)? |   |
|    | No/none (NO).....                                                                                                                                                                                                                       | 0 |
|    | Minimal (MIN).....                                                                                                                                                                                                                      | 1 |
|    | Moderate (MOD).....                                                                                                                                                                                                                     | 2 |
|    | Major (MAJ).....                                                                                                                                                                                                                        | 3 |

|    |                                                                                      |            |           |
|----|--------------------------------------------------------------------------------------|------------|-----------|
| e. | Was there any evidence of the following observed participant <b>behaviors?</b> (OPB) | <u>Yes</u> | <u>No</u> |
| 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         |

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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) ( <b>Please describe</b> ).....   | 99 |

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

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

|                                                                         | <u>Yes</u> | <u>No</u> |
|-------------------------------------------------------------------------|------------|-----------|
| 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         |

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 and days?  
(**Include "1" for break in between multiple sessions.**).....
- c. What is the **total** number of minutes spent doing the interview  
across **all** sessions and days?.....
- 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_