



Pathways Follow-Up Version - Yearly (PATH-YR)

Version [GVER]: 1.0.4

Site ID [XSITE]:.....	Local Site Name [XSITEa]:
Staff ID [XSID]:	Staff Initials [XSIN]:
Part. ID [XPID]:	Last Name [XPNAM]: _____
Tx Pr. ID [XTPID]:	First Name: _____ M.I.: _____
First GAIN Assessment Date [XFRSTDT]: / / 199	
Last GAIN Assessment Date [XLSSTDT]: / / 20	
Check Digit (Gender/Race/Birth Yr) [XCHK]:	
Observation Year [XOBS]:	v. _____
Edit Staff ID [XEDSID]:	Edit Date [XEDDT]: / / 20
Data Entry Staff ID [XDESID]:	Key Date [XDEDT]: / / 20

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For Staff Use Only

A1. Administrative Information

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

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

A1d. Reference Date IF Different [XRFDT]: |_|_| / |_|_| / 20 |_|_| (MM/DD/YYYY)

A1f. Is this the person's first assessment since 2010? 1-Yes 0-No

Introduction

Purpose: This assessment is designed to help us track how you are doing before and during your participation in this study.

Length: Depending on how much has been going on in your life, it will take 2.5-3.5 hours to complete. You will be able to say you do not know or refuse to answer any question that you do NOT want to answer. You will be able to take a break if you need to.

Privacy: Your answers are private and your confidentiality is protected under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

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Answering Questions: As we go through the questionnaire, I will read questions and record your answers. It is important that you try to answer each question if you can and are willing to. We know that you will not always know the exact answer, but we would like you to give us your best guess if you can. You can also tell us if you simply do not know or if you do not want to or refuse to answer any questions. I also have some cards here that we will use to help answer some of the questions.

Any questions?

A2. Check for Cognitive Impairment

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

ERROR SCORES

CIS	A2a. What year is it now? (Select 4 for any error).....	0 4
	A2b. What month is it now? (Select 3 for any error).....	0 3
	Please repeat this phrase after me: John Brown, 42 Mark Street, Detroit. (No score - used for A2f)	
	A2c. About what time is it? (Select 3 for any error).....	0 3
	A2d. Please count backwards from 20 to 1. [20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1] (Select 2 for one error, 4 for 2 or more errors).....	0 2 4
	A2e. Please say the days of the week in reverse order. [Sat, Fri, Thu, Wed, Tue, Mon, Sun] (Select 2 for one error, 4 for 2 or more errors).....	0 2 4
	A2f. Please repeat the phrase I asked you to repeat before [John/ Brown/ 42/ Mark Street/ Detroit] (Select 2 for each subsection of /text/ missed).....	0 2 4 6 8 10
	A2g. (Add up scores from a through f and record):	□□
	(If total is greater than 10, the individual is experiencing some degree of cognitive impairment. You can attempt again later if intoxication is suspected, or proceed and take into account when making the interpretation. If you do this section over, record the original score in A2h before revising.)	
	A2h. (Original score):.....	□□

Several questions will ask you about things that have happened during the **past 30 days, past 12 months, or since your last interview**. To help you remember these time periods, please look at the calendar. First, let's find today's date and circle it.

Next, count back 4 weeks to about 30 days ago and circle that date. Do you recall anything that was going on about (DATE 30 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 30 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 30 days: v. _____

When we talk about things happening to you during the past 30 days, we are talking about things that have happened since about (NAME 30-DAY ANCHOR).

Now, let's go back to a year ago and circle that date. Do you recall anything that was going on about (DATE 12 MONTHS AGO)?

(PROBE FOR SPECIFIC EVENT. **IF UNABLE TO RECALL:** Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 12 MONTHS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A3a2. Record anchor for 12 months: v. _____

When we talk about things happening to you during the past 12 months, we are talking about things that have happened since about (NAME 12-MONTH ANCHOR).

Now, let's go back to your last interview on (DATE OF LAST INTERVIEW) and circle that date. Do you recall anything that was going on about (DATE OF LAST INTERVIEW)?

(PROBE FOR SPECIFIC EVENT. **IF UNABLE TO RECALL:** Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE OF LAST INTERVIEW)? 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?)

A3a3. Record anchor for last interview: v. _____

When we talk about things happening to you since your last interview, we are talking about things that have happened since about (NAME LAST INTERVIEW ANCHOR).

B. Background

B2a. How old are you today?
 Age

Given the changing health care environment, we would like to ask you some questions about your current health care situation.

Yes No

B5. Are your medical expenses covered by any type of insurance, court or health program? 1 0 [IF NO, GO TO B8]

B5a. What is the name of your insurance company or provider?
 v. _____

B5b. Is your insurance publicly funded, privately funded, or mixed?
 Public (Medicare, Medicaid, publicly funded, VA, CHAMPUS, correctional authority) 1
 Private (HMO, BCBS, from employer, employee assistance program) 2
 Mixed (both public and private, public purchase of HMO) 3

Please answer the next questions using yes or no.

Yes No

B8. Have you **ever** had a driver's license? 1 0 [IF NO, GO TO V3]

ECS B8_1. Is your license currently...

(Select one)

valid? 1
 expired? 2
 suspended? 3
 revoked? 4
 under an alias or forged? 5

Yes No

ECS B12. Do you have an automobile available? 1 0

V. Vocational (School, Work, Financial)

These next questions are about school, work and money.

Using **Card A** and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago, 1 or more years ago or never...

- TAS V3. When was the **last** time you were in any kind of school or job training program?
- (Select one)**
- Past month 5
 - 2 to 3 months ago..... 4
 - 4 to 6 months ago..... 3
 - 7 to 12 months ago..... 2
 - 1+ years ago..... 1 **[GO TO V5]**
 - Never 0 **[GO TO V5]**

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

- TAS V3. **During the past 12 months**, how many...
- k. **days** did you go to any kind of school or job training?
Days
 - m. **days** did you go to school or job training full time?
Days
 - n. **days** did you miss school or job training?
Days
 - p. **days** did you get in trouble at school or job training for any reason?
Days
 - q. **days** were you suspended from school or job training for any reason?
Days
 - r. **times** did you get expelled from school or job training?
Times

NOTE: 5 days per week in 12 months is equal to 260 days. Vacation days, holidays or other days when you were not required to be in school do not count for days in school or job training or for days missed.

Please answer the next question using the number of times.

V5. **During the past 12 months**, how many **times** have you applied for a job?
Times

V5a. (Including time in the military) Which of the following **best describes** your level of work experience? (**Read all**)

(Select one)

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

V5b. What was the last type of job you had?

v. _____

V5b. Select the option that best describes the type of job reported in V5b

(Select one)

- Professional and Technical** (accountant, architect, doctor, engineer, entertainer, judge, lawyer, registered nurse, scientist, social worker, teacher, writer) 1
- Manager and Administrator** (government official, office manager, sales manager, school administrator, small-business owner) 2
- Sales** (cashier, insurance agent, real estate broker, sales clerk, sales representative, telemarketing, or other sales person) 3
- Clerical or Office Worker** (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent) 4
- Craft and Kindred** (auto detailer, baker, carpenter, electrician, bricklayer, mechanic, machinist, music lessons, tool and die maker, telephone installer) 5
- Operative** (assembler, checker, gas station attendant, meat cutter, packer, laundry or dry-cleaning operative, miner operative, welder, garage worker) 6
- Transportation Equipment Operative** (bus driver, cab driver or chauffeur, truck driver, delivery person) 7
- Non-farm Laborer** (construction worker, dishwasher, forklift operator, freight handler, gardener at a nursery, high-level maintenance/fix things, newspaper route/paper delivery, paper handler, sanitation worker, stocker at a store) 8
- Private Household Worker** (babysitter, butler, cook, maid) 9
- Service Worker** (bagger at store, barber, beautician, bussing tables at restaurant, camp counselor, cook, customer service at store, dietary aide, fast food cashier, janitor, lawn mowing, lifeguard, maintenance-raking/cleanup, practical nurse, restaurant host/hostess, skate guard/rental, usher at theater/show, waiter/waitress).. 10
- Farm and Farm Manager** 11
- Farm Laborer** (foreman, picker) 12
- Military Service**..... 13
- Other (Please describe in V5b)** 99

In the next questions, please include work where you were paid under the table or self-employed.

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago, 1 or more years ago or never)...

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

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- 1+ years ago..... 1 [GO TO V7]
- Never 0 [GO TO V7]

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

EmAS V6. **During the past 12 months**, how many...

- k. **days** did you work for money at a job or in a business?
Days
- m. **days** did you work full time (7 or more hours per day)?.....
Days
- n. **days** did you miss work?
Days
- p. **days** did you get in trouble at work for any reason?
Days
- q. **days** were you suspended from work for any reason?
Days
- r. **times** did you get fired from work?.....
Times

NOTE: 5 days per week in 12 months is equal to 260 working days. Vacation days, holidays or other days when you were not required to be at work do not count for days at work or for days missed.

[IF NO PAST MONTH WORK REPORTED IN V6, GO TO V7]

ECS V6t. **During the past 30 days**, how many **days** did you work for money at a job or in a business?.....
Days

V7. Which one of the following statements best describes your **present** work or school situation?

(Clarify and code)

- Working full-time, 35 hours or more a week 1
- Working part-time, less than 35 hours a week 2
- Have a job, but not at work because of treatment, extended illness,
maternity leave, furlough or strike 3
- Have a job but not at work because it is seasonal work 4
- Unemployed or laid off **and** looking for work 5
- Unemployed or laid off and **not** looking for work 6
- Full-time homemaker 7
- In school or training..... 8
- In school or training, but not currently going to classes..... 9
- Retired 10
- In jail, prison or detention..... 11
- Too disabled for work (**Please describe disability**) 12
- v. _____
- In the military 13
- Doing volunteer work 14
- Some other work situation (**Please describe**) 99

v. _____

V7a. How **long** have you been in this situation?..... + + +
 Years Months Weeks Days

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

- FIS V8. When was the **last** time, in the past 12 months, you had any money problems, including arguing about money or not having enough for food or housing?
- (Select one)**
- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- Never in the past 12 months 0 [GO TO V9]

						Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
V8. When was the last time, in the past 12 months, you have...										
FIS	a.	run out of money for food or transportation?.....	5	4	3	2	0			
	b.	run out of money for housing?.....	5	4	3	2	0			
	c.	spent half or more of your income on housing and utilities?.....	5	4	3	2	0			
	d.	not counting a home or car loan, owed people more than what you make in two months?	5	4	3	2	0			
	e.	not had enough money to pay all your bills on time?	5	4	3	2	0			
	f.	gotten 120 days or more behind on a bill?	5	4	3	2	0			
	g.	spent money that was needed for bills on alcohol, drugs, gambling or some other way on yourself?	5	4	3	2	0			
	h.	had to borrow money from another family member or close friend for food, rent or utilities?	5	4	3	2	0			
	j.	had to use a food bank, soup kitchen or emergency shelter?	5	4	3	2	0			
	k.	argued regularly with other people in your family or household about money?	5	4	3	2	0			

[IF NO PAST 12 MONTH MONEY PROBLEMS REPORTED IN V8a-k, GO TO V9]

Please answer the next question using the number of days.

- FIS V8m. **During the past 12 months**, on how many **days** have you had any money problems, including arguing about money or not having enough for food or housing?.....
- Days

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

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

FIS V9. When was the **last** time, in the past 12 months, you gambled for money, drugs, sex or other things?

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- Never in the past 12 months 0 [GO TO V10]

	Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
V9. When was the last time, in the past 12 months, you...					

PGS a.	spent a lot of time thinking or talking about your gambling?.....	5	4	3	2	0
b.	needed to gamble more often or in larger amounts to get the same enjoyment or high?	5	4	3	2	0
c.	tried to cut back on your gambling?	5	4	3	2	0
d.	had a hard time staying still or gotten mad when you could not gamble?	5	4	3	2	0
e.	gambled to get away from your problems or to feel better?	5	4	3	2	0
f.	tried to win back your losses by going back another day?	5	4	3	2	0
g.	lied about how much time you spent gambling or about how much you lost?	5	4	3	2	0
h.	paid for your gambling with bad checks, someone else's money, or with something that didn't belong to you?	5	4	3	2	0
j.	lost or had problems at home, work, school, or with your friends because of your gambling?	5	4	3	2	0
k.	borrowed or gotten money from others to pay for your gambling?.....	5	4	3	2	0

[IF NO PAST YEAR GAMBLING PROBLEMS REPORTED IN V9a-k, GO TO V10]

Please answer the next question using the number of days.

FIS V9m. **During the past 12 months**, on how many **days** have you gambled for money, drugs, sex or other things?
Days

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

(Clarify and code)

- None..... 0
- Wages or a salary from a legitimate job or business 1
- Social Security or Railroad Retirement payments..... 2
- Supplemental (Disability) Security Income (SSI or SSDI) 3
- Other public assistance or welfare payments from the state or local
welfare office such as general assistance 4
- Trading sex, prostitution, pimping or other sex work 11
- Other** hustling, dealing or other illegal activities 9
- Temporary Assistance for Needy Families (TANF, formerly AFDC).. 5
- Interests, dividends, rent, royalties or inheritance 6
- Income from spouse, family or friends (include child support,
allowance or alimony) 7
- Gambling (including a loss) 8
- Unemployment compensation 10
- Some other source (**Please describe**) 99

v. _____

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

V10a. When was the **last** time, in the past 12 months, you received Temporary Assistance for Needy Families (TANF, formerly AFDC)?

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- Never in the past 12 months 0 [GO TO V11]

Yes No

V10b. Are you still receiving TANF benefits?..... 1 0 [IF YES, GO TO V11]

Please answer the next questions using dollars.

V11. **During the past 12 months**, about how much did you receive all together from each of the following sources? **(Read all)**

[VERIFY THAT AMOUNT IS FOR PAST 12 MONTHS. IF NONE, RECORD 0]

		12 Month Total
	a. Wages or salary from a legitimate job or business.....	\$ _ _ _ _ , _ _ _ _
	b. Spouse, family or friends.....	\$ _ _ _ _ , _ _ _ _
	c. Alimony and child support.....	\$ _ _ _ _ , _ _ _ _
	h. Welfare or public assistance programs such as TANF (Temporary Assistance for Needy Families), food stamps, link card, or housing assistance.....	\$ _ _ _ _ , _ _ _ _
LCS	k1. Trading sex, prostitution, pimping or other sex work.....	\$ _ _ _ _ , _ _ _ _
LCS	k2. Other hustling, dealing or other illegal activities.....	\$ _ _ _ _ , _ _ _ _
	d. SSI - Supplemental Security Income (that you qualify for because of low income).....	\$ _ _ _ _ , _ _ _ _
	e. Disability pay, such as SSDI, unemployment compensation of a work-related injury, or income from a private disability plan.....	\$ _ _ _ _ , _ _ _ _
	f. Unemployment compensation because of layoff.....	\$ _ _ _ _ , _ _ _ _
	g. Other retirement income, including military and private pensions. ...	\$ _ _ _ _ , _ _ _ _
	j. Department of Veterans Affairs.....	\$ _ _ _ _ , _ _ _ _
	m. Any other income not previously mentioned. (Please describe)	\$ _ _ _ _ , _ _ _ _
	v. _____	

V11n. So overall, you received about (read amount) from all of these sources during the past 12 months? (Add up & correct) \$|_|_|_|_|,|_|_|_|_|

ACS V11p. **During the past 12 months**, how much did you spend on alcohol? \$|_|_|_|_|,|_|_|_|_|

V11q. **During the past 12 months**, how much did you spend on drugs? \$|_|_|_|_|,|_|_|_|_|

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

PoPI V11r. Including yourself, how **many** people are there in your family household? |_|_|
 People

[IF V11r = 1, ENTER AMOUNT FROM V11n IN V11s]

The next question is about the income of everyone in your household together. We do NOT need an exact number. You can give your answer to the nearest hundreds or thousands of dollars if that is easier.

V11s. **During the past 12 months**, what was the total **family** income of everyone in your household together? \$|_|_|_|_|,|_|_|_|_|

[IF V11a = 0 OR V6 LESS THAN 4 GO TO V15]

ECS V11a1. How much of the income you reported receiving from a legitimate job or business (in V11a) did you earn **during the past 30 days**?..... \$|_|_|_|,|_|_|_|_|

Using **Card B** and answering not at all, slightly, moderately, considerably or extremely...

(Select One)

- ECS V15. How serious do you feel your current money problems are?
- Not at all 0
 - Slightly..... 1
 - Moderately..... 2
 - Considerably..... 3
 - Extremely..... 4
- ECS V16. How important to you now is counseling or referral for these money problems?
- Not at all 0
 - Slightly..... 1
 - Moderately..... 2
 - Considerably..... 3
 - Extremely..... 4

SW. Satisfaction With Life Scale
 (Diener, 1984; Diener et al., 1999; Pavot & Diener, 1993)

Below are five statements that you may agree or disagree with. Please respond using **Card SW** and saying whether you strongly agree, agree, slightly agree, neither agree nor disagree, slightly disagree, disagree, or strongly disagree.

Please be open and honest in your responding.

Strongly Agree	Agree	Slightly Agree	Neither agree nor disagree	Slightly Disagree	Disagree	Strongly Disagree
7	6	5	4	3	2	1

SW1.	In most ways my life is close to ideal.....	7	6	5	4	3	2	1
SW2.	The conditions of my life are excellent.	7	6	5	4	3	2	1
SW3.	I am satisfied with my life.	7	6	5	4	3	2	1
SW4.	So far I have gotten the important things I want in life.	7	6	5	4	3	2	1
SW5.	If I could live my life over, I would change almost nothing.	7	6	5	4	3	2	1

EQ. Quality of Life
(EQ-5D; Cheung et al., 2009)

The next questions are about your overall quality of life. We will talk about 5 specific areas. Using **Card EQ1**, please answer each question using no problems, some problems or extreme problems.

EQ.	To what extent do you currently have problems with...	<u>No</u> problems	<u>Some</u> problems	<u>Extreme</u> problems
1.	walking and mobility?	1	2	3
2.	washing, dressing and other self-care?	1	2	3
3.	your regular activities such as working, studying, housework, spending time with family or leisure?..	1	2	3
4.	pain or discomfort?	1	2	3
5.	anxiety or depression?	1	2	3

Next, we would like you to tell us how good or bad your own health is today, in your opinion. Using **Card EQ2**, where 100 is the best state you can imagine and 0 is the worst state you can imagine, please rate your current health by saying a number from 0 to 100 or pointing to where you fit on the picture.

EQ6. Rating.....

0-- --10-- --20-- --30-- --40-- --50-- --60-- --70-- --80-- --90-- --100	Best
Worst	imaginable
imaginable	health
health	health

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

		Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
E1g. When was the last time, in the past 12 months, you stayed in...						
1.	your own home or apartment?	5	4	3	2	0
2.	someone else's home or apartment?	5	4	3	2	0
3.	a hotel, motel, rooming or boarding house or SRO?	5	4	3	2	0
4.	an emergency shelter for people who are homeless, neglected or abused?.....	5	4	3	2	0
5.	a vacant building, public or commercial facility, park, car or on the street?	5	4	3	2	0
6.	a hospital or other facility for medical treatment?	5	4	3	2	0
7.	a psychiatric inpatient unit or other facility for psychiatric treatment? ..	5	4	3	2	0
8.	a substance abuse detoxification unit, residential treatment facility, halfway house or recovery home for your substance abuse treatment?..	5	4	3	2	0
9.	a prison, jail, detention center or other facility related to the justice system, including being on work release or electronic monitoring?.....	5	4	3	2	0
10.	an assisted living or long-term care facility or a nursing home?	5	4	3	2	0
11.	any other kind of group home or quarters, such as a college, military or religious facility?	5	4	3	2	0
12.	any other kind of living situation? (Please describe).....	5	4	3	2	0

v. _____

Please answer the next questions using the number of days.

E2. **During the past 12 months**, on how many **days** have you lived someplace...

- a. where **you** paid any rent or mortgage or money to stay there?
Days
- b. where any part of the rent was paid for by public housing or a public housing voucher?.....
Days
- c. that would be considered a homeless shelter or emergency housing?.....
Days

RERI E2f. **During the past 12 months**, on how many **days** did you live someplace where you were not free to come and go as you please - such as jail, an inpatient program, or a hospital? [IF 0, GO TO E3]
Days

E2f1. Are you currently living in this kind of place? Yes No
1 0

RERI E3. **During the past 12 months**, on how many **days** have you gotten into trouble at home or with your family for any reason? [IF 0, GO TO E3a1]
Days

E3_1. **During the past 30 days**, on how many **days** have you gotten into trouble at home or with your family for any reason?
Days

Please answer the next questions using yes or no.

E3a1. **During the past 12 months**, have you lived with anyone other than yourself? Yes No
1 0 [IF NO, GO TO E3e]

E3a. Who have you lived with? (Code or say, "Have you lived with" ...) (Anyone else?)

MENTIONED

	<u>Yes</u>	<u>No</u>
2. Spouse, significant companion or other sex partner	1	0
3. Parents	1	0
3a. Stepparent	1	0
4. Your biological or adopted children age 12 or less	1	0
5. Your biological or adopted children over the age of 12	1	0
6. Your brothers or sisters age 12 or less	1	0
7. Your brothers or sisters over the age of 12	1	0
8. Other relatives	1	0
9. Other children age 12 or less	1	0
10. Other children over the age of 12	1	0
11. Other adult roommates	1	0
12. Foster parents.....	1	0
13. Institutional staff.....	1	0
99. Other (Please describe).....	1	0

v. _____

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

RERI E3. **During the past 12 months**, on how many **days** did...
e. **other people** use alcohol **where you were living**?.....
Days
f. **other people** use illegal drugs **where you were living**?.....
Days

E3g1. Have you ever been married or lived as married with someone? Yes No
 1 0 [IF NO, SELECT 8 IN E3g2 AND GO TO E4]

E3g2. What is your **current** marital status?

(Clarify and code)

- Married 1
- Living with someone as married (not married) 3
- Married but living apart 4
- Divorced 5
- Separated from partner (not married) 6
- Widowed 7
- Never married and not living as married 8

E4. How many children, if any, do you have under the age of 21?
 Children

[IF LIVED ALONE FOR PAST YEAR (E3a1 = 0), GO TO E6]

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

Using number of people...

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

Using **Card C** and answering none, a few, some, most or all...

LRI/ ERS	E5.	Of the people you have regularly lived with , would you say that none, a few, some, most or all of them...	<u>None</u>	<u>A Few</u>	<u>Some</u>	<u>Most</u>	<u>All</u>
	a.	were employed or in school or training full time ?..	4	3	2	1	0
	b.	were involved in illegal activity?.....	0	1	2	3	4
	c.	weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
	d.	used any illegal drugs during the past 12 months ?	0	1	2	3	4
	e.	shout, argue and fight most weeks?.....	0	1	2	3	4
	f.	have ever been in drug or alcohol treatment?.....	4	3	2	1	0
	g.	would describe themselves as being in recovery?...	4	3	2	1	0

Using number of people...

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

Using **Card C** (and answering none, a few, some, most or all)...

VRI/ERS E6. Of the people you have **regularly worked or gone to school with**, would you say that none, a few, some, most or all of them

	<u>None</u>	<u>A Few</u>	<u>Some</u>	<u>Most</u>	<u>All</u>
a. were employed or in school or training full time ?..	4	3	2	1	0
b. were involved in illegal activity?.....	0	1	2	3	4
c. weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
d. used any illegal drugs during the past 12 months ?	0	1	2	3	4
e. shout, argue and fight most weeks?.....	0	1	2	3	4
f. have ever been in drug or alcohol treatment?.....	4	3	2	1	0
g. would describe themselves as being in recovery?...	4	3	2	1	0

Using number of people...

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

Using **Card C** (and answering none, a few, some, most or all)...

SRI/ERS E7. Of the people you have **regularly socialized with**, would you say that none, a few, some, most or all of them...

	<u>None</u>	<u>A Few</u>	<u>Some</u>	<u>Most</u>	<u>All</u>
a. were employed or in school or training full time ?..	4	3	2	1	0
b. were involved in illegal activity?.....	0	1	2	3	4
c. weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
d. used any illegal drugs during the past 12 months ?	0	1	2	3	4
e. shout, argue and fight most weeks?.....	0	1	2	3	4
f. have ever been in drug or alcohol treatment?.....	4	3	2	1	0
g. would describe themselves as being in recovery?...	4	3	2	1	0

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

RERI E8. When was the **last** time, in the past 12 months, that during an argument with someone else **you** swore, cursed, threatened them, threw something, or pushed or hit them in any way?

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- Never in the past 12 months 0 [GO TO E9n]

Please answer the next questions using yes or no.

GCTS E8. **During the past 12 months**, have you had a disagreement in which you...

	<u>Yes</u>	<u>No</u>
a. discussed it calmly and settled the disagreement?.....	1	0
b. left the room or area rather than argue?.....	1	0
c. insulted, swore or cursed at someone?	1	0
d. threatened to hit or throw something at another person?.....	1	0
e. actually threw something at someone?	1	0
f. pushed, grabbed or shoved someone?	1	0
g. slapped another person?.....	1	0
h. kicked, bit or hit someone?.....	1	0
j. hit or tried to hit anyone with something (an object)?.....	1	0
k. beat up someone?	1	0
m. threatened anyone with a knife or gun?.....	1	0
n. actually used a knife or gun on another person?	1	0

Please answer the next question using the number of days.

RERI E8p. **During the past 12 months**, on how many **days** did you have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way?

Days

Please answer the next questions using yes or no.

- | | | | |
|-----|---|------------|-----------|
| E9. | Are you currently worried that someone might... | <u>Yes</u> | <u>No</u> |
| n. | attack you with a gun, knife, stick, bottle or other weapon? | 1 | 0 |
| p. | hurt you by striking or beating , or otherwise physically abuse you? | 1 | 0 |
| q. | pressure or force you to participate in sexual acts against your will? | 1 | 0 |
| r. | abuse you emotionally ? | 1 | 0 |

[IF E9n-r ARE ALL NO, GO TO E9t]

- | | | | |
|------|---|------------|-----------|
| E9s. | Have you gotten the help you need to deal with these problems?..... | <u>Yes</u> | <u>No</u> |
| | | 1 | 0 |

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

- RERI E9t. When was the **last** time, in the past 12 months, you were attacked with a weapon, beaten, sexually abused, or emotionally abused?
- (Select one)**
- | | |
|-----------------------------------|-----------------------|
| Past month | 5 |
| 2 to 3 months ago..... | 4 |
| 4 to 6 months ago..... | 3 |
| 7 to 12 months ago..... | 2 |
| Never in the past 12 months | 0 [GO TO E13a] |

Please answer the next questions using the number of days.

- RERI E9u. **During the past 12 months**, on how many **days** were you attacked with a weapon, beaten, sexually abused or emotionally abused?.....
- Days

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

(Clarify and code)

No/None.....	0 [GO TO E13d]
Baptist.....	1
Buddhist.....	2
Catholic.....	3
Evangelical.....	4
Hindu.....	5
Jewish.....	6
Lutheran.....	7
Methodist.....	8
Mormon.....	9
Muslim.....	10
Presbyterian.....	11
Other Protestant.....	12
Shinto.....	13
Native American Church.....	14
Traditional Native American.....	15
Christian (non-denominational or not specified).....	16
Some other group (Please describe).....	99

v. _____

E13b. How long have you been a member of your religion? + + +
Years Months Weeks Days

[Use age in years for whole life]

Please answer the next questions using yes or no.

E13c. Do you...	<u>Yes</u>	<u>No</u>
1. consider yourself to be a good member of your religion?	1	0
2. regularly attend services or ceremonies?	1	0

E13d. Do you consider your religious or spiritual beliefs to...	<u>Yes</u>	<u>No</u>
1. be very strong?	1	0
2. be very important to you?	1	0
3. often influence your decisions?	1	0
	<u>Yes</u>	<u>No</u>

E13e. Is it important for your friends to share your religious or spiritual beliefs?	1	0
--	---	---

Please answer the next questions using the number of days.

- RERI E14. **During the past 12 months**, on how many **days** have you been to a formal activity where...
- a. no one was using alcohol or other drugs?.....
Days
- b. people were using alcohol or other drugs?
Days

Please answer the next questions using yes or no.

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

The next questions are about the **last** time you experienced serious problems with each of several types of people. This might involve a prolonged fight, arguing off and on or an argument that endangered the relationship. Please respond using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months). You can also tell me if something is not applicable, such as if you have no children.

FCS

		Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
E20.	When was the last time, in the past 12 months, you had significant periods in which you experienced serious problems getting along with your...					
a.	mother?	5	4	3	2	0
b.	father?	5	4	3	2	0
c.	brothers or sisters?	5	4	3	2	0
d.	sex partner or spouse?.....	5	4	3	2	0
e.	children?.....	5	4	3	2	0
f.	other significant family members?.....	5	4	3	2	0
g.	close friends?	5	4	3	2	0
h.	neighbors?	5	4	3	2	0
j.	coworkers?	5	4	3	2	0

[IF NO PAST MONTH PROBLEMS GETTING ALONG REPORTED IN E20a-j, GO TO E22]

- FCS E21. **During the past 30 days**, on how many **days** have you experienced family problems?
Days

Using **Card B** (and answering not at all, slightly, moderately, considerably or extremely)...

(Select One)

- FCS E22. **During the past 30 days, how troubled have you been by family problems?**
- Not at all 0
 - Slightly..... 1
 - Moderately..... 2
 - Considerably..... 3
 - Extremely..... 4
- FCS E23. **How important to you now is counseling/referrals for these family problems?**
- Not at all 0
 - Slightly..... 1
 - Moderately..... 2
 - Considerably..... 3
 - Extremely..... 4

M. Mental and Emotional Health

The next questions are about common nerve, mental or psychological problems that many people have. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities or when they make you feel like you cannot go on.

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

IMDS/
GMDS/
SSI

When was the last time, in the past 12 months, you had significant		Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
M1a.	problems with...					
1.	headaches, faintness, dizziness, tingling, numbness, sweating, or hot or cold spells?	5	4	3	2	0
2.	sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?	5	4	3	2	0
3.	having dry mouth, loose bowel movements, constipation, trouble controlling your bladder, or related itching?	5	4	3	2	0
4.	pain or heavy feeling in your heart, chest, lower back, arms, legs or other muscles?	5	4	3	2	0

IMDS/
GMDS/
DSS

When was the last time, in the past 12 months, you had significant		Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
M1b.	problems with...					
1.	feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	5	4	3	2	0
3.	remembering, concentrating, making decisions, or having your mind go blank?	5	4	3	2	0
4.	feeling very shy, self-conscious or uneasy about what people thought or were saying about you?	5	4	3	2	0
5.	thoughts that other people did not understand you or appreciate your situation?	5	4	3	2	0
6.	feeling easily annoyed, irritated, or having trouble controlling your temper?	5	4	3	2	0
7.	feeling tired, having no energy, or feeling like you could not get things done?	5	4	3	2	0
8.	losing interest or pleasure in work, school, friends, sex or other things you cared about?	5	4	3	2	0
10.	moving and talking much slower than usual?	5	4	3	2	0
11.	losing 10 or more pounds when you were not trying to?	5	4	3	2	0
12.	gaining 10 or more pounds when you were not trying to?	5	4	3	2	0

IMDS/
GMDS/
HSTS

	Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
M1c. When was the last time, in the past 12 months, you had...					
2. thought about ending your life or committing suicide?	5	4	3	2	0

[IF 0, GO TO M1d1]

5. attempted to commit suicide?	5	4	3	2	0
---------------------------------------	---	---	---	---	---

IMDS/ M1d. When was the **last** time, in the past 12 months, you had **significant**
GMDS/ problems with...
AFSS

1. feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	5	4	3	2	0
2. having to repeat an action over and over, or having thoughts that kept running over in your mind?.....	5	4	3	2	0
3. trembling, having your heart race, or feeling so restless that you could not sit still?	5	4	3	2	0
4. getting into a lot of arguments and feeling the urge to shout, throw things, beat, injure or harm someone?	5	4	3	2	0
5. feeling very afraid of open spaces, leaving your home, having to travel or being in a crowd?.....	5	4	3	2	0
6. avoiding snakes, the dark, being alone, elevators or other things because they frightened you?.....	5	4	3	2	0
7. thoughts that other people were taking advantage of you, not giving you enough credit, or causing you problems?	5	4	3	2	0
8. thoughts that someone was watching you, following you or out to get you?.....	5	4	3	2	0
9. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?.....	5	4	3	2	0
10. thoughts that you should be punished for thinking about sex or other things too much?	5	4	3	2	0
11. having a lot of tension or muscle aches because you were worried?.....	5	4	3	2	0
12. being unable or finding it difficult to control your worries?	5	4	3	2	0

EPS M1e. When was the **last** time, in the past 12 months, your life was **significantly** disturbed by nerve, mental or psychological problems or that you felt you could not go on, **including** those things we just talked about?

(Select one)

Past month	5
2 to 3 months ago.....	4
4 to 6 months ago.....	3
7 to 12 months ago.....	2
Never in the past 12 months	0 [GO TO M2]

Please answer the next questions using the number of days.

M1f. **During the past 12 months**, on how many **days** were you bothered by any nerve, mental, or psychological problems?.....
Days

M1g. **During the past 12 months**, on how many **days** did these problems keep you from meeting your responsibilities at work, school or home, or make you feel like you could not go on?.....
Days

[IF NO PAST MONTH PROBLEMS REPORTED IN M1e, GO TO M2]

PCS M1m. **During the past 30 days**, on how many **days** have you experienced any nerve, mental, psychological or emotional problems?
Days

The next set of questions is about any upsetting **memories** or **feelings** that kept bothering you from times when **you** or **someone close to you** was in danger of being hurt, was actually hurt, or died. This includes memories related to emotional, physical or sexual abuse; serious illness; accidents or disasters; violence in your community; war; or other traumatic events.

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

EPS M2. When was the **last** time, in the past 12 months, your life was disturbed by **memories or feelings** of something you did, something you saw, something that happened to you, or something you heard about happening to someone else?

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- Never in the past 12 months 0 [GO TO M5e]

IMDS/
TSS

		Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
When was the last time, in the past 12 months, the following situations						
M2.	happened to you?					
a.	When something reminded you of the past, you became very distressed and upset.....	5	4	3	2	0
b.	You had nightmares about things in your past that really happened	5	4	3	2	0
c.	When you thought of things you had done, you wished you were dead	5	4	3	2	0
d.	It seemed as if you had no feelings	5	4	3	2	0
e.	Your dreams at night were so real that you awoke in a cold sweat and forced yourself to stay awake	5	4	3	2	0
f.	You felt like you could not go on	5	4	3	2	0
g.	You were frightened by your urges	5	4	3	2	0
h.	You used alcohol or other drugs to help yourself sleep or forget about things that happened in the past	5	4	3	2	0
j.	You lost your cool and exploded over minor, everyday things	5	4	3	2	0
k.	You were afraid to go to sleep at night	5	4	3	2	0
m.	You had a hard time expressing your feelings, even to the people you cared about	5	4	3	2	0
n.	You felt guilty about things that happened because you felt like you should have done something to prevent them.....	5	4	3	2	0

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

	Yes	No
M2p. Have you ever had any of the problems just mentioned for three or more months?	1	0

[IF NO PAST YEAR PROBLEMS REPORTED IN M2, GO TO M5e]

Please answer the next question using the number of days.

EPS M2q. **During the past 12 months**, on how many **days** have you been disturbed by memories of things from the past that you did, saw or had happen to you?
Days

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never)...

MHTI M5e. When was the **last** time, in the past 12 months, 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?

(Select one)

Past month	5
2 to 3 months ago.....	4
4 to 6 months ago.....	3
7 to 12 months ago.....	2
Never in the past 12 months	0 [GO TO M9]

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

MHTI M5. **During the past 12 months**, how many...

f. **times** have you had to go to the **emergency room** for mental, emotional, behavioral or psychological problems?
Times

g. **nights** total did you spend in the **hospital** for mental, emotional, behavioral or psychological problems?
Nights

h. **times** did you see a mental health doctor in an **office or outpatient clinic** for mental, emotional, behavioral or psychological problems?
Times

h1. **days** did you take prescribed **medication** for mental, emotional, behavioral or psychological problems? [IF 0, GO TO M9]
Days

[IF M5h1 = 365, ENTER '30' IN M5h1a]

PCS M5h1a. **During the past 30 days**, on how many **days** did you take prescribed medication for mental, emotional, behavioral or psychological problems?
Days

Using **Card B** (and answering not at all, slightly, moderately, considerably or extremely)...

(Select One)

- PCS M9. **During the past 30 days**, how troubled or bothered have you been by psychological or emotional problems?
- Not at all 0
 - Slightly..... 1
 - Moderately..... 2
 - Considerably..... 3
 - Extremely..... 4
- PCS M10. How important to you now is treatment for these psychological or emotional problems?
- Not at all 0
 - Slightly..... 1
 - Moderately..... 2
 - Considerably..... 3
 - Extremely..... 4

SE. Stressful Events

(Holmes & Rahe, 1967; DONS; APA, 2001)

The next questions are about stressful things that may have happened to you or people close to you **during the past 12 months**.

Please answer the next questions using yes or no.

SE.	During the past 12 months , did you experience...	<u>Yes</u>	<u>No</u>
1.	problems with your primary support group such as the death of a spouse, partner or other close family member; major health problems in the family; disruption of family by separation, divorce or estrangement; removal from the home; or remarriage?	1	0
2.	problems related to your social environment including the death or loss of a close friend, inadequate social support, living alone or adjustment to a life-cycle transition (disability, retirement)?	1	0
3.	problems reading, understanding, or completing paperwork?	1	0
4.	occupation problems including unemployment, the threat of job loss, a stressful work schedule, a job change, or difficulty getting along with your coworkers or boss?	1	0
5.	problems with your housing situation including homelessness, inadequate housing, an unsafe neighborhood, or difficulty getting along with your neighbors or landlord?	1	0
6.	financial difficulties including not having enough money to pay your bills?	1	0
7.	problems with access to health care services including lack of transportation to health care facilities, the inability to pay for services, or not knowing how to access services?	1	0
8.	problems related to interaction with the legal system including arrests, spending time in jail or prison, being a victim of a crime, or involvement in a law suit?	1	0
9.	discrimination in community, service providers, work or transportation?	1	0
10.	major problems with sleeping habits?	1	0
11.	problems with a health condition including illness, injury or sex difficulties?	1	0
12.	problems with your ability to care for yourself including bathing, feeding yourself or taking your medication?	1	0
13.	something you saw or that happened to someone close to you? (Please describe) ?	1	0
v.	_____		

GL. Grief and Loss

(Bolen et al., 2003; Rubin et al., 2009)

The next questions are about grief you may have felt over the loss of a loved one you felt very close to but have now lost either because he or she has died, has a severe disability such as Alzheimer's disease or is gone for another reason, such as addiction.

Please answer the next questions using yes or no.

Yes No

GL1. **During the past 12 months**, have you lost or felt grief over the loss of someone very close to you? 1 0 [IF 0, GO TO LS1]

GL2a. Who did you lose?

v. _____

What was this person's relationship to you? (Select all that apply)

MENTIONED

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Spouse..... | 1 | 0 |
| 2. Partner..... | 1 | 0 |
| 3. Other family member..... | 1 | 0 |
| 4. Other friend | 1 | 0 |
| 5. Other (Please describe in GL2av) | 1 | 0 |

GL3a. What led to the loss? (Select all that apply)

v. _____

MENTIONED

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Death..... | 1 | 0 |
| 2. Dementia..... | 1 | 0 |
| 3. Physical health/Disability | 1 | 0 |
| 4. Addiction/Mental health | 1 | 0 |
| 5. Other (Please describe in GL3av) | 1 | 0 |

Think about how you are dealing with this loss and answer all of these items about your feelings and actions up to this time. Using **Card D**, please indicate whether you strongly disagree, disagree, feel mixed, agree or strongly agree with each statement as it applies to you since you lost this person. Choose the best answer.

		Strongly Disagree	Disagree	Mixed	Agree	Strongly Agree
GL4. During the past 12 months...						
a.	you were flooded by thoughts and feelings about the loss of ____.	1	2	3	4	5
b.	you yearned strongly for ____ and missed him/her deeply.	1	2	3	4	5
c.	you felt that loss of the kind you have encountered is usually experienced as a most difficult event.	1	2	3	4	5
d.	the loss has been traumatic for you.	1	2	3	4	5
e.	you continued to experience the loss as a shocking and traumatic event in your life.	1	2	3	4	5
f.	the loss of ____ felt overwhelming or devastating.	1	2	3	4	5
g.	you thought about this person/s so much that it was hard for you to do the things you would normally do.	1	2	3	4	5
h.	you felt disbelief over losing this person/s.	1	2	3	4	5
j.	you felt stunned, dazed or shocked over losing this person/s.	1	2	3	4	5
k.	you felt that life was empty or meaningless without this person/s.	1	2	3	4	5
m.	you felt like you had become numb since the loss of this person/s.	1	2	3	4	5
n.	you felt that it was unfair that you should live when this person/s is gone.	1	2	3	4	5
p.	you were bitter over the loss of this person/s.	1	2	3	4	5
q.	you felt like the future held no meaning or purpose.	1	2	3	4	5
r.	you felt lonely ever since this person/s has been gone.	1	2	3	4	5
s.	you felt unable to imagine life being fulfilled without this person/s.	1	2	3	4	5
t.	you felt that a part of you died along with the loss of this person/s.	1	2	3	4	5
u.	you lost your sense of security, safety or control since losing this person/s.	1	2	3	4	5

LS. Loneliness Scale
(Russell, 1996)

The following statements describe how people sometimes feel. Using **Card LS**, please indicate how often you felt that way **in the past 12 months** using always, sometimes, rarely or never.

		Always	Sometimes	Rarely	Never
LS. During the past 12 months, how often have you felt that...					
1.	you were in tune with the people around you?	4	3	2	1
2.	you lacked companionship?	4	3	2	1
3.	there was no one you could turn to?	4	3	2	1
4.	you were alone?	4	3	2	1
5.	you were part of a group of friends?	4	3	2	1
6.	you had a lot in common with the people around you?	4	3	2	1
7.	you were no longer close to anyone?	4	3	2	1
8.	your interests and ideas were not shared by those around you?	4	3	2	1
9.	you were outgoing and friendly?	4	3	2	1
10.	you were close to people?	4	3	2	1
11.	you were left out?	4	3	2	1
12.	your relationships with others were not meaningful?	4	3	2	1
13.	no one really knew you well?	4	3	2	1
14.	you were isolated from others?	4	3	2	1
15.	you could find companionship when you wanted it?	4	3	2	1
16.	there were people who really understood you?	4	3	2	1
17.	you were shy?	4	3	2	1
18.	people were around you but not with you?	4	3	2	1
19.	there were people you could talk to?	4	3	2	1
20.	there were people you could turn to?	4	3	2	1

PS. Perceived Social Support Scale

(Procidano and Heller, 1983; Dennis, Foss & Scott, 2007)

The following statements refer to feelings and experiences that occur to most people at one time or another in their relationships with **friends**. For each statement please respond using yes if you agree with the statement or no if you disagree with the statement.

PS. During the past 12 months...	<u>Yes</u>	<u>No</u>
1. my friends have given me the moral support I've needed.	1	0
2. most other people have been closer to their friends than I have been.....	1	0
3. my friends have enjoyed hearing about what I think.....	1	0
4. certain friends have come to me when they have had problems or needed advice.	1	0
5. I have relied on my friends for emotional support.	1	0
6. if I felt that one or more of my friends was upset with me, I would just keep it to myself.....	1	0
7. I have felt that I am on the fringe, or outside edge, in my circle of friends.	1	0
8. there has been a friend I could go to if I were just feeling down, without feeling funny about it later.	1	0
9. my friends and I have been very open about what we think about things.	1	0
10. my friends have been sensitive to my personal needs.	1	0
11. my friends have come to me for emotional support.	1	0
12. my friends have been good at helping me solve problems.	1	0
13. I have had a deep, sharing relationship with a number of friends.	1	0
14. my friends have gotten good ideas from me on how to do things or make things.....	1	0
15. when I have confided in my friends, it has made me feel uncomfortable.....	1	0
16. my friends have sought me out for companionship.....	1	0
17. I have thought that my friends feel that I am good at helping them solve problems.....	1	0
18. I have not had a relationship with a friend that was as intimate as other people's relationships with their friends.	1	0
19. I have gotten a good idea about how to do something from a friend.	1	0
20. I have wished my friends were much different.	1	0

PF. Perceived Family Support Scale

(Procidano & Hiller, 1983; Dennis, Foss & Scott, 2007)

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 blood or legal ties with the people you currently consider your family. Do you have any questions?

	<u>Yes</u>	<u>No</u>	
FE1. Do you have one or more people you consider to be your "family?"	1	0	[IF NO, GO TO P3]

For each statement please respond using yes if you agree with the statement or no if you disagree with the statement.

	<u>Yes</u>	<u>No</u>
PF. During the past 12 months...		
1. my family has given me the moral support I've needed.	1	0
2. I have gotten good ideas about how to do things or make things from my family.....	1	0
3. most other people have been closer to their families than I have been.....	1	0
4. when I have confided in the members of my family who are closest to me, I have gotten the idea that it makes them uncomfortable.	1	0
5. my family has enjoyed hearing about what I think.	1	0
6. members of my family have shared many of my interests.	1	0
7. certain members of my family have come to me when they have had problems or needed advice.	1	0
8. I have relied on my family for emotional support.	1	0
9. there has been a member of my family that I could go to if I were just feeling down, without feeling funny about it later.....	1	0
10. my family and I have been very open about what we think about things.	1	0
11. my family has been sensitive to my personal needs.	1	0
12. members of my family have come to me for emotional support.	1	0
13. members of my family have been good at helping me solve problems.	1	0
14. I have had a deep, sharing relationship with a number of members of my family.	1	0
15. members of my family have gotten good ideas from me about how to do things or make things.	1	0
16. when I have confided in members of my family it has made me feel uncomfortable.	1	0
17. members of my family have sought me out for companionship (company).	1	0
18. I have thought that my family feels that I am good at helping them solve problems.	1	0
19. I haven't had a relationship with a member of my family that was as close as other people's relationships with family members.	1	0
20. I have wished my family were much different.	1	0

FE. Family Effectiveness
(McCreary, 2003, 2008)

All families have strengths and weaknesses. For the following items there are no right or wrong answers.						
After I read each of the following statements, please decide how true the statement is of <i>your</i> family in the past 12 months . Using Card FE , please tell me if this is never true of your family, sometimes true of your family (less than half the time), true of your family about half the time, mostly true of your family (more than half the time), or if it is always true of your family.		Never true of us	Sometimes true	Half the time true	Mostly true	Always true of us
FE2.	We help each other out in my family; I'll do for them and they'll do for me.....	0	1	2	3	4
FE3.	People in my family share the work of keeping things going.	0	1	2	3	4
FE4.	When people in my family need something (like food, money, clothes, a ride), they can get it from someone in the family.	0	1	2	3	4
FE5.	Family members break promises to each other	0	1	2	3	4
FE6.	Adults in my family are able to provide for the family's needs.	0	1	2	3	4
FE7.	Family members do things for each other (like watching the kids, cooking, cleaning).....	0	1	2	3	4
FE8.	If I need something, there's no one in my family who will help.....	0	1	2	3	4
FE9.	People in my family show affection to each other.....	0	1	2	3	4
FE10.	People in my family get along with each other.	0	1	2	3	4
FE11.	Adults in my family make the kids feel bad.	0	1	2	3	4
FE12.	When people in my family have trouble, they can count on the family to help them.	0	1	2	3	4
FE13.	People in my family find fault with each other.	0	1	2	3	4
FE14.	People in my family praise each other.....	0	1	2	3	4
FE15.	People in my family are scared that a family member will hurt them (physically). 0	1	2	3	4	
FE16.	In my family, when a person needs to talk, someone will listen.	0	1	2	3	4
FE17.	Kids in my family feel they can talk to the adults.	0	1	2	3	4
FE18.	In my family, when we have a problem with each other, we try to solve it.	0	1	2	3	4

	Never true of us	Sometimes true	Half the time true	Mostly true	Always true of us
FE19. People in our family stay angry at each other for a long time.	0	1	2	3	4
FE20. People in our family know what's going on with each other.	0	1	2	3	4
FE21. People in our family argue with each other.	0	1	2	3	4
FE22. Our family has fun together.	0	1	2	3	4
FE23. Family members lie to each other.	0	1	2	3	4
FE24. People in our family trust each other.	0	1	2	3	4
FE25. Family members tell others our secrets.	0	1	2	3	4
FE26. We stick together in our family.	0	1	2	3	4
FE27. People in our family feel hopeless.	0	1	2	3	4
FE28. Family members tell each other how to run their lives.	0	1	2	3	4
FE29. If I tell the kids they can't do something, another family member will tell them they can.	0	1	2	3	4
FE30. Our family depends on God.	0	1	2	3	4
FE31. In our family, we make sure we spend time together.	0	1	2	3	4
FE32. Family members steal from each other.	0	1	2	3	4
FE33. Our family treats each other with respect.	0	1	2	3	4
FE34. No matter how hard it gets, in our family, we don't give up on each other.	0	1	2	3	4
FE35. Adults in our family make home a safe place for kids.	0	1	2	3	4
FE36. Adults in our family teach kids how to stay safe.	0	1	2	3	4
FE37. Adults in our family leave the kids at home alone.	0	1	2	3	4
FE38. Adults in our family are in charge, not the kids.	0	1	2	3	4
FE39. Family members have stability (routine) in their lives.	0	1	2	3	4
FE40. In our family, we teach kids what's important.	0	1	2	3	4
FE41. Adults in our family put the kids' needs ahead of their own.	0	1	2	3	4
FE42. Kids in our family have too much on their shoulders because the adults don't do their share.	0	1	2	3	4
FE43. Kids in our family are out of control.	0	1	2	3	4

P. Physical Health

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

HDS P3. **During the past 12 months** would you say your health in general was...

(Select one)

- Excellent 0
- Very good 1
- Good 2
- Fair 3
- Poor 4

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never)...

	Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
P6. When was the last time, in the past 12 months, you were told by a doctor or nurse that you have...					

- a. **Hepatitis**, yellow jaundice, or cirrhosis of the liver? 5 4 3 2 0
- b. **Tuberculosis** or TB? 5 4 3 2 0
- c. the Human Immunodeficiency Virus, HIV or AIDS? 5 4 3 2 0
- d. other **sexually transmitted diseases or infections**, such as syphilis, gonorrhea, or chlamydia?..... 5 4 3 2 0
- e2. other infectious diseases or illnesses? (**Please describe**) 5 4 3 2 0
- v. _____
- e1. been **tested** for these or other infectious diseases or illnesses? 5 4 3 2 0

[IF NONE REPORTED IN P6a-e1, GO TO P9]

Please answer the next question using yes or no.

Yes No

P6f. Are you **currently** receiving treatment for any of these diseases? 1 0

The next questions are about any health or medical problems including common problems such as colds, the flu, asthma, allergies, your period, and other physical problems you may have been treated for.

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

HPS P9. When was the **last** time, in the past 12 months, that you were bothered by any health or medical problems or that they kept you from meeting your responsibilities at work, school or home?

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- Never in the past 12 months 0 [GO TO P10a]

Please answer the next questions using the number of days.

P9a. **During the past 12 months**, on how many **days** were you bothered by any health or medical problems?.....
Days

P9b. **During the past 12 months**, on how many **days** have medical problems kept you from meeting your responsibilities at work, school or home?.....
Days

P9c. What is the problem you have been having?
v1. _____

[IF NO PAST MONTH HEALTH PROBLEMS REPORTED IN P9, GO TO P10a]

MCS P9d. **During the past 30 days**, on how many **days** have you been bothered by any health or medical problems?
Days

Please answer the next questions using yes or no.

PHPI	P10a. During the past 12 months have you been treated or told by a health professional that you have...	<u>Yes</u>	<u>No</u>
	1. eye or vision problems (blindness)?	1	0
	2. hearing problems (deafness?)	1	0
	3. Multiple Sclerosis (MS)?	1	0
	4. Spinal cord injury?	1	0
	5. Traumatic Brain Injury (TBI)?	1	0
	6. Alzheimer's disease or dementia?	1	0
	7. chronic back pain?	1	0
	8. stomach or digestive system problems (such as ulcers or colitis, nausea, vomiting, persistent diarrhea or constipation, or heartburn)?	1	0
	9. other physical injuries or unhealed wounds (such as a broken bone, knife or gun wound, or cut or bruise that would not go away)?	1	0
	10. arthritis or rheumatism?	1	0
	11. osteoporosis?	1	0
	12. asthma?	1	0
	13. lung disease or emphysema?	1	0
	14. diabetes?	1	0
	15. Parkinson's disease?	1	0
	16. heart disease?	1	0
	17. hypertension or high blood pressure?	1	0
	18. seizures?	1	0
	19. a stroke?	1	0
	20. cirrhosis of the liver?	1	0
	21. pancreatitis?	1	0

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

P10b1. When was the **last** time, in the past 12 months, that you were told by a doctor, nurse or other health care professional that you had cancer?

	(Select one)
Past month	5
2 to 3 months ago	4
4 to 6 months ago	3
7 to 12 months ago	2
Never	0 [GO TO P11e]

P10b2. How old were you when you were **first** diagnosed with cancer?.....
Age

P10b3. How many different types of cancer have you had?.....
Types

P10c. What types of cancer have you had? (Any others?) **(Please record and select all that apply)**

v. _____	MENTIONED	
	<u>Yes</u>	<u>No</u>
Breast		
1. Breast cancer.....	1	0
Female Reproductive (Gynecologic)		
2. Cervical cancer.....	1	0
3. Endometrial cancer (uterus).....	1	0
4. Ovarian cancer.....	1	0
Head/Neck		
5. Head and neck cancer.....	1	0
6. Oral cancer.....	1	0
7. Pharyngeal cancer (throat).....	1	0
8. Thyroid cancer.....	1	0
Gastrointestinal		
9. Colon cancer (intestine).....	1	0
10. Esophageal cancer (esophagus).....	1	0
11. Liver cancer.....	1	0
12. Pancreatic cancer (pancreas).....	1	0
13. Rectal (rectum) cancer.....	1	0
14. Stomach cancer.....	1	0
Leukemia/Lymphoma (Lymph Nodes and Bone Marrow)		
15. Hodgkin's Lymphoma (Hodgkin's disease).....	1	0
16. Leukemia cancer (blood).....	1	0
17. Non-Hodgkin's lymphoma.....	1	0
Male reproductive		
18. Prostate cancer.....	1	0
19. Testicular cancer.....	1	0
Skin		
20. Melanoma.....	1	0
21. Other skin cancer (Please describe in P10cv)	1	0
Thoracic (Heart/Lung)		
22. Heart cancer.....	1	0
23. Lung cancer.....	1	0
Urinary		
24. Bladder cancer.....	1	0
25. Renal cancer (kidney).....	1	0

(Continued...)

Other

- 26. Bone cancer 1 0
- 27. Brain cancer..... 1 0
- 28. Neuroblastoma..... 1 0
- 99. Some other cancer (**Please describe in P10cv**) 1 0

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

P10d1. When was the **last** time, in the past 12 months, you received any kind of treatment for cancer, including surgery, radiation therapy, chemotherapy or chemotherapy pills?

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- Never in the past 12 months 0

P11e. When was the **last** time you saw a doctor or nurse about a health problem or took prescribed medication for one?

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- 1+ years ago..... 1 [GO TO P16]
- Never 0 [GO TO P16]

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

P11. **During the past 12 months**, how many...

PHTI

- f. **times** have you had to go to the **emergency room** for a health problem?
Times
- g. **nights** total did you spend in the **hospital** for a health problem?
Nights
- h. **times** did you have an outpatient **surgical procedure** for a health problem?
Times
- j. **times** did you see a doctor or nurse in an **office or outpatient clinic** for a health problem?
Times
- j1. **days** did you take prescribed **medication** for a health problem?
Days

Using **Card B** (and answering not at all, slightly, moderately, considerably or extremely)...

(Select One)

MCS P16. **During the past 30 days**, how troubled or bothered have you been by medical problems?

- Not at all 0
- Slightly..... 1
- Moderately..... 2
- Considerably..... 3
- Extremely..... 4

MCS P17. How important to you now is treatment for these medical problems?

- Not at all 0
- Slightly..... 1
- Moderately..... 2
- Considerably..... 3
- Extremely..... 4

CM. Caregiver Module
(CDC - 2010 BRFSS)

People may provide regular care or assistance to a friend or family member (that is, help someone, e.g., a spouse, child, friend with their daily activities), who has a health problem, long-term illness or disability.

Yes No

CM1. **During the past 30 days**, did you provide any such care or assistance to a friend or family member? 1 0 [IF 0, GO TO CM2a1]

CM1a. How many **people** do you currently provide care for due to their health, long-term illness or disability? |_|_|_|
People

The next questions are about the person for whom you provide the **most** care.

CM1b. What is the age of the person for whom you are providing the **most** care? |_|_|
Age

CM1c. What is this person's relationship to you?

v. _____

(Clarify and code)

- Parent 1
- Parent-in-law 2
- Child 3
- Spouse..... 4
- Sibling..... 5
- Grandparent 6
- Grandchild 7
- Other relative **(Please describe in CM1cv)**..... 8
- Other non-relative **(Please describe in CM1cv)** 99

CM1d. How long have you been providing care for this person? |_|_| + |_|_| + |_|_| + |_|_|
Years Months Weeks Days

CM1e. What has the doctor said is the **main** health problem, long-term illness or disability the person you care for has? (**Clarify and code**)

v. _____

Physical Health Condition/Disease

Arthritis/Rheumatism	1
Asthma.....	2
Cancer	3
Diabetes	4
Heart disease.....	5
Hypertension/High blood pressure	6
Lung disease/Emphysema	7
Osteoporosis	8
Parkinson's Disease.....	9
Stroke.....	10
HIV or AIDS	11

Disability

Eye or vision problems (blindness)	12
Hearing problems (deafness)	13
Multiple Sclerosis (MS).....	14
Spinal cord injury	15
Traumatic Brain Injury (TBI).....	16

Learning/Cognition

Alzheimer's disease or dementia.....	17
Attention-Deficit Hyperactivity Disorder (ADHD)	18
Learning disabilities	19

Developmental Disability

Cerebral Palsy (CP)	20
Down Syndrome	21
Other developmental disability (e.g., spina bifida, muscular dystrophy, fragile X) (Please describe in CM1ev)	22

Mental Health

Anxiety	23
Depression	24
Substance disorder	25
Other mental health (Please describe in CM1ev)	26

Other condition (Please describe in CM1ev).....	99
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CM1f. In which of the following areas do you provide the most help for this person?

(Select one)

- Taking care of himself/herself, such as eating, bathing, grooming, dressing or going to the bathroom 1
- Taking care of his/her residence or personal living spaces, such as cleaning, laundry, preparing meals, yard work, managing money or paying bills 2
- Communicating with others in person, by phone, by email, or in letters 3
- Routine health care tasks such as taking medication..... 4
- Following through with specialized health care that requires taking readings, making interpretations to adjust dosage, giving shots, or using equipment..... 5
- Learning or remembering things 6
- Seeing or hearing things 7
- Moving around within the home, including getting in and out of chairs or beds 8
- Transportation outside the home 9
- Getting along with people..... 10
- Relieving or decreasing anxiety or depression 11
- Dealing with loneliness 12
- Something else (**Please describe**) 99

v. _____

CM1j. In an average week, how many **hours** do you provide care for this person?.....

Hrs/Wk

CM1k. I am going to read a list of difficulties you may have faced as a caregiver. Please tell me which one of the following is the **greatest difficulty** you have faced as a caregiver.

(Select one)

- No problems 0
- Creates a financial burden 1
- Doesn't leave enough time for yourself 2
- Doesn't leave enough time for your family 3
- Interferes with your work 4
- Creates stress 5
- Creates or aggravates **your** health problems 6
- Negatively affects family relationships 7
- Some other difficulty (**Please describe**) 99

v. _____

The next questions are about **you** and **your** ability to complete various daily activities. Please respond using **Card CM1** and tell us how difficult it has been for **you** to complete the following activities by responding without difficulty, with some difficulty, with much difficulty, or unable to do on your own.

During the past week on your own , to what extent did you or would you have CM2a. had difficulty with...		Without difficulty	Some difficulty	Much difficulty	Unable to do on own
1.	taking care of yourself, such as eating, bathing, grooming, dressing or going to the bathroom?	4	3	2	1
2.	taking care of your residence or personal living space, such as cleaning, laundry, preparing meals, yard work or managing money?	4	3	2	1
3.	communicating with others in person, by phone, by email or in letters?	4	3	2	1
4.	completing routine health care tasks such as taking medication?	4	3	2	1
5.	following through on specialized health care tasks that require taking readings, making interpretations to adjust dosage, giving shots or using equipment?	4	3	2	1
6.	learning or remembering things?	4	3	2	1
7.	seeing or hearing things?	4	3	2	1
8.	moving around within the home, including getting in and out of chairs or beds?...	4	3	2	1
9.	transportation outside the home?	4	3	2	1
10.	getting along with other people?	4	3	2	1
11.	relieving or decreasing anxiety or depression?	4	3	2	1
12.	dealing with loneliness?	4	3	2	1
99.	something else? (Please describe)	4	3	2	1

v. _____

Yes No

CM2b. **During the past 12 months**, has a doctor or health care professional recommended that you get help doing any of the activities we just talked about (in CM2a1-99)?..... 1 0 [IF NO, GO TO C11]

The next questions are about those areas where you have had some difficulty. This time, consider how much **additional** (or more) help you have needed in order to do these things **during the past week**. Using **Card CM2**, please respond using no additional help, some additional help, a lot of additional help, or unable to do, even with additional help.

CM2c. During the past week , how much additional help have you needed in order to...	No additional help	Some additional help	A lot of additional help	Unable to do, even with additional help

1.	take care of yourself, such as eating, bathing, grooming, dressing or going to the bathroom?	0	1	2	3
2.	take care of your residence or personal living space, such as cleaning, laundry, preparing meals, yard work or managing money?	0	1	2	3
3.	communicate with others in person, by phone, by email or in letters?	0	1	2	3
4.	complete routine health care tasks such as taking medication?	0	1	2	3
5.	follow through on specialized health care tasks that require taking readings, making interpretations to adjust dosage, giving shots or using equipment?	0	1	2	3
6.	learn or remember things?	0	1	2	3
7.	see or hear things?	0	1	2	3
8.	move around within the home, including getting in and out of chairs or beds?	0	1	2	3
9.	get transportation outside the home?	0	1	2	3
10.	get along with other people?	0	1	2	3
11.	relieve or decrease anxiety or depression?	0	1	2	3
12.	deal with loneliness	0	1	2	3
99.	something else? (Please describe)	0	1	2	3

v. _____

CM2c. What has the doctor said is the **main** health problem, long-term illness or disability for which you need help or assistance?

v. _____

(Clarify and code)

Physical Health Condition/Disease

Arthritis/Rheumatism	1
Asthma.....	2
Cancer	3
Diabetes	4
Heart disease.....	5
Hypertension/High blood pressure	6
Lung disease/Emphysema	7
Osteoporosis	8
Parkinson's Disease.....	9
Stroke.....	10
HIV or AIDS	11

Disability

Eye or vision problems (blindness)	12
Hearing problems (deafness)	13
Multiple Sclerosis (MS).....	14
Spinal cord injury	15
Traumatic Brain Injury (TBI).....	16

Learning/Cognition

Alzheimer's disease or dementia.....	17
Attention-Deficit Hyperactivity Disorder (ADHD)	18
Learning disabilities	19

Developmental Disability

Cerebral Palsy (CP)	20
Down Syndrome	21
Other developmental disability (e.g., spina bifida, muscular dystrophy, fragile X) (Please describe in CM2cv)	22

Mental Health

Anxiety	23
Depression	24
Substance Disorder	25
Other mental health (Please describe in CM2cv)	26

Other condition (Please describe in CM2cv)..... 99

People who have health problems, long-term illnesses or disabilities often receive regular care or assistance from friends or family members.

Yes No

CM2d. **During the past 30 days**, has anyone provided such care or assistance to **you**? 1 0 [IF NO, GO TO C11]

CM2e. How many **people** have provided care to you due to a health problem, long-term illness or disability? |_|_|_|
People

CM2f. In an average week, how many **hours** have you received care from these people due to your health problems, long-term illness or disability? |_|_|
Hrs/Wk

The next questions are about the person who has provided you with the **most** care.

CM2g. What is the age of the person providing you with the **most** care? |_|_|
Age

CM2h. What is this person's relationship to you?

v. _____

(Clarify and code)

- Parent 1
- Parent-in-law 2
- Child 3
- Spouse..... 4
- Sibling..... 5
- Grandparent 6
- Grandchild 7
- Other relative **(Please describe in CM2hv)** 8
- Other non-relative **(Please describe in CM2hv)** 99

CM2k. How long has this person been providing you with care? |_|_| + |_|_| + |_|_| + |_|_|
Years Months Weeks Days

CM2m. In an average week, how many **hours** have you received care from this person due to your health problems, long-term illness or disability? |_|_|
Hrs/Wk

CI. Cognitive Impairment Module
(CDC - 2010 BRFSS)

The next questions are about difficulties in thinking or remembering that can make a big difference in everyday activities. This does **not** include things like occasionally forgetting your keys or the name of someone you recently met. This does include confusion or memory loss that seems to be happening more often or getting more severe. We want to know how these difficulties impact you.

Yes No

- CI1. **During the past 12 months**, have you experienced confusion or memory loss? 1 0 **[IF NO, GO TO PA1]**
- CI2. As a result of your confusion or memory loss, which of the following areas do you need the **most** assistance?
- Safety, such as falling down or remembering to turn off the stove..... 1
 - Transportation, such as getting to doctor's appointments on the right day and time..... 2
 - Household activities, such as housekeeping tasks or managing your money 3
 - Personal care..... 4

Please answer the next questions using **Card CI** and answering always, usually, sometimes, rarely or never.

	Always	Usually	Sometimes	Rarely	Never
CI3. During the past 12 months , how often has...					
a. confusion or memory loss caused you to give up household activities or chores you used to do?	1	2	3	4	5
b. confusion or memory loss interfered with your ability to work, volunteer or engage in social activities?.....	1	2	3	4	5
c. a family member or friend provided any care or assistance for you because of your confusion or memory loss?.....	1	2	3	4	5

Please answer the next questions using yes or no.

Yes No

- CI4. Has anyone discussed increases in your confusion or memory loss with a health care professional?..... 1 0
- CI5. Have you received treatment such as therapy or medication for confusion or memory loss?..... 1 0
- CI6. Has a health care professional ever said that you have Alzheimer's disease or some other form of dementia? **(If yes, please clarify below)**.... 1 0 **[IF NO, GO TO PA1]**
- a. Alzheimer's Disease..... 1 0
 - b. Some other form of dementia **(Please describe)**..... 1 0
 - v. _____

PA. Physical Activities

(Guralnik et al., 1995; Rikli & Jones, 1999; Howley & Franks, 2007)

As part of the this study, we are looking at physical mobility. In this section, I am going to ask you to do a few physical activities. Do the best you can on each item, but never push yourself to a point of overexertion or beyond what you think is safe for you.

[STAFF: IF INTERVIEWING BY PHONE, GO TO PA4]

JUG LIFT - Upper Extremity Strength

Yes No

PA1. **During the past 6 months**, have you had any surgery or injuries on your hands or arms? 1 0 **[IF YES, GO TO PA2]**

[Staff: Participant should be seated in a chair with fixed legs. Show participant a water-filled plastic jug weighing 10 pounds and ask...]

Yes No

PA1a. Do you want to try lifting this jug to see how far you can raise it?..... 1 0 **[IF NO, GO TO PA1c]**

[Staff: If yes, place jug on the lap of the participant, then ask...]

PA1b. Using both arms, please lift this jug as high as you can.

(Record height)

- Over his/her head 1
- Eye level 2
- Mid-chest level 3
- Below waist 4
- Unable..... 5
- Unwilling 6

ARM CURL - Upper Body Strength

[Staff: Show participant dumbbell (5 pounds for women, 8 pounds for men) and ask...]

Yes No

PA1c. Do you want to try seeing how many times you can curl this dumbbell in 30 seconds?..... 1 0 **[IF NO, GO TO PA2]**

[Staff: Read the following instructions to the participant as you demonstrate how to do curls.]

Hold the weight in a handshake grip with your arm fully extended to the side of the chair. Curl the weight by flexing your elbow while turning the palm of your hand toward your shoulder. Lower the weight until your elbow is straight. Repeat curling until the 30 seconds expire. Do you have any questions? When I say "go," please begin.

[Staff: Time for 30 seconds, counting the number of repetitions begun, including any partially done when you tell the participant to stop.]

PA1d. Record number of curls **started**:
 Curls started

WALKING GAIT - Mobility

Yes No

PA2. **During the past 6 months**, have you had any surgery or injuries on your legs or lower back that keep you from walking? 1 0 [IF YES, GO TO PA3]

Next I would like you to walk 33 feet (10 meters) at **your normal pace**. You will walk to the marker and back here twice at your regular pace.

Yes No

PA2c. Do you want to try this one?..... 1 0 [IF NO, GO TO PA3]

Do you have any questions? When I say "go," please make two laps around the mark at **your normal pace**.

[Staff: Record time in seconds to reach 2 complete laps around the mark. You can start over if there is any confusion. Record best time.]

PA2d. Record seconds to complete:
 Seconds

The next questions are about how hard you felt like you were working while you were doing each of the tasks you just completed. Please answer using **Card PA** where 6 means no exertion at all and 20 means maximum exertion or lots of work.

Staff: If the participant could not complete the task, enter 98; if he/she skipped it, enter 99.]

PA3. How hard would you rate...

a. lifting the jug?.....
 Rating

b. the arm curls?
 Rating

c. the 33-foot regular walk?.....
 Rating

U. Urine Test Documentation

U1. Urine test skip out [by staff decision]:

(Select one)

- Considered 1
- Not attempted, telephone interview 3 [GO TO PM1]
- Not attempted, incarcerated/institution 4 [GO TO PM1]
- Not attempted, other (clear with supervisor) **(Please describe)** 99 [GO TO PM1]

v. _____

As we told you when the study began, we would like to have you provide a urine sample. This is voluntary and you may refuse. However, if you are willing to do so, we will compensate you an additional \$10 for your time.

Yes No

U1b. Are you willing to provide us with a urine sample? 1 0 [IF NO, GO TO PM1]

Comment

v. _____

U2. Time entered washroom: :
Time (HH:MM)

1. AM or PM?
AM/PM

U2a. Time sample received: :
Time (HH:MM)

1. AM or PM?
AM/PM

U2b. Temperature when sample received:

U3. Drug Check Urine Cup Results (Read within 5 minutes)

(Select one)

- Completed 1
- Not done (Why?) 0 [GO TO PM1]

v. _____

U3a. Time urine cup results read: :
Time (HH:MM)

1. AM or PM?
AM/PM

[NOTE: STRIP ORDER CAN VARY! MATCH BY INITIALS AND COLOR]

U3b.	Today your results were positive for...	Invalid (no lines)	Positive (1 line)	Negative (2 lines)	
AMP	1. Amphetamine test (light blue strip)	0	1	2	
COC	2. Cocaine test (orange strip)	0	1	2	
OPI	3. Opiate test (purple strip)	0	1	2	
THC	4. Marijuana test (dark blue strip)	0	1	2	
MET	5. Methamphetamine test (green strip)	0	1	2	
	<i>[See alcohol color chart to help interpret.]</i>	White-Tan (0.00%)	Light Gray (0.04%)	Pale Green (0.08%)	Dark Green (0.20%)
ALC	6. Alcohol Test BAC (black tab, reversed)	0	4	8	20

PM. Pain Management
(Kinsley et al., 2008; Promise, 2010)

Please answer the next question using the number of days.

PM1. **During the past 12 months**, on how many **days** have you experienced any pain? [IF 0, GO TO PM2]
Days

Using **Card CI** (and answering always, usually, sometimes, rarely or never)...

	Always	Usually	Sometimes	Rarely	Never
PM1. During the past 12 months , when you were in pain, how often did you...					
a. become irritable?.....	1	2	3	4	5
b. grimace or show pain in your facial expression?.....	1	2	3	4	5
c. move extremely slowly?	1	2	3	4	5
d. move stiffly?	1	2	3	4	5
e. call out for someone to help you?	1	2	3	4	5
f. isolate yourself from others?.....	1	2	3	4	5
g. thrash or flap your arms, legs or body around wildly?	1	2	3	4	5

Next we want to go over a list of common problems related to using pain medication that has been **prescribed** for you by a doctor or other health care professional.

Please answer the next questions using yes or no.

	<u>Yes</u>	<u>No</u>	
PM2. During the past 12 months , have you taken any pain medication that was prescribed for you by a doctor or other health care professional?	1	0	[IF NO, GO TO PM4]
PM2. During the past 12 months...			
a. have you taken a higher dose or more of your pain medication than was prescribed for you?	1	0	
b. have you used your pain medication sooner or more often than it was prescribed for you?	1	0	
c. have you needed an early refill for your pain medication?	1	0	
d. have you gotten enough pain medication to bring your pain to a tolerable level (as prescribed)?	1	0	
e. has a doctor told you that you were using too much pain medication?	1	0	
f. have you felt high or gotten a buzz after using your pain medication?	1	0	
g. did you take your pain medication because you were upset or used the pain medication to relieve or cope with problems other than pain?	1	0	
h. have you gone to multiple physicians, hospitals or emergency rooms seeking more of your pain medication?	1	0	

Card PM shows pictures of some of the more common pain medications. Please answer using the name or number.

PM3a. What pain medications have you been prescribed by a doctor? (Any others?) **(Please record and select all that apply)**

v. _____

		MENTIONED	
		<u>Yes</u>	<u>No</u>
0.	Codeine.....	1	0
1.	Darvocet-N.....	1	0
2.	Darvon.....	1	0
3.	Demerol.....	1	0
4.	Dilaudid.....	1	0
5.	Fioricet.....	1	0
6.	Fiorinal.....	1	0
7.	Hydrocodeine.....	1	0
8.	Hydrocodone.....	1	0
9.	Hydromorphone.....	1	0
10.	Lorcet/Lorcet Plus.....	1	0
11.	Lortab.....	1	0
12.	Meperidine.....	1	0
13.	Methadone.....	1	0
14.	Morphine.....	1	0
15.	Nucodine.....	1	0
16.	Oxycodone.....	1	0
17.	OxyContin.....	1	0
18.	Pentazocine.....	1	0
19.	Percocet.....	1	0
20.	Percodan.....	1	0
21.	Phenaphen with codeine.....	1	0
22.	Proxpoxyphene.....	1	0
23.	SK-65.....	1	0
24.	Stadol.....	1	0
25.	Talacen.....	1	0
26.	Talwin.....	1	0
27.	Talwin NX.....	1	0
28.	Tramadol.....	1	0
29.	Tylenol with codeine.....	1	0
30.	Tylox.....	1	0
31.	Ultram.....	1	0
32.	Vicodin.....	1	0
99.	Some other pain medication (Please describe in PM3av)	1	0

The next questions are about prescription pain medication that you may have borrowed, bought or taken from someone else. Please do not include heroin, opium or other street drugs.

Yes No

PM4. **During the past 12 months**, have you taken any pain medication that you borrowed, bought or took from someone else? 1 0 [IF NO, GO TO S2]

Using **Card PM** and answering with the name or number...

PM4a. What pain medications have you taken? (Any others?) **(Please record and select all that apply)**

v. _____

		MENTIONED	
		<u>Yes</u>	<u>No</u>
0.	Codeine.....	1	0
1.	Darvocet-N.....	1	0
2.	Darvon.....	1	0
3.	Demerol.....	1	0
4.	Dilaudid.....	1	0
5.	Fioricet.....	1	0
6.	Fiorinal.....	1	0
7.	Hydrocodeine.....	1	0
8.	Hydrocodone.....	1	0
9.	Hydromorphone.....	1	0
10.	Lorcet/Lorcet Plus.....	1	0
11.	Lortab.....	1	0
12.	Meperidine.....	1	0
13.	Methadone.....	1	0
14.	Morphine.....	1	0
15.	Nucodine.....	1	0
16.	Oxycodone.....	1	0
17.	OxyContin.....	1	0
18.	Pentazocine.....	1	0
19.	Percocet.....	1	0
20.	Percodan.....	1	0
21.	Phenaphen with codeine.....	1	0
22.	Proxpoxyphene.....	1	0
23.	SK-65.....	1	0
24.	Stadol.....	1	0
25.	Talacen.....	1	0
26.	Talwin.....	1	0
27.	Talwin NX.....	1	0
28.	Tramadol.....	1	0
29.	Tylenol with codeine.....	1	0
30.	Tylox.....	1	0
31.	Ultram.....	1	0
32.	Vicodin.....	1	0
99.	Some other pain medication (Please describe in PM4av)	1	0

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

[Review Urine Results and SUUTI Section B]

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

SFS

S2. The next questions are about the last time you used alcohol or other drugs in the past 12 months. Using Card SU and answering whether it was within the past two days, 3 to 7 days ago, 1 to 4 weeks ago, 1 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago, or never in the past 12 months...	1-2 days	3-7 days	1-4 weeks	1-3 months	4-6 months	7-12 months	Never in past 12 months
When was the last time, in the past 12 months, you used...							
a. any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)?	7	6	5	4	3	2	0
b. alcohol until you were drunk (or had 5 or more drinks)?	7	6	5	4	3	2	0
c. marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)?	7	6	5	4	3	2	0
d. crack, smoked rock or freebase cocaine?	7	6	5	4	3	2	0
e. other forms of cocaine?	7	6	5	4	3	2	0
f. inhalants or huffed (such as correction fluids, gasoline, glue, lighters, spray paints, or paint thinner)?	7	6	5	4	3	2	0
g. heroin or heroin mixed with other drugs?	7	6	5	4	3	2	0
h. nonprescription or street methadone?	7	6	5	4	3	2	0
j. painkillers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine)?	7	6	5	4	3	2	0
k. PCP or angel dust (phencyclidine)?	7	6	5	4	3	2	0
m. acid, LSD, ketamine, special K, mushrooms, or other hallucinogens (such as mescaline, peyote, psilocybin, or shrooms)?	7	6	5	4	3	2	0
n. anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Equanil, Diazepam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax)?	7	6	5	4	3	2	0
pa. methamphetamine, crystal, ice, glass, or other forms of methedrine (such as Desoxyn)?	7	6	5	4	3	2	0
pb. speed, uppers, amphetamines, ecstasy, MDMA or other stimulants (such as Biphetamine, Benzedrine, Dexedrine or Ritalin)?	7	6	5	4	3	2	0
qa. barbiturates (such as Secobarbital, Seconal or Tuinal)?	7	6	5	4	3	2	0
qb. other downers, sleeping pills or other sedatives (such as Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone, Placidyl, Quaalude or Rohypnol)?	7	6	5	4	3	2	0
r. any other drug that has not been mentioned (such as amyl nitrate, cough syrup, nitrous oxide, NyQuil, poppers or Robitussin)? (Please describe)	7	6	5	4	3	2	0
v. _____							

[IF URINE NOT POSITIVE FOR ALCOHOL (U3b6 = 0) OR PAST WEEK ALCOHOL USE REPORTED (S2a > 5), GO TO S2c_1]

I may have made a mistake, but your urine test today suggests that you have used or been recently exposed to **alcohol** (beer, gin, rum, tequila, whiskey, wine or mixed drinks). Can you think carefully about the last time you used it by itself or with any other substance and answer the following questions?

S2a_1. **How many days ago did you last use any kind of beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks or other forms of alcohol?** [Use 366 for more than a year ago or never]
 Days

S2a_2. Can you think of any other reason why the urine test would be positive? ..

- v. _____
- (Clarify and code)**
- No idea..... 1
 - Mixed with other drugs..... 2
 - Medication..... 3
 - Food..... 4
 - Around others using..... 5
 - Some other reason (**record clearly above**)..... 99

[IF URINE NOT POSITIVE FOR MARIJUANA (U3b4 >1), OR PAST WEEK MARIJUANA USE REPORTED (S2c > 5) GO TO S2d_1]

I may have made a mistake, but your urine test today suggests that you have used or been recently exposed to **marijuana, hashish, blunts or some other form of THC** (herb, reefer, weed). Can you think carefully about the last time you used it by itself or with any other substance and answer the following questions?

S2c_1. **How many days ago did you last use any kind of marijuana, hashish, blunts or THC?** [Use 366 for more than a year ago or never]
 Days

S2c_2. Can you think of any other reason why the urine test would be positive? ..

- v. _____
- (Clarify and code)**
- No idea..... 1
 - Mixed with other drugs..... 2
 - Medication..... 3
 - Food..... 4
 - Around others using..... 5
 - Some other reason (**record clearly above**)..... 99

[IF URINE NOT POSITIVE FOR COCAINE (U3b2 >1) OR PAST WEEK CRACK OR OTHER COCAINE USE REPORTED (S2d or S2e > 5), GO TO S2f_1]

I may have made a mistake, but your urine test today suggests that you have used or been recently exposed to **some kind of crack or other forms of cocaine**. Can you think carefully about the last time you used it by itself or with any other substance and answer the following questions?

S2d_1. **How many days ago did you last use any kind of crack or other forms of cocaine?** [Use 366 for more than a year ago or never]
Days

S2d_2. Can you think of any other reason why the urine test would be positive? ..

v. _____

(Clarify and code)

- No idea..... 1
- Mixed with other drugs..... 2
- Medication..... 3
- Food..... 4
- Around others using..... 5
- Some other reason (**record clearly above**)..... 99

[IF URINE NOT POSITIVE FOR OPIATES (U3b3 >1) OR PAST WEEK OPIATE USE REPORTED (ANY S2g,h,j > 5), GO TO S2pa_1]

I may have made a mistake, but your urine test today suggests that you have used or been recently exposed to **some kind of heroin, street methadone, opiates or other pain killers**. Can you think carefully about the last time you used it by itself or with any other substance and answer the following questions?

S2f_1. **How many days ago did you last use any kind of heroin, street methadone, opiates or other pain killers?** [Use 366 for more than a year ago or never]
Days

S2f_2. Can you think of any other reason why the urine test would be positive? ..

v. _____

(Clarify and code)

- No idea..... 1
- Mixed with other drugs..... 2
- Medication..... 3
- Food..... 4
- Around others using..... 5
- Some other reason (**record clearly above**)..... 99

[IF URINE NOT POSITIVE FOR METHAMPHETAMINE (U3b5 >1), OR PAST WEEK METHAMPHETAMINE USE REPORTED (S2pa > 5), GO TO S2pb_1]

I may have made a mistake, but your urine test today suggests that you have used or been recently exposed to **some kind of methamphetamine, crystal ice, glass, or other forms of methedrine**. Can you think carefully about the last time you used it by itself or with any other substance and answer the following questions?

S2pa_1. **How many days ago** did you **last** use any kind of **methamphetamine, crystal, ice, glass, or other forms of methedrine (such as Desoxyn)**?
 [Use 366 for more than a year ago or never]
 Days

S2pa_2. Can you think of any other reason why the urine test would be positive? ..

- v. _____
- (Clarify and code)**
- No idea..... 1
 - Mixed with other drugs..... 2
 - Medication..... 3
 - Food..... 4
 - Around others using..... 5
 - Some other reason (**record clearly above**)..... 99

[IF URINE NOT POSITIVE FOR AMPHETAMINES (U3b1 >1), OR PAST WEEK AMPHETAMINE USE REPORTED (S2pb > 5), GO TO S2a1]

I may have made a mistake, but your urine test today suggests that you have used or been recently exposed to **speed, uppers, amphetamines, ecstasy, MDMA or other stimulants**. Can you think carefully about the last time you used it by itself or with any other substance and answer the following questions?

S2pb_1. **How many days ago** did you **last** use any kind of **speed, uppers, amphetamines, ecstasy, MDMA or other stimulants (such as Biphedamine, Benzedrine, Dexedrine or Ritalin)**? [Use 366 for more than a year ago or never]
 Days

S2pb_2. Can you think of any other reason why the urine test would be positive? ..

- v. _____
- (Clarify and code)**
- No idea..... 1
 - Mixed with other drugs..... 2
 - Medication..... 3
 - Food..... 4
 - Around others using..... 5
 - Some other reason (**record clearly above**)..... 99

[IF NO USE IN THE PAST 12 MONTHS, GO TO S2s TO CONFIRM]

The next questions are about your substance use in the past 12 months and the past 30 days. That is since (12 month anchor in A3a2) and (30 day anchor in A3a1)

SFS/
BAC/
ACS/
DCS

S2. Substance Use Frequency Grid <i>(Read from left to right for those substances used in the past 12 months and/or the past 30 days.)</i>	1. During the past 12 months , on how many days have you...	1av. What kind of (class of drugs) have you used in the past 12 months ?	1b. During the past 30 days , on how many days have you...
a. used any kind of alcohol?		X	
b. gotten drunk or had 5 or more drinks?		X	
c. used marijuana, hashish, blunts or THC?		X	
d. used crack, smoked rock or freebase?		X	
e. used other forms of cocaine?		X	
f. used inhalants or huffed?		X	
g. used heroin (alone or mixed)?		X	
h. used nonprescription or street methadone?		X	
j. used painkillers, opiates, or other analgesics?			
k. used PCP or angel dust (phencyclidine)?		X	
m. used acid, LSD, ketamine, special K, mushrooms, or other hallucinogens?			
n. used anti-anxiety drugs or tranquilizers?			
pa. used methamphetamine, crystal, ice, glass, or other forms of methedrine?		X	
pb. used speed, uppers, amphetamines, ecstasy, MDMA or other stimulants?			
qa. used barbiturates?			
qb. used other downers, sleeping pills or other sedatives?			
r. used any other drug?			
rb. used more than one substance on the same day? [SKIP IF LESS THAN 2 SUBSTANCES ABOVE]			

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

- SFS S2s. **During the past 30 days... (Remember, write in 0 for none)**
- 1a. on how many **days** did you go **without using any** alcohol, marijuana or other drugs? [IF 30, GO TO S4a]
Days
 - 2. on how many **days** did you get drunk **at all** or were you high for most of the day?.....
Days
 - 3. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?
Days
- ACS 3a. on how many **days** have you experienced alcohol-related problems?
Days
- DCS 3b. on how many **days** have you experienced drug-related problems?....
Days
- 4. what is the **most days** you went **in a row** without using alcohol, marijuana or other drugs?
Days

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

- S4a. **During the past 12 months**, how many **times** have you been given a breathalyzer or urine test to check for your alcohol or other drug use? (Do not count any today)
Times
- S5a. **During the past 12 months**, on how many **days** have you been in a detoxification program?
Days

NOTE: Detoxification programs are places with professional help and often medication to help you through severe withdrawal; typically these are part of or affiliated with a larger agency or hospital.

- S5c. **During the past 12 months**, how many times did you go to an **emergency room** for your alcohol or other drug use problems?
Times
- S6a. **During the past 12 months**, on how many **days** have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use? (Do not count any today)... [IF 0, GO TO S6c]
Days

Please answer the next questions using yes or no. If something does not apply, please answer no.

S6a. In the past 12 months , have you...	<u>Yes</u>	<u>No</u>	
1. spoken up (shared) during a self-help meeting?	1	0	
2. had a sponsor?	1	0	[IF NO, GO TO S6a4]
3. talked to your sponsor at a meeting?	1	0	
4. talked to your sponsor or other members outside of a meeting?	1	0	
5. asked for help from your sponsor or another member?	1	0	
6. read the Twelve Steps and Twelve Traditions or other recovery-related readings?	1	0	
7. actively worked the 12 steps?	1	0	
8. prayed or meditated for help from your Higher Power?	1	0	
9. felt that other people in the meeting understood you and your problems?	1	0	
9a. felt that you understood other people in the meeting and their problems?	1	0	
10. gotten advice or ideas about how to handle your problems better from a meeting or meeting members?	1	0	[IF NO, GO TO S6a11]
10a. agreed with the advice you were given?	1	0	
11. considered yourself a member of a home group (what is the specific name of the group)?	1	0	
v. _____			
12. helped someone else from a meeting?	1	0	
13. sponsored someone else?	1	0	
14. performed a service like setting up for meetings, serving as meeting chairperson, treasurer, or literature person?	1	0	
14a. participated in conferences, dances, picnics, or other social activities sponsored by a self-help group?	1	0	
15. had a spiritual awakening through meeting, working the steps, or reading 12 step related literature?	1	0	
16. considered participation in self-help meetings an important part of your life?	1	0	

S6c. **During the past 12 months**, on how many **nights** have you stayed overnight in a halfway house, recovery home or sanctuary?.....
Nights

*NOTE: **Halfway houses** are provided as a transition between treatment and community re-entry. **Recovery homes and sanctuaries** provide a safe, drug free living environment and often do not have professional staff working around the clock.*

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

[Read the treatment history from the SUUTI.]

In prior interviews, you reported that you had been in treatment ___ times and you (were/were not) in treatment at the time of your last interview. These next questions are about those previously reported episodes and any other treatment you've received since then. Please do not include nights in detox or attendance at informal self-help groups. However, please do include if you received formal substance abuse treatment or counseling (on or off-site) for your alcohol or other drug use while you lived in any kind of halfway house, recovery home, sanctuary, or if you are receiving methadone. Here is a copy of what you have told us so far to review.

Please answer the next question using the number of episodes.

S7_s. **In your lifetime**, how many **times** have you been **admitted** to treatment or counseling for your use of alcohol or any other drugs? Please include the previously reported episodes. [IF 0, GO TO S7c1]
Episodes

Detailed Treatment History Grid

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

Next we need to fill out this form for all of the times you have been in outpatient, intensive outpatient, residential or other forms of formal substance abuse treatment, from the first to the most recent treatment episode. If you changed levels of care or were readmitted to treatment, please count each episode separately. Please do not include any detoxification, self-help or recovery programs (which were just reported). What was the first (next) treatment program you went to? **(Attach prior grids if available and update)**

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

Summary of Treatment History and Directions and Codes	
<ul style="list-style-type: none"> • Please do not list detox or self-help groups. • Start with the earliest admission at the top and continue down to the most recent. • If the participant is still in treatment, leave the discharge date blank. • If you re-interview a participant, please attach and update the previous grid. • If still in treatment, enter 1 or "Yes" in d1 and skip items e and g, else put "No." • If you have the admission and discharge date (start and end date), skip question g (how long). • If you are missing the admission date or discharge date, ask how long and note the answer in days. 	
DWJS Codes (b1) and Names (b) 003 Residential 010 MOMS program 021 Furlough 099 Other DWJS Program	General Level of Care Codes (c) 0 Not assigned yet 10 Outpatient (OP; include Division 17 partial day furlough) 15 Methadone Maintenance 20 Intensive Outpatient (IOP; include Division 17 all day furlough) 31 Halfway house, recovery home or sanctuary (HH/RH/SC) 35 Inpatient/Residential (ST/LT; include Division 17 residential) 99 Other
Common Local Program Codes (b1) and Names (b) Main Chicago Agency Codes for (1): 102 Association House 252 Bobby E. Wright CMHC 395 Brass Foundation H01 Chicago Christian Industrial League (CCIL) 956 Chicago Department of Health (CDOH) 293 Community Counseling Centers of Chicago (C4) H02 Deborah's Place 488 El Rincon 342 Englewood Community Health Organization 521 Family Guidance Center, Inc. 527 Garfield Counseling Center 538 Gateway Foundation H03 Gospel League H04 Grace House H05 Harding House 349 Haymarket Center (Chicago Clergy Association) 589 Healthcare Alternative Systems (HAS) 180 Human Resources Development Institute (HRDI) 554 Interventions H06 Leslie's House 079 Loretto Hospital 286 Lutheran Social Services of Illinois (LSSI) 155 Pilsen-Little Village Mental Health Center 627 Salvation Army H11 Safe Haven H08 Sanctuary Place H09 Sangamon House (Haymarket Center) H12 Sarah's Circle H10 Sisters of Sobriety 154 South East Alcohol & Drug Abuse Center (SEADC) 584 Substance Abuse Services, Inc. (SASI) 636 TASC (Treatment Alternatives to Safer Communities) 990 Women's Treatment Center (WTC) 574 Woodlawn Organization 999 Other (please fill in name!) Other Suburban Programs 355 Des Plaines Valley Community Center 233 Lake County Health Department (LCHD) 352 Leyden Family Service & Mental Health Center 614 Northern Illinois Council on Alcoholism and Substance Abuse (NICASA) 621 South Suburban Council on Alcoholism (SSCA)	Date Guidelines (d/e) Use the following rules if the participant is unsure of the exact date: Day Use the 5th for the beginning of the month, 15th for the middle of the month, and 25th for the end of the month. Month Use March for early in the year, July for middle of the year, and October for later in the year, but try to make it so the number of weeks is about right. Year Make best approximation based on age or other information. If the participant is still in treatment, leave the discharge date blank (so that it can be filled in later).

Please answer the next question using yes or no.

	<u>Yes</u>	<u>No</u>	
S7c1. Are you currently taking any kind of medication to reduce cravings, withdrawal or use of alcohol or other drugs? (Clarify and code)	1	0	[IF NO, GO TO S7d]
v. _____			
a. Disulfiram (brand name: Antabuse)	1	0	
b. Buprenorphine (brand names: Suboxone, Subutex, or Temgesic)	1	0	
c. Methadone (brand names: Dolophine, Methadose).....	1	0	
d. Naltrexone (brand names: Depade, Nalorex, ReVia, Trexan, Vivitrol)	1	0	
e. Topiramate (brand name: Topamax)	1	0	

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago, 1 or more years ago or never)...

S7d. When was the last time you received treatment, counseling, medication, case management or aftercare for your use of alcohol or any other drug ?	(Select one)
Past month	5
2 to 3 months ago.....	4
4 to 6 months ago.....	3
7 to 12 months ago.....	2
1+ years ago.....	1 [GO TO S8a1]
Never	0 [GO TO S8a1]

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

SATI S7e. During the past 12 months , how many...	
2. nights were you in a 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 methadone or Antabuse to help with withdrawal or cravings?	_ _ _
	Days
99. days did you go to any other kind of treatment program or work with some other kind of case manager for your alcohol or other drug use problems (not self-help or sponsor)? (Please describe).....	_ _ _
	Days
v. _____	

<p>The following statements are about your alcohol or other drug use and thoughts about alcohol or other drug treatment. After you hear each statement, please respond using Card D and saying whether you strongly agree, agree, are mixed, disagree or strongly disagree that this applies to you.</p> <p>(Still try to ask even if they are not currently using.)</p>	Strongly Disagree	Disagree	Mixed	Agree	Strongly Agree
	1	2	3	4	5

SEI	S8a.	You currently ...						
		1. spend a lot of time thinking about alcohol or other drugs.	1	2	3	4	5	
		2. could avoid using alcohol or other drugs at home	1	2	3	4	5	
		3. could avoid using alcohol or other drugs at work, a training program or school	1	2	3	4	5	
		4. could avoid using alcohol or other drugs with your friends	1	2	3	4	5	
		5. could avoid using alcohol or other drugs when people around you are using them	1	2	3	4	5	

[IF NO USE REPORTED IN PAST 12 MONTHS, GO TO S8j]

PRI	S8b.	Your alcohol and other drug use is currently ...						
		1. a problem for you.	1	2	3	4	5	
		2. more trouble than it's worth.	1	2	3	4	5	
		3. causing problems with the law.	1	2	3	4	5	
		4. causing problems in thinking or doing your work.	1	2	3	4	5	
		5. causing problems with your family or friends.	1	2	3	4	5	
		6. causing problems in finding or keeping a job.	1	2	3	4	5	
		7. causing problems with your health.	1	2	3	4	5	
		8. making your life become worse and worse.	1	2	3	4	5	
		9. going to cause you your death if you do not quit soon.	1	2	3	4	5	

POI	S8c.	You currently feel that...						
		1. you have a good understanding of how alcohol and other drug use is related to other problems in your life.	1	2	3	4	5	
		2. your alcohol and other drug problems can and will go away.	1	2	3	4	5	
		3. you know the course most of your alcohol or other drug problems will follow.	1	2	3	4	5	
		4. your alcohol or other drug problems are out of control.	1	2	3	4	5	
		5. your alcohol or other drug problems are solvable.	1	2	3	4	5	

(The following statements are about your alcohol or other drug use and thoughts about alcohol or other drug treatment. After you hear each statement, please respond using Card D and saying whether you strongly agree, agree, are mixed, disagree or strongly disagree that this applies to you.)	Strongly Disagree	Disagree	Mixed	Agree	Strongly Agree
(Still try to ask even if they are not currently using.)	1	2	3	4	5

DHI	S8d.	You currently feel that...				
	1.	you need help in dealing with your alcohol or other drug use.....	1	2	3	4 5
	2.	it is urgent that you find help immediately for your alcohol or other drug use.	1	2	3	4 5
	3.	you are tired of the problems caused by your alcohol or other drug use.	1	2	3	4 5
	4.	you will give up your friends and hangouts to solve your alcohol or other drug use.	1	2	3	4 5
	5.	you need help to quit using alcohol or other drugs.	1	2	3	4 5
	6.	your life has gone out of control.	1	2	3	4 5
	7.	you want to get your life straightened out.	1	2	3	4 5

TRI	S8e.	You currently feel that...				
	1.	you have too many outside responsibilities to be in a treatment program now.	1	2	3	4 5
	2.	treatment seems too demanding for you.	1	2	3	4 5
	3.	treatment will not be very helpful to you.	1	2	3	4 5
	4.	it will be hard for you to resist alcohol or other drugs where you currently live, work or go to a training program or school.	1	2	3	4 5
	5.	your old friends may try to get you to drink or use drugs again.	1	2	3	4 5

ABI	S8f.	The following issues make it difficult for you to go (back) to treatment or counseling at this time ...				
	1.	Getting transportation to the program.....	1	2	3	4 5
	2.	Getting childcare or someone to take care of your family.....	1	2	3	4 5
	3.	Getting insurance or money to pay for treatment.....	1	2	3	4 5
	4.	How far or how long it takes to get to treatment.....	1	2	3	4 5
	5.	The treatment or counseling program hours are not convenient.....	1	2	3	4 5
	6.	There are no openings in the treatment or counseling program you want.....	1	2	3	4 5
	7.	The program doesn't offer the type of treatment or counseling you want.....	1	2	3	4 5
	8.	There are other reasons that it might be difficult for you to (re)enter treatment or counseling. (Please describe)	1	2	3	4 5

v. _____

(The following statements are about your alcohol or other drug use and thoughts about alcohol or other drug treatment. After you hear each statement, please respond using **Card D** and saying whether you strongly agree, agree, are mixed, disagree or strongly disagree that this applies to you.)

(Still try to ask even if they are not currently using.)

Strongly Disagree	Disagree	Mixed	Agree	Strongly Agree
1	2	3	4	5

- IMI S8g. You **currently** feel that...
1. someone else wants you to go to treatment. 1 2 3 4 5
 2. you can get the help you need in treatment. 1 2 3 4 5
 3. you need to go (back) to treatment. 1 2 3 4 5
 4. treatment may be your last chance to solve your alcohol or other drug problems. . 1 2 3 4 5
 5. you plan to stay in treatment for at least a month. 1 2 3 4 5
 6. you will probably need to come back to treatment again one or more times during your lifetime. 1 2 3 4 5
 7. you need support from friends and relatives to deal with your alcohol or other drug use. 1 2 3 4 5

- ETPI S8h. You **currently** feel that...
1. you have family members who want you to be in treatment. 1 2 3 4 5
 2. you need to go to treatment to keep your family together. 1 2 3 4 5
 3. you are concerned about legal problems. 1 2 3 4 5
 4. you have legal problems that require you to be in treatment. 1 2 3 4 5
 5. you could be sent to jail or prison if you are not in treatment. 1 2 3 4 5
 6. you are under a lot of pressure to be in treatment. 1 2 3 4 5

Yes No

S8j. **During the past 12 months**, have you been required or mandated to go to treatment? 1 0

By whom?

v. _____

Next we want to go over a list of common problems related to alcohol or other drug use. After each of the following questions, we would like you to tell us the **last** time you had this problem.

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago, 1 or more years ago or never)...

		Past Month	2-3 months	4-6 months	7-12 months	1+ years	Never
S9. When was the last time that...							

SPS/SII	c.	you tried to hide that you were using alcohol or other drugs?	5	4	3	2	1	0
	d.	your parents, family, partner, co-workers, classmates or friends complained about your alcohol or other drug use?.....	5	4	3	2	1	0
	e.	you used alcohol or other drugs weekly or more often?	5	4	3	2	1	0
	f.	your alcohol or other drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems?.....	5	4	3	2	1	0
	g.	your alcohol or other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease, or any other health problems?	5	4	3	2	1	0

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago, 1 or more years ago or never)...

		Past Month	2-3 months	4-6 months	7-12 months	1+ years	Never
S9. When was the last time that...							
SPS/ SAI	h. you kept using alcohol or other drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home?	5	4	3	2	1	0
	j. you repeatedly used alcohol or other drugs when it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or when you might have been forced into sex or hurt?	5	4	3	2	1	0
	k. your alcohol or other drug use caused you to have repeated problems with the law?	5	4	3	2	1	0
	m. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	5	4	3	2	1	0
SPS/ SDS	n. you needed more alcohol or other drugs to get the same high or found that the same amount did not get you as high as it used to?	5	4	3	2	1	0
	p. 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?	5	4	3	2	1	0
	q. you used alcohol or other drugs in larger amounts, more often or for a longer time than you meant to?	5	4	3	2	1	0
	r. you were unable to cut down on or stop using alcohol or other drugs?.....	5	4	3	2	1	0
	s. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs (high, sick)?	5	4	3	2	1	0
	t. your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	5	4	3	2	1	0
	u. you kept using alcohol or other drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having?	5	4	3	2	1	0
	x. you wanted to use alcohol or other drugs so badly you couldn't think of anything else?.....	5	4	3	2	1	0

S9. Detailed Substance Use Disorder Worksheet	For Staff Use Only									
	1	2	3	4	5	6	7	8	9	99
<p>For each of the problems endorsed in S9h-u in the past 12 months, ask:</p> <ul style="list-style-type: none"> • Can you tell me which substance...(Read from below)? • About when did that happen? (Using Card B) • Have you ever had this problem with any other substance(s)? • Repeat for each Sx in S9 until no more are reported. <p>Record time code (5=past month, 4=2-3 months ago, 3=4-6 months ago, 2=7-12 months ago, 1=1+ years ago, 0 or blank means never).</p>	Alcohol	Amphetamine	Cannabis	Cocaine	Hallucinogen	Inhalant	Opioid	PCP	Sed./Hyp./Anx.	Other
DSM-IV Abuse Criteria										
h. repeatedly caused you not to meet your responsibilities?										
j. you repeatedly used in unsafe situations?										
k. caused you to have repeated problems with the law?										
m. did you keep using even though it was leading to fights or getting you into trouble with other people?										
DSM-IV Dependence Criteria										
n. you have needed more of to get high?										
p. you have had withdrawal problems from?										
q. you have used more of or longer than you meant to?										
r. you have been unable to cut down on or stop using?										
s. you spent a lot of time getting or using?										
t. caused you to give up activities or caused problems?										
u. you kept using despite medical or psychological problems?										
x. you wanted to use so badly you couldn't think of anything else?										
Clinical Significance (for each drug with 1+ Abuse/Dependence criteria ask...) [IF LAST INTERVIEW AFTER 2010 (A1f=0), GO TO S13]										
w. How do you usually take... (1-oral, 2-smoking, 3-inhalation, 4-intramuscular, 5-intravenous, 6-NA, 7-other)?										

NOTE: For consistency, at least one timeframe reported for each line of the S9 grid has to match the timeframe reported for the corresponding item in S9h-u. No timeframe for a line on this grid can be earlier than the timeframe reported for the corresponding item in S9h-u.

Using **Card B** (and answering not at all, slightly, moderately, considerably or extremely)...

(Select one)

- ACS S13. How troubled or bothered have you been in the **past 30 days** by **alcohol problems**?
- Not at all 0
 - Slightly..... 1
 - Moderately 2
 - Considerably 3
 - Extremely..... 4
- ACS S14. How important to you now is treatment for these **alcohol problems**?
- Not at all 0
 - Slightly..... 1
 - Moderately 2
 - Considerably 3
 - Extremely..... 4
- DCS S15. How troubled or bothered have you been in the **past 30 days** by **drug problems**?
- Not at all 0
 - Slightly..... 1
 - Moderately 2
 - Considerably 3
 - Extremely..... 4
- DCS S16. How important to you now is treatment for these **drug problems**?
- Not at all 0
 - Slightly..... 1
 - Moderately 2
 - Considerably 3
 - Extremely..... 4

CRS. Craving Scale
(Mazza, 2011)

The next questions are about the extent to which you currently crave alcohol or other drugs. Please answer the next questions using yes or no.

	<u>Yes</u>	<u>No</u>
CRS1. If I were using alcohol or other drugs, I would feel less nervous.....	1	0
CRS2. I have an urge for alcohol or other drugs.....	1	0
CRS3. I crave alcohol or other drugs right now.....	1	0
CRS4. Using alcohol or other drugs would make things seem just perfect.	1	0
CRS5. I would not be able to control how much alcohol or other drugs I used if I had some.	1	0
CRS6. Nothing would be better than using alcohol or other drugs right now.	1	0
CRS7. My desire for alcohol or other drugs seems overwhelming.	1	0
CRS8. I want to use alcohol or other drugs so badly that I can't think of anything else.	1	0
CRS9. Right now, I want to use alcohol or other drugs so badly I can almost taste it.....	1	0
CRS10. All I want to do is use alcohol or other drugs.....	1	0
CRS11. I would do almost anything to use alcohol or other drugs.....	1	0
CRS12. I am going to use alcohol or other drugs as soon as I possibly can.	1	0
CRS13. It has been uncomfortable for me to answer these questions.	1	0
CRS14. Which substance were you thinking of most when you answered these questions?		

v. _____

(Clarify and code)

Alcohol	1
Cannabis, marijuana or hashish	2
Crack or other cocaine	3
Heroin or other opioids	4
Methamphetamine	5
Other amphetamines	6
Other	99
Not thinking of any specific drug	0

RC. Recovery/Coping Supplement

(Moos, 1993; Dennis et al., 2007)

The next several questions are about being clean and sober. By this we mean that you have **not** used any alcohol or other drugs and were living in the community. It does **not** include being sober because you are in jail, prison, a residential program or hospital.

Yes No

RC1. Have you been clean and sober for the **past 12 months**? 1 0 [IF NO, GO TO RC1d]

Please answer the next questions using **Card RC1** and answering none, some or a lot. **(If the question does not apply, use none.)**

RCPc RC1a. **During the past 12 months**, how much support for continuing to be clean and sober have you gotten from...

	<u>None</u>	<u>Some</u>	<u>A lot</u>
1. family?	0	1	2
2. friends?	0	1	2
3. self-help programs (AA, CA, NA, other)?	0	1	2
4. alcohol and drug treatment agencies?.....	0	1	2
5. church or other religious group?.....	0	1	2
6. other social service agencies?.....	0	1	2
7. lawyer or other legal advocate?	0	1	2
8. the criminal justice system?.....	0	1	2
9. work or training?	0	1	2
10. any other major group or person? (Please describe)	0	1	2
v. _____			

RCEc RC1b. **During the past 12 months**, how much have the following helped you to stay clean and sober?

	<u>None</u>	<u>Some</u>	<u>A lot</u>
1. Your current physical and emotional health.....	0	1	2
2. Your money situation	0	1	2
3. The place and people you live with	0	1	2
4. The place and people you work (or go to training) with	0	1	2
5. The places and people you spend your free time with	0	1	2
6. The neighborhood where you spend most of your time	0	1	2

The next questions are about ways you may have dealt with problems or stressful situations that occurred while you tried to stay clean and sober during the past 12 months. After hearing each question, please respond using **Card RC2** and answering whether it was not at all, one to two times, sometimes, or fairly often. **(If the question does not apply, use not at all.)**

CR1c	RC1c. During the past 12 months , when dealing with problems or stress related to staying clean and sober, how often have you done each of the following things?	One			
		Not at all	to two times	Some-times	Fairly often
	1. Thought of different ways to deal with the problems.....	0	1	2	3
	2. Told yourself things to make yourself feel better.....	0	1	2	3
	3. Talked with your partner or relative.....	0	1	2	3
	4. Made a plan of action and followed up.....	0	1	2	3
	5. Tried to forget about the whole thing.....	0	1	2	3
	6. Felt that time would make a difference and that the only thing to do was wait.....	0	1	2	3
	7. Try to help others deal with similar problems.....	0	1	2	3
	8. Taken it out on other people when you felt angry or depressed.....	0	1	2	3
	9. Tried to step back from the situation and be more objective.....	0	1	2	3
	10. Reminded yourself how much worse things could be.....	0	1	2	3
	11. Talked with a friend.....	0	1	2	3
	12. Knew what had to be done and tried hard to make things work.....	0	1	2	3
	13. Tried not to think about the problem.....	0	1	2	3
	14. Realized you had no control over the situation.....	0	1	2	3
	15. Gotten involved in new activities.....	0	1	2	3
	16. Taken a chance and done something risky.....	0	1	2	3
	17. Gone over in your mind what you would say or do.....	0	1	2	3
	18. Tried to see the good side of the situation.....	0	1	2	3
	19. Talked with a professional person (e.g., doctor, lawyer, clergy).....	0	1	2	3
	20. Decided what you wanted and tried hard to get it.....	0	1	2	3
	21. Daydreamed or imagined a better time or place than the one you were in.....	0	1	2	3
	22. Thought that the outcome would be decided by fate.....	0	1	2	3
	23. Tried to make new friends.....	0	1	2	3
	24. Kept away from people in general.....	0	1	2	3
	25. Tried to anticipate how things would turn out.....	0	1	2	3
	26. Thought about how you were much better off than other people with similar problems.....	0	1	2	3

CR1c	RC1c. During the past 12 months , when dealing with problems or stress related to staying clean and sober, how often have you done each of the following things?	Not at all	One to two times	Some-times	Fairly often
	27. Sought help from persons or groups with the same type of problems	0	1	2	3
	28. Tried at least two different ways to solve the problems	0	1	2	3
	29. Tried putting off thinking about the situation, even though you knew you would have to at some point	0	1	2	3
	30. Accepted it; nothing could be done	0	1	2	3
	31. Read more often as a source of enjoyment.....	0	1	2	3
	32. Yelled or shouted to let off steam.....	0	1	2	3
	33. Tried to find some personal meaning in the situation	0	1	2	3
	34. Tried to tell yourself that things would get better	0	1	2	3
	35. Tried to find out more about the situation	0	1	2	3
	36. Tried to learn to do more things on your own	0	1	2	3
	37. Wished the problems would go away or somehow be over with	0	1	2	3
	38. Expected the worst possible outcome.....	0	1	2	3
	39. Spent more time in recreational activities	0	1	2	3
	40. Cried to let your feelings out	0	1	2	3
	41. Tried to anticipate new demands that would be placed on you.....	0	1	2	3
	42. Thought about how this event could change your life in a positive way	0	1	2	3
	43. Prayed for guidance or strength.....	0	1	2	3
	44. Taken things one day at a time, one step at a time	0	1	2	3
	45. Tried to deny how serious the problems really were.....	0	1	2	3
	46. Lost hope that things would ever be the same.....	0	1	2	3
	47. Turned to work or other activities to help manage things	0	1	2	3
	48. Done something that you didn't think would work, but at least you were doing something.....	0	1	2	3

[When done with RC1c, skip RC1d-RC1f and go to next section]

RC QUESTIONS IF NOT CURRENTLY CLEAN AND SOBER:

Please answer the next questions using **Card RC1** and answering none, some or a lot. **(If the question does not apply, use none.)**

RCPu	RC1d. If you tried to be or remain clean and sober (while living in the community), how much support would you get from...	<u>None</u>	<u>Some</u>	<u>A lot</u>
	1. family?	0	1	2
	2. friends?	0	1	2
	3. self-help programs (AA, CA, NA, other)?	0	1	2
	4. alcohol and drug treatment agencies?.....	0	1	2
	5. church or other religious group?.....	0	1	2
	6. other social service agencies?.....	0	1	2
	7. lawyer or other legal advocate?	0	1	2
	8. the criminal justice system?.....	0	1	2
	9. work or training?	0	1	2
	10. any other major group or person? (Please describe)	0	1	2
	v. _____			

RCEu	RC1e. If you tried to be or remain clean and sober (while living in the community), how much would the following help?	<u>None</u>	<u>Some</u>	<u>A lot</u>
	1. Your current physical and emotional health.....	0	1	2
	2. Your money situation	0	1	2
	3. The place and people you live with.....	0	1	2
	4. The place and people you work (or go to training) with	0	1	2
	5. The places and people you spend your free time with	0	1	2
	6. The neighborhood where you spend most of your time	0	1	2

The next questions are about ways you may have dealt with problems or stressful situations that occurred while you were using alcohol or other drugs during the past 12 months. After hearing each question, please respond using **Card RC2** and answering whether it was not at all, one to two times, sometimes, or fairly often. **(If the question does not apply, use not at all.)**

CRU	RC1f.		Not at all	One to two times	Some- times	Fairly often
		During the past 12 months , when dealing with problems or stress related to using alcohol or other drugs , how often have you done each of the following things?				
	1.	Thought of different ways to deal with the problems.....	0	1	2	3
	2.	Told yourself things to make yourself feel better.....	0	1	2	3
	3.	Talked with your partner or relative.....	0	1	2	3
	4.	Made a plan of action and followed up.....	0	1	2	3
	5.	Tried to forget about the whole thing.....	0	1	2	3
	6.	Felt that time would make a difference and that the only thing to do was wait.....	0	1	2	3
	7.	Tried to help others deal with similar problems.....	0	1	2	3
	8.	Taken it out on other people when you felt angry or depressed.....	0	1	2	3
	9.	Tried to step back from the situation and be more objective.....	0	1	2	3
	10.	Reminded yourself how much worse things could be.....	0	1	2	3
	11.	Talked with a friend.....	0	1	2	3
	12.	Known what had to be done and tried hard to make things work.....	0	1	2	3
	13.	Tried not to think about the problem.....	0	1	2	3
	14.	Realized you had no control over the situation.....	0	1	2	3
	15.	Gotten involved in new activities.....	0	1	2	3
	16.	Taken a chance and done something risky.....	0	1	2	3
	17.	Gone over in your mind what you would say or do.....	0	1	2	3
	18.	Tried to see the good side of the situation.....	0	1	2	3
	19.	Talked with a professional person (e.g., doctor, lawyer, clergy).....	0	1	2	3
	20.	Decided what you wanted and tried hard to get it.....	0	1	2	3
	21.	Daydreamed or imagined a better time or place than the one you were in.....	0	1	2	3
	22.	Thought that the outcome would be decided by fate.....	0	1	2	3
	23.	Tried to make new friends.....	0	1	2	3
	24.	Kept away from people in general.....	0	1	2	3
	25.	Tried to anticipate how things would turn out.....	0	1	2	3
	26.	Thought about how you were much better off than other people with similar problems.....	0	1	2	3

CRIu RC1f. During the past 12 months , when dealing with problems or stress related to using alcohol or other drugs , how often have you done each of the following things?	Not at all	One to two times	Some- times	Fairly often
27. Sought help from persons or groups with the same type of problems	0	1	2	3
28. Tried at least two different ways to solve the problems	0	1	2	3
29. Tried putting off thinking about the situation, even though you knew you would have to at some point	0	1	2	3
30. Accepted it; nothing could be done	0	1	2	3
31. Read more often as a source of enjoyment.....	0	1	2	3
32. Yelled or shouted to let off steam.....	0	1	2	3
33. Tried to find some personal meaning in the situation	0	1	2	3
34. Tried to tell yourself that things would get better	0	1	2	3
35. Tried to find out more about the situation	0	1	2	3
36. Tried to learn to do more things on your own	0	1	2	3
37. Wished the problems would go away or somehow be over with	0	1	2	3
38. Expected the worst possible outcome.....	0	1	2	3
39. Spent more time in recreational activities	0	1	2	3
40. Cried to let your feelings out	0	1	2	3
41. Tried to anticipate new demands that would be placed on you.....	0	1	2	3
42. Thought about how this event could change your life in a positive way	0	1	2	3
43. Prayed for guidance or strength.....	0	1	2	3
44. Taken things one day at a time, one step at a time	0	1	2	3
45. Tried to deny how serious the problems really were.....	0	1	2	3
46. Lost hope that things would ever be the same.....	0	1	2	3
47. Turned to work or other activities to help manage things	0	1	2	3
48. Done something that you didn't think would work, but at least you were doing something.....	0	1	2	3

R. Risk Behaviors and Disease Prevention

Next, we would like to ask a few personal questions about behaviors that may have affected your risk of getting or spreading infectious diseases. Please remember that all of your answers are strictly confidential.

The first questions are about the use of a needle to inject you with drugs or medication. Do **not** include shots given by a doctor or nurse, but do include if you were injected by someone besides a doctor or nurse or if you injected prescribed medication.

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

NFS R1. When was the **last** time, in the past 12 months, that you used **a needle to inject drugs or medication**? Please include medication prescribed by a doctor.

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- Never in the past 12 months 0 [GO TO R2aa1]

	Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
R1. When was the last time, in the past 12 months, that you...					
p. reused a needle that you had used before?.....	5	4	3	2	0
q. reused a needle without cleaning it with bleach or boiling water first ?	5	4	3	2	0
r. used a needle that you knew or suspected someone else had used before?.....	5	4	3	2	0
s. used someone else's rinse water, cooker or cotton after they did?	5	4	3	2	0
t. ever skipped cleaning your needle with bleach or boiling water after you were done?	5	4	3	2	0
u. let someone else use a needle after you used it?	5	4	3	2	0
v. let someone else use the rinse water, cooker or cotton after you did?.	5	4	3	2	0
w. allowed someone else to inject you with drugs?.....	5	4	3	2	0

[IF NO PAST MONTH NEEDLE USE REPORTED IN R1, GO TO R2aa1]

R1x. **During the past 30 days**, on how many **days** did you shoot up with a **"dirty"** needle, meaning a needle used earlier by someone else that you had **not** cleaned with **bleach**?
 Days

R1y. **During the past 30 days**, how many **people** did you share **"dirty"** needles (rigs) with?
 People

Please answer the next questions using the number of days.

PHTI R1r. **During the past 30 days**, on how many **days** did you...

1. shoot up any kind of drug with needles?
 Days
2. shoot up with brand **new** (never used) needles?
 Days
3. shoot up with **used** needles, but **after cleaning** them with **bleach** or **Clorox** (not just with water)?
 Days
4. shoot up with a needle when you didn't know if it was clean or **"dirty"**?
 Days

The next questions are about any type of sex you have engaged in. Sex partners would include husbands, wives, boyfriends, girlfriends, lovers, significant others, live-in partners, one-night stands or persons you traded sex with for alcohol or other drugs, food, money or other things. It also includes people you have had sex with multiple times or only one time.

Please remember that all of your answers are confidential. We also understand that you may have to guess or estimate some of your answers.

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never in the past 12 months)...

R2aa1. When was the **last** time, in the past 12 months, that you had any kind of vaginal, oral or anal sex with another person?

- (Select one)**
- Past month 5
 - 2 to 3 months ago..... 4
 - 4 to 6 months ago..... 3
 - 7 to 12 months ago..... 2
 - Never in the past 12 months 0 **[GO TO R4]**

	Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
R2aa. When was the last time, in the past 12 months, that you...					
2. had sex while you or your partner was high on alcohol or other drugs?	5	4	3	2	0
3. had sex with someone you did not know well?	5	4	3	2	0
4. had sex with someone who was an injection drug user?	5	4	3	2	0
5. had sex with someone who had HIV or AIDS?	5	4	3	2	0
6. had sex involving anal intercourse (penis to butt)?	5	4	3	2	0
7. traded sex to get drugs, gifts or money?	5	4	3	2	0
8. used drugs, gifts or money to purchase sex?.....	5	4	3	2	0
9. had a lot of pain during sex or after having sex?	5	4	3	2	0
10. used alcohol or other drugs to make sex last longer or hurt less?.....	5	4	3	2	0

[IF NO PAST YEAR SEXUAL ACTIVITY (R2aa1 = 1), GO TO R2aj1

R2ab. **During the past 12 months**, how many sex partners did you have who were male?
Partners

R2ac. **During the past 12 months**, how many sex partners did you have who were female?
Partners

R2ad. **During the past 12 months**, how many **times** did you have any kind of vaginal, oral, or anal sex with another person?|_|_|_|_|
 Times

R2ae. **During the past 12 months**, how many of those **times** did you use any type of condom, dental dam or barrier?|_|_|_|_|
 Times

<i>For Staff Use Only: Skip Worksheet</i>	
R2af. Number of Unprotected Sex Acts (R2ad-R2ae)	= _ _ _ _

[IF NEVER USED CONDOMS (R2ae = 0), GO TO R2ah]

Please answer the next questions using yes or no.

R2ag. Which of the following are reasons that you used a condom or barrier during sex?	<u>Yes</u>	<u>No</u>
1. To avoid pregnancy	1	0
2. Partner pressures or insists on it	1	0
3. Afraid of getting a disease	1	0
4. Afraid of giving your partner a disease	1	0
5. Want to stay healthy	1	0
6. You do not know your partner well enough.....	1	0
7. Do not trust your partner	1	0
8. You think that your partner has multiple sex partners.....	1	0
9. Because you have multiple sex partners.....	1	0
99. Some other reason (Please describe).....	1	0
v. _____		

[IF ALWAYS USED CONDOMS (R2ae = R2ad), GO TO R2aj1]

Please answer the next questions using yes or no.

R2ah. Which of the following are reasons that you did not use a condom or barrier 100% of the time?	<u>Yes</u>	<u>No</u>
1. You have sex with only one partner	1	0
2. You trust your partner	1	0
3. You believe your partner is healthy.....	1	0
4. You do not use condoms or barriers with people you know well.....	1	0
5. You get high or drunk and forget or lose control	1	0
6. You do not think about it	1	0
7. You are afraid to ask.....	1	0
8. You do not believe condoms work	1	0
9. You or your partner are allergic to condoms.....	1	0
10. Your sex partner objects	1	0
11. Your sex partner will get violent	1	0
12. Your sex partner will get angry	1	0
13. Your sex partner will refuse to help or support you	1	0
14. You or your sex partner have trouble staying hard or coming when wearing a condom.....	1	0
15. Your sex partner gives you more money, alcohol or other drugs or other things for not using a condom.....	1	0
18. Condoms do not fit.....	1	0
19. Condoms break, slip, or come off	1	0
20. Condoms cause pain	1	0
21. Condoms are less romantic.....	1	0
22. Condoms make you feel less sensation	1	0
23. Condoms cost too much	1	0
24. Condoms are not available	1	0
25. Religious beliefs	1	0
26. Using other birth control	1	0
27. Makes it look like you think your sex partner has AIDS or some other disease	1	0
28. Makes it look like you might have AIDS or some other disease	1	0
29. Makes it look like you have other sex partners	1	0
99. Some other reason (Please describe).....	1	0
v. _____		

[IF REPORTED NEVER TRADING SEX IN R2aa7, GO TO R4]

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago or never)...

		Past Month	2-3 months	4-6 months	7-12 months	Never in the past 12 months
R2aj. When was the last time, in the past 12 months, that you...						
1.	traded sex for food, clothing, gifts, rent or a place to stay?	5	4	3	2	0
2.	traded sex for alcohol or other drugs?.....	5	4	3	2	0
3.	traded sex for money?	5	4	3	2	0
4.	traded sex to support your children?	5	4	3	2	0
5.	traded sex to support your main sex partner?	5	4	3	2	0
6.	traded sex as the main way you supported yourself?	5	4	3	2	0
7.	traded sex with a stranger?	5	4	3	2	0
8.	traded sex in a crack house or dealer's place?	5	4	3	2	0
9.	had someone else find people for you to trade sex with?	5	4	3	2	0
10.	had someone else holding the alcohol or other drugs or money you got from trading sex?	5	4	3	2	0
11.	paid someone to get you clients to trade sex with or for protection?.....	5	4	3	2	0
12.	worked trading sex for a madam or pimp?	5	4	3	2	0
13.	lived in a house or apartment under a madam or pimp?	5	4	3	2	0

R4. When was the **last** time you smoked or used any kind of tobacco? Please include cigarettes, cigars, chewing tobacco and pipes.

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- 1+ years ago..... 1 [GO TO R5c1]
- Never 0 [GO TO R5c1]

[IF NO PAST YEAR TOBACCO USE REPORTED IN R4, GO TO R4c1]

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

R4a. **During the past 12 months**, on how many **days** have you smoked or used **any** kind of tobacco?
Days

R4b. On those days, **how many times per day** did you usually smoke or use any kind of tobacco? (**NOTE:** A pack of cigarettes would be about 20 times.)
Times

Next we want to go over a list of common problems related to tobacco use. After each of the next questions, we would like you to tell us the **last** time you had this problem.

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago, 1 or more years ago or never)...

TDS

	Past Month	2-3 months	4-6 months	7-12 months	1+ years	Never
R4c. When was the last time that...						
1. you needed more tobacco to get the same effect?.....	5	4	3	2	1	0
2. you had headaches or other withdrawal symptoms when you tried to stop or cut down on your tobacco use?.....	5	4	3	2	1	0
3. you used more tobacco or used it longer than you meant to?.....	5	4	3	2	1	0
4. you were unable to cut down on or stop using tobacco?.....	5	4	3	2	1	0
5. you spent a lot of time using or getting tobacco?.....	5	4	3	2	1	0
6. tobacco caused you to give up activities or caused problems?.....	5	4	3	2	1	0
7. you kept using tobacco despite medical or psychological problems?.....	5	4	3	2	1	0
8. you wanted to use tobacco so badly that you couldn't think of anything else?....	5	4	3	2	1	0

Please answer the next questions using the number of days.

R5c. **During the past 30 days**, on how many **days**...

- 1. have you felt like you did not get enough rest or sleep?
Days
- 2. have you participated in any physical activities or exercise like running, calisthenics, golf, gardening or walking for exercise (other than your regular job)?
Days
- 3. have you gone without eating or thrown up much of what you did eat?
Days
- 4. has pain made it hard for you to do your usual activities such as self-care, work or recreation?
Days

R5d. **During the past 12 months**, how many **times** have you fallen?..... [IF 0, GO TO R6a]
Times

R5d1. How many of these falls caused an injury that needed a doctor's care or forced you to limit your regular activities for at least a day?
Times

Please answer the next questions using the number of times.

R6. **During the past 12 months**, how many **times** have you attended classes or sessions on the following topics?

- a. Diet or nutrition
Times
- b. Exercise
Times
- c. Relaxation
Times
- d. HIV/AIDS prevention or education.....
Times
- e. Testing or counseling for HIV/AIDS or other health services
Times
- f. How to stop smoking.....
Times
- g. Other health education or prevention classes (**Please describe**).....
Times

v. _____

[IF LAST INTERVIEW AFTER 2010 (A1f = 0), GO TO HK1]

Please answer the next question using yes or no.

Yes No

R6h. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Please include testing fluid in your mouth. 1 0

HK. HIV Knowledge Questionnaire (KQ)

(Carey et al., 1997, 2002)

The next questions are about how people get and give other people HIV and AIDS. As I read each statement, please say whether you think it is true or false. If you are **not** sure, just say you do not know.

	<u>True</u>	<u>False</u>	<u>Don't Know</u>
HK1. HIV and AIDS are the same thing	1	0	DK
HK2. There is a cure for AIDS.....	1	0	DK
HK3. A person can get HIV from a toilet seat.	1	0	DK
HK4. Coughing and sneezing spread HIV.	1	0	DK
HK5. HIV can be spread by mosquitoes.	1	0	DK
HK6. AIDS is the cause of HIV.	1	0	DK
HK7. A person can get HIV by sharing a glass of water with someone who has HIV.	1	0	DK
HK8. HIV is killed by bleach.	1	0	DK
HK9. It is possible to get HIV when a person gets a tattoo.....	1	0	DK
HK10. A pregnant woman with HIV can give the virus to her unborn baby.....	1	0	DK
HK11. Pulling out the penis before a man climaxes or comes keeps a woman from getting HIV during sex.....	1	0	DK
HK12. A woman can get HIV if she has anal sex with a man.	1	0	DK
HK13. Showering or washing one's genitals or private parts after sex keeps a person from getting HIV.....	1	0	DK
HK14. Eating healthy foods can keep a person from getting HIV.....	1	0	DK
HK15. All pregnant women infected with HIV will have babies born with AIDS.	1	0	DK
HK16. Using a latex condom or rubber can lower a person's chance of getting HIV.	1	0	DK
HK17. A person with HIV can look and feel healthy.	1	0	DK
HK18. People who have been infected with HIV quickly show serious signs of being infected.....	1	0	DK
HK19. A person can be infected with HIV for 5 years or more without getting AIDS.	1	0	DK
HK20. There is a vaccine that can stop adults from getting HIV.....	1	0	DK
HK21. Some drugs have been made for the treatment of AIDS.	1	0	DK
HK22. Women are always tested for HIV during their pap smears.	1	0	DK
HK23. A person cannot get HIV by having oral sex, mouth-to-penis, with a man who has HIV.	1	0	DK

	<u>True</u>	<u>False</u>	<u>Don't Know</u>
HK24. A person can get HIV even if she or he has sex with another person only one time.	1	0	DK
HK25. Using a lambskin condom or rubber is the best protection against HIV.	1	0	DK
HK26. People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.	1	0	DK
HK27. A person can get HIV by giving blood.	1	0	DK
HK28. A woman cannot get HIV if she has sex during her period.	1	0	DK
HK29. You can usually tell whether someone has HIV by looking at them.	1	0	DK
HK30. There is a female condom that can help decrease a woman's chance of getting HIV.	1	0	DK
HK31. A natural skin condom works better against HIV than a latex condom.	1	0	DK
HK32. A person will not get HIV if she or he is taking antibiotics.	1	0	DK
HK33. Having sex with more than one partner can increase a person's chance of being infected with HIV.	1	0	DK
HK34. Taking a test for HIV one week after having sex will tell a person whether she or he has HIV.	1	0	DK
HK35. A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.	1	0	DK
HK36. A person can get HIV through contact with saliva, tears, sweat, or urine.	1	0	DK
HK37. A person can get HIV from a woman's vaginal secretions or wetness from her vagina.	1	0	DK
HK38. A person can get HIV if having oral sex, mouth on vagina, with a woman.	1	0	DK
HK39. If a person tests positive for HIV, then the site where the person was tested will have to tell all of his or her partners.	1	0	DK
HK40. Using Vaseline or baby oil with condoms lowers the chance of getting HIV.	1	0	DK
HK41. Washing drug-use equipment or "works" with cold water kills HIV.	1	0	DK
HK42. A woman can get HIV if she has vaginal sex with a man who has HIV.	1	0	DK
HK43. Athletes who share needles when using steroids can get HIV from the needles.	1	0	DK
HK44. Douching after sex will keep a woman from getting HIV.	1	0	DK
HK45. Taking vitamins keeps a person from getting HIV.	1	0	DK

CS. Condom Self-Efficacy Scale
(Kowaleski et al., 1994; van Empelen et al., 2001)

These next questions ask about your feelings about using condoms, including both male and female condom use.

Please respond even if you are **not** sexually active or have **not** had a partner who used condoms. After you hear each statement, please respond using **Card D** and say whether you strongly agree, agree, are mixed, disagree or strongly disagree that this applies to you.

		Strongly Disagree	Disagree	Mixed	Agree	Strongly Agree
		1	2	3	4	5
CS1.	I feel confident in my ability to put a condom on myself or my partner.	1	2	3	4	5
CS2.	I feel confident that I could purchase condoms without feeling embarrassed.	1	2	3	4	5
CS3.	I feel confident that I could remember to carry a condom with me should I need one.	1	2	3	4	5
CS4.	I feel confident in my ability to discuss using condoms with any partner I might have.	1	2	3	4	5
CS5.	I feel confident in my ability to suggest using condoms with a new partner.	1	2	3	4	5
CS6.	I feel confident that I could suggest using a condom without my partner feeling "diseased."	1	2	3	4	5
CS7.	I feel confident in my own or my partner's ability to maintain an erection while using a condom.	1	2	3	4	5
CS8.	I would feel embarrassed to put a condom on myself or my partner.	1	2	3	4	5
CS9.	If I were to suggest using a condom to a partner, I would feel afraid that he or she would reject me.	1	2	3	4	5
CS10.	If I were unsure of my partner's feelings about using condoms, I would not suggest using one.	1	2	3	4	5
CS11.	I feel confident in my ability to use a condom correctly.	1	2	3	4	5
CS12.	I would feel comfortable discussing condom use with a sex partner before we ever had any sexual contact (e.g., hugging, kissing, caressing).	1	2	3	4	5
CS13.	I feel confident in my ability to persuade a partner to accept using a condom when we have intercourse.	1	2	3	4	5
CS14.	I feel confident that I could gracefully remove and dispose of a condom when we have intercourse.	1	2	3	4	5
CS15.	If my partner and I were to try to use a condom and did not succeed, I would feel embarrassed to try to use one again (example: not being able to unroll male condom, putting it on backwards, not being able to insert female condom).	1	2	3	4	5
CS16.	I would not feel confident suggesting using condoms with a new partner because I would be afraid my partner would think I have had a homosexual experience.	1	2	3	4	5

(Please respond even if you are not sexually active or have not had a partner who used condoms. After you hear each statement, please respond using Card D and say whether you strongly agree, agree, are mixed, disagree or strongly disagree that this applies to you.)		Strongly Disagree	Disagree	Mixed	Agree	Strongly Agree
		1	2	3	4	5
CS17.	I would not feel confident suggesting using condoms with a new partner because I would be afraid my partner would think I had a sexually transmitted disease.....	1	2	3	4	5
CS18.	I would not feel confident suggesting using condoms with a new partner because I would be afraid my partner would think I thought he or she had a sexually transmitted disease.	1	2	3	4	5
CS19.	I would feel comfortable discussing condom use with a potential partner before we ever engaged in intercourse.	1	2	3	4	5
CS20.	I feel confident in my ability to incorporate putting a condom on myself or my partner into foreplay.	1	2	3	4	5
CS21.	I feel confident that I could use a condom with a partner without breaking the mood.	1	2	3	4	5
CS22.	I feel confident in my ability to put a condom on myself or my partner quickly.	1	2	3	4	5
CS23.	I feel confident that I could use a condom during intercourse without reducing any sexual sensations.....	1	2	3	4	5
CS24.	I feel confident that I would remember to use a condom even after I had been drinking.....	1	2	3	4	5
CS25.	I feel confident that I would remember to use a condom even if I were high.....	1	2	3	4	5
CS26.	If my partner did not want to use a condom during intercourse, I could easily convince him or her that it was necessary to do so.	1	2	3	4	5
CS27.	I feel confident that I could use a condom successfully.	1	2	3	4	5
CS28.	I feel confident that I could stop foreplay to put a condom on myself or my partner even in the heat of passion.	1	2	3	4	5

L. Legal (Civil and Criminal)

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

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago, 1 or more years ago or never)...

IAS L3. When was the **last** time you did anything you thought might get you into trouble or be against the law besides using alcohol or other drugs?

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- 1+ years ago..... 1 [GO TO L5b]
- Never 0 [GO TO L5b]

Please answer the next questions using the number of times.

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

- | | | |
|-------------|---|-------------------|
| GCS/
PCS | 1. purposely damaged or destroyed property that did not belong to you? | _ _ _ _
Times |
| | 2. bought, received, possessed or sold any stolen goods? | _ _ _ _
Times |
| | 3. passed bad checks, forged or altered a prescription, or taken money from an employer? | _ _ _ _
Times |
| | 4. taken something from a store without paying for it? | _ _ _ _
Times |
| | 5. other than from a store, taken money or property that didn't belong to you? | _ _ _ _
Times |
| | 6. broken into a house or building to steal something or just to look around? | _ _ _ _
Times |
| | 7. taken a car that didn't belong to you? | _ _ _ _
Times |
| GCS/
ICS | 8. used a weapon, force, or strong-arm methods to get money or things from a person? | _ _ _ _
Times |
| | 9. hit someone or gotten into a physical fight? | _ _ _ _
Times |
| | 10. hurt someone badly enough they needed bandages or a doctor? | _ _ _ _
Times |
| | 11. used a knife or gun or some other thing, like a club, to get something from a person? | _ _ _ _
Times |
| | 12. made someone have sex with you by force when they did not want to have sex? | _ _ _ _
Times |
| | 13. been involved in the death or murder of another person, including accidents? | _ _ _ _
Times |
| | 14. intentionally set a building, car or other property on fire? | _ _ _ _
Times |

- L3a. **During the past 12 months**, how many **times** have you...
- GCS/ DCS
- 15. driven a vehicle while under the influence of alcohol or illegal drugs?
Times
 - 16. sold, distributed or helped to make illegal drugs?
Times
 - 17. traded sex for food, drugs or money?
Times
 - 19. gambled illegally?
Times
 - 20. carried a concealed or unlicensed weapon that would have gotten you in trouble if the police knew?
Times
 - 21. done something else that might violate your probation or parole? **(Please describe)**.....
Times
 - 22. done something else that would have put you in contempt of court if the judge knew? **(Please describe)**
Times
 - 99. done something else, other than drug use, that would have gotten you into trouble with the police if they had known about it? **(Please describe)**.....
Times

v. _____

Please answer the next questions using the number of days.

- IAS/ LCS L3d. **During the past 12 months**, 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 L5b]
Days

- L3. On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)...
- f. in order to obtain alcohol or other drugs?.....
Days
 - g. while you were high or drunk?
Days
 - j. in order to support yourself financially?.....
Days

- LCS L3h1. **During the past 30 days**, on how many **days** have you engaged in illegal activity for profit or to support yourself financially?
Days

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago, 1 or more years ago or never)...

L5b. When was the **last** time you were arrested and charged with a crime?

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- 1+ years ago..... 1 [GO TO L6]
- Never 0 [GO TO L6]

L5b1. **During the past 12 months**, how many **times** have you been arrested and charged with breaking a law? (Please do not count minor traffic violations.)
Times

[IF NO ARREST REPORTED IN THE PAST MONTH IN L5b, GO TO L5da1]

L5c. **During the past 30 days**, how many **times** have you been arrested and charged with breaking a law? (Please do not count minor traffic violations.)
Times

L5da. What were you arrested for **in the past 12 months**? (How many times? Was there anything else you were arrested for? How many times?)

MENTIONED

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

Using **Card A** (and answering whether it was in the past month, 2 to 3 months ago, 4 to 6 months ago, 7 to 12 months ago, 1 or more years ago or never)...

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

(Select one)

- Past month 5
- 2 to 3 months ago..... 4
- 4 to 6 months ago..... 3
- 7 to 12 months ago..... 2
- 1+ years ago..... 1 [GO TO L7]
- Never 0 [GO TO L7]

Please answer the next questions using the number of days.

L6. **During the past 12 months**, how many **days** have you been...

- a. on probation?
Days
- b. on parole?
Days
- c2. in jail or prison?
Days
- d1. on furlough, house arrest or electronic monitoring?.....
Days

[IF PAST YEAR PAROLE OR PROBATION (L6a = 0 AND L6b = 0), GO TO L7]

L6g. How many of these **days** did you get into trouble with your probation officer or parole officer?
Days

Please answer the next questions using yes or no.

LCS	L7.	Are you currently involved with the criminal justice system in any of the following ways?	<u>Yes</u>	<u>No</u>
	1.	Awaiting trial	1	0
	2.	Awaiting sentencing	1	0
	3.	Out on bail or released on own recognizance (ROR) or word	1	0
	4.	On probation	1	0
	5.	In jail or prison	1	0
	6.	On treatment release, work release, or school release	1	0
	7.	On parole	1	0
	8.	In detention	1	0
	9.	Assigned to a sentencing alternative or treatment program (TASC)..	1	0
	11.	Under other forms of court supervision.....	1	0
	12.	Awaiting charges	1	0
	13.	On furlough, house arrest or electronic monitoring	1	0
	99.	Any other involvement in the criminal justice system (Please describe).....	1	0

v. _____

[IF LAST INTERVIEW AFTER 2010 (A1f = 0), GO TO L13]

Please answer the next question using the number of times.

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

Times

Using **Card B** (and answering not at all, slightly, moderately, considerably or extremely)...

(Select one)

LCS	L13.	How serious do you feel your present legal problems are?	
		Not at all	0
		Slightly.....	1
		Moderately.....	2
		Considerably.....	3
		Extremely.....	4

LCS	L14.	How important to you now is counseling or referral for these legal problems?	
		Not at all	0
		Slightly.....	1
		Moderately.....	2
		Considerably.....	3
		Extremely.....	4

IH. Incarceration History Supplement

(Scott et al., 2005; Dennis et al., 2008)

[Read from SUUTI Section D.]

IH1. In your previous interviews, you reported that you had been incarcerated for 1 or more weeks ____ times and you (were/were not) incarcerated at the time of your last interview. In your lifetime, how many times have you been in detention, jail, prison or other kind of incarceration for 1 or more weeks? Please include previously reported times. Here is a copy of what you have told us so far to review. [IF 0, GO TO AH1a1]
 Times

<i>For Staff Use Only - Detailed Incarceration History Grid</i>							
Next we need to fill out this form for the times that you have been in detention, jail, prison, or other kind of legal incarceration for more than a week. (Attach prior grids if available and update)							
	b. What was the name of the institution?	b1. Institution code	c. What type of institution was it?	d. On about what date did you enter? (mm/dd/yyyy)	d1. Are you still incarcerated? Y N	e. On about what date did you leave? (mm/dd/yyyy)	g. About how long were you there?
IH1.					1 0		
IH2.					1 0		
IH3.					1 0		
IH4.					1 0		
IH5.					1 0		
IH6.					1 0		
IH7.					1 0		
IH8.					1 0		
IH9.					1 0		
IH10.					1 0		
IH11.					1 0		
IH12.					1 0		
IH13.					1 0		
IH14.					1 0		
IH15.					1 0		

<i>Summary of Incarceration History and Directions and Codes</i>		
<ul style="list-style-type: none"> • Please do not include incarcerations that were 6 or fewer days long. • Start with the earliest incarceration at the top and continue down to the most recent. • If the participant transfers between facilities and stays there for a week or more, please use a separate row for each location. • If the participant is still incarcerated at the time of the interview, follow directions below. • If you re-interview a participant, please attach and update the previous grid. • If you are missing the incarceration date, current incarceration status or release date, ask how long and note the answer in years, months, weeks and days (e.g., 1y,2m,3d). 		
<p>(b) Types of Institution:</p> <p>10 Juvenile detention 20 City/County jail 30 State prison 40 Federal prison 99 Other legal incarceration</p>	<p>(c) Specific Institution Codes continued:</p> <p>35 Pere Marquette Youth Center 36 Pinckneyville CC 37 Pontiac CC 38 Robinson CC 39 St. Charles Youth Center 40 Shawnee CC 41 Sheridan CC 42 Southern Illinois ATC 43 Southwestern Illinois CC 44 Stateville CC 45 Tamms Correctional CC 46 Taylorville CC 47 Thomson CC 48 Vandalia CC 49 Vienna CC 50 Warrenville CC 51 West Side ATC 52 Western Illinois CC 79 Other state facility</p> <p>Federal Facilities: 80 Marion 81 Pekin 89 Other federal facility 99 Other jail/CC/facility</p>	<p>Date Guidelines (d/e) Use the following rules if the participant is unsure of the exact date:</p> <p>Day Use the 5th for the beginning of the month, 15th for the middle of the month, and 25th for the end of the month.</p> <p>Month Use March for early in the year, July for middle of the year, and October for later in the year, but try to make it so the number of weeks is about right.</p> <p>Year Make best approximation based on age or other information.</p> <p>If the participant is still incarcerated, leave the discharge date blank (so that it can be filled in later).</p>
<p>(c) Specific Institution Codes:</p> <p>1 Cook County Jail 9 Other County Jail</p> <p>State Facilities: 10 Big Muddy CC 11 Centralia CC 12 Chicago Youth Center 13 Crossroads ATC 14 Danville CC 15 Decatur CC 16 Dixon CC 17 Dwight CC 18 East Moline CC 19 Fox Valley CC 20 Graham CC 21 Harrisburg CC 22 Hill CC 23 Illinois River CC 24 Jacksonville CC 25 Jessie "Ma" Houston ATC 26 Joliet Youth Center 27 Kewanee Youth Center 28 Lawrence CC 29 Lincoln CC 30 Logan CC 31 Menard CC 32 Murphysboro Youth Center 33 North Lawndale ATC 34 Peoria ATC</p>		

AH. Abstinence History

The next questions are about periods of a year or more of abstinence from alcohol or other drugs since you were first interviewed on [first interview date]. Abstinence from alcohol means that you did not drink any type of alcohol, including wine and beer. Abstinence from drugs includes no use of marijuana. At the time of your last interview you (had/had not) been abstinent from alcohol for a year or more and you (had/had not) been abstinent from drugs for more than a year. Here is a copy of what you have told us so far to review.

Yes No

AH1a1. Since you were first interviewed on [first interview date], has there ever been a time when you were **abstinent from alcohol**, including wine and beer, for one or more years? (If yes, here is a copy of what you have told us so far to review.) 1 0 **[IF NO, GO TO AH2]**

<i>Detailed Alcohol Abstinence History Grid</i>				
AH1.	1. Since then, was there another time you were abstinent from alcohol for one year or more? (If no, go to AH2) Y N	2. When did this period start? (mm/dd/yyyy)	3. Did you use alcohol again after that? (If no, go to AH2) Y N	4. When did this period end? (mm/dd/yyyy)
a.			1 0	
b.	1 0		1 0	
c.	1 0		1 0	
d.	1 0		1 0	
e.	1 0		1 0	
f.	1 0		1 0	
g.	1 0		1 0	
h.	1 0		1 0	
j.	1 0		1 0	
k.	1 0		1 0	
m.	1 0		1 0	
n.	1 0		1 0	
p.	1 0		1 0	
q.	1 0		1 0	
r.	1 0		1 0	
s.	1 0		1 0	
t.	1 0		1 0	
u.	1 0		1 0	
v.	1 0		1 0	

NOTE: Use the same Date Guidelines instructions you used in Treatment and Incarceration Histories

Yes No

AH2a1. Since you were first interviewed on [first interview date], has there ever been a time when you were **abstinent from any illegal drugs**, including marijuana, for one or more years? (If yes, here is a copy of what you have told us so far to review.)..... 1 0 [IF NO, GO TO Z1]

<i>Detailed Drug Abstinence History Grid</i>				
AH2.	1. Since then, was there another time you were abstinent from drugs for one year or more? (If no, go to Z1) Y N	2. When did this period start? (mm/dd/yyyy)	3. Did you use drugs again after that? (If no, go to Z1) Y N	4. When did this period end? (mm/dd/yyyy)
a.			1 0	
b.	1 0		1 0	
c.	1 0		1 0	
d.	1 0		1 0	
e.	1 0		1 0	
f.	1 0		1 0	
g.	1 0		1 0	
h.	1 0		1 0	
j.	1 0		1 0	
k.	1 0		1 0	
m.	1 0		1 0	
n.	1 0		1 0	
p.	1 0		1 0	
q.	1 0		1 0	
r.	1 0		1 0	
s.	1 0		1 0	
t.	1 0		1 0	
u.	1 0		1 0	
v.	1 0		1 0	

NOTE: Use the same Date Guidelines instructions you used in Treatment and Incarceration Histories

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

<i>For Staff Use Only</i>		
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	1 0
b.	Orally Administered by staff	1 0
c.	Orally Administered by others	1 0
z.	Other (Please describe)	1 0
v.	_____	
a2.	What was the mode of administration?	<u>Yes</u> <u>No</u>
a.	Done with Pen and Paper	1 0
b.	Done on Computer	1 0
c.	Done on Telephone	1 0
z.	Other (Please describe)	1 0
v.	_____	
b.	What was the primary language in which it was conducted?	
	English using the English GAIN	1
	Spanish using the English GAIN	2
	Spanish using the Spanish VGNI	3
	Other combinations/languages (Please describe)	99
v.	_____	
c.	Were there any indications that the client might have learning disabilities that would interfere with his or her ability to respond or participate in treatment or, in general, indications of developmental disabilities ?	
	No/none	0
	Minimal	1
	Moderate	2
	Major	3
d.	Was there any evidence that the person could not place himself or herself in place or time or, in general, any evidence of cognitive impairment or dementia ?	
	No/none	0
	Minimal	1
	Moderate	2
	Major	3

<i>For Staff Use Only</i>			
e.	Was there any evidence of the following observed participant behaviors?	<u>Yes</u>	<u>No</u>
1.	Depressed or withdrawn	1	0
2.	Violent or hostile.....	1	0
3.	Anxious or nervous	1	0
4.	Bored or impatient	1	0
5.	Intoxicated or high	1	0
6.	In withdrawal	1	0
7.	Distracted	1	0
8.	Cooperative	1	0
f.	Did the individual's appearance suggest ...		
	No problems/none.....	0	
	Poor hygiene?.....	1	
	Unkempt appearance?	2	
	Inadequate clothing?	3	
	Non applicable?	4	
g.	What was the participant's location during the assessment?		
	Treatment unit	1	
	Specialized intake unit	2	
	Correctional setting	3	
	School	4	
	Employment or work setting.....	5	
	Home	6	
	Probation or Parole Office	7	
	Welfare or Child Protection Agency	8	
	Research Office or Setting	11	
	Other (Please describe)	99	
v.	_____		
g1-5.	Were there any problems providing a quiet, private environment?	<u>Yes</u>	<u>No</u>
1.	Noise or other frequent distractions	1	0
2.	Divided attention or frequent interruptions.....	1	0
3.	Other people present or within earshot	1	0
4.	Police, guards, social workers or other officials present	1	0
5.	Speaker or telephone call monitoring	1	0

<i>For Staff Use Only</i>																									
h.	What administration protocol was followed? Partial assessment/not completed to date..... 5 Regular site protocol 6 Regular site protocol supplemented with additional questions..... 7 Other (Please describe)..... 99 v. _____																								
h1.	<table style="width: 100%; border: none;"> <tr> <td style="width: 85%;"></td> <td style="text-align: center; border: none;"><u>Yes</u></td> <td style="text-align: center; border: none;"><u>No</u></td> </tr> <tr> <td style="padding-left: 10px;">Was administration done over multiple days?</td> <td style="text-align: center; border: none;">1</td> <td style="text-align: center; border: none;">0</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-right: 20px;">[IF NO, GO TO XADMj]</td> </tr> <tr> <td style="padding-left: 10px;">a. What is the final revision date (mm/dd/yyyy)?</td> <td style="text-align: center; border: none;"> _ _ / _ _ / 20 _ _ </td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; border: none;">Month</td> <td style="text-align: center; border: none;">Day</td> </tr> <tr> <td style="padding-left: 10px;">b. What is the total number of breaks across all sessions and days? (Include "1" for break in between multiple sessions.).....</td> <td colspan="2" style="text-align: center; border: none;"> _ _ </td> </tr> <tr> <td style="padding-left: 10px;">c. What is the total number of minutes spent doing the interview across all sessions and days?</td> <td colspan="2" style="text-align: center; border: none;"> _ _ _ </td> </tr> <tr> <td style="padding-left: 10px;">d. What is the Staff ID [XSID] of the person finishing the interview?.</td> <td colspan="2" style="text-align: center; border: none;"> _ _ _ _ _ _ _ </td> </tr> </table>		<u>Yes</u>	<u>No</u>	Was administration done over multiple days?	1	0	[IF NO, GO TO XADMj]			a. What is the final revision date (mm/dd/yyyy)?	_ _ / _ _ / 20 _ _			Month	Day	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?.	_ _ _ _ _ _ _	
	<u>Yes</u>	<u>No</u>																							
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j.	Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment? Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented). v1. _____																								