



Please answer the next questions using the number of days.

GF3. **During the past 90 days**, on how many **days**...  
 (Use "0" for None or Not Applicable)

	<u>Days</u>
a. did you go to any kind of <b>school or training</b> program? _____	<input type="text"/>   <input type="text"/>
b. did you <b>miss</b> school or training for any reason? _____	<input type="text"/>   <input type="text"/>
c. did you <b>get in trouble</b> at school or training for any reason? _____	<input type="text"/>   <input type="text"/>
d. did you go to <b>work</b> ? _____	<input type="text"/>   <input type="text"/>
e. did you <b>miss</b> work for any reason? _____	<input type="text"/>   <input type="text"/>
f. did you <b>get in trouble</b> at work for any reason? _____	<input type="text"/>   <input type="text"/>
g. have you gotten into trouble at home or with your family for any reason? _____	<input type="text"/>   <input type="text"/>
h. were you in foster care, a group home or a ward of the state? _____	<input type="text"/>   <input type="text"/>
j. have you lived in a place where you were not free to come and go as you please, such as jail, an inpatient program, or hospital? _____	<input type="text"/>   <input type="text"/>

Please answer the next questions using yes or no.

SS4. Are you **currently worried** that someone might...

	<u>Yes</u>	<u>No</u>
a. <b>attack</b> you with a gun, knife, stick, bottle, or other weapon? _____	1	0
b. <b>hurt you by striking or beating</b> or otherwise physically abusing you? _____	1	0
c. pressure or <b>force you to participate in sexual acts</b> against your will? _____	1	0
d. <b>abuse you emotionally</b> ? _____	1	0

Please answer the next questions using the number of days.

PH4. **During the past 90 days**, on how many **days**...

a. were you bothered by <b>any</b> health or medical problems? _____	<input type="text"/>   <input type="text"/>
b. did you have medical problems that kept you from meeting your responsibilities at work, school or home? _____	<input type="text"/>   <input type="text"/>
c. have you gone without eating or threw up much of what you did eat? _____	<input type="text"/>   <input type="text"/>

EH5. **During the past 90 days**, on how many **days** were you...

a. bothered by any nerve, mental, or psychological problems? _____	<input type="text"/>   <input type="text"/>
b. disturbed by memories of things from the past that you did, saw or had happen to you? _____	<input type="text"/>   <input type="text"/>

BH5. **During the past 90 days**, on how many **days** did you...

(Use "0" for None or Not Applicable)

a. have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow? _____	<input type="text"/>   <input type="text"/>
b. have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way? _____	<input type="text"/>   <input type="text"/>
c. do things that might get you into trouble or be against the law besides using (alcohol or) drugs? _____	<input type="text"/>   <input type="text"/>
d. spend time on probation or parole? _____	<input type="text"/>   <input type="text"/>
e. spend time under electronic monitoring or house arrest? _____	<input type="text"/>   <input type="text"/>
f. spend time in jail or detention? _____	<input type="text"/>   <input type="text"/>

Please answer the next question using the number of times.

BH6. **During the past 90 days**, how many **times** did you get arrested and charged with a crime? (Use "0" for None) \_\_\_\_\_

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

Please answer the next questions using the number of days.

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

Days

bm. drink beer, wine, or any kind of alcohol? \_\_\_\_\_

cm. get drunk or have 5 or more drinks at one time? \_\_\_\_\_

dm. use any kinds of marijuana, blunts, or hashish? \_\_\_\_\_

em. use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug? \_\_\_\_\_

(What did you use?) v. \_\_\_\_\_

fm. go without using any alcohol, marijuana, or other drugs? \_\_\_\_\_

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

**SU. Service Utilization**  
(Please use "0" for None or Not Applicable)

Please answer the next questions using the number of times, nights or days.  
(Please use "0" for None or Not Applicable)

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

a. physical health problems? \_\_\_\_\_

b. mental, emotional, behavioral or psychological problems? \_\_\_\_\_

c. alcohol or drug use problems? \_\_\_\_\_

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

a. physical health problems? \_\_\_\_\_

b. mental, emotional, behavioral or psychological problems? \_\_\_\_\_

c. alcohol or drug use problems? \_\_\_\_\_

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

a. physical health problems? \_\_\_\_\_

b. mental, emotional, behavioral or psychological problems? \_\_\_\_\_

c. alcohol or drug use problems? \_\_\_\_\_

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

a. physical health problems? \_\_\_\_\_

b. mental, emotional, behavioral or psychological problems? \_\_\_\_\_

c. alcohol or drug use problems? \_\_\_\_\_

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

a. school or student assistance program? \_\_\_\_\_

b. job or employee assistance program? \_\_\_\_\_

c. spiritual program or religious organization? \_\_\_\_\_

