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Chestnut Health Systems

Global Appraisal of Individual Needs - Q3 (GAIN-Q3)

Version [GVER]: 3.1.3 Standard

Site ID [XSITE]:..... |__|__|__|__|__|__|__|
Local Site ID [XSITEa]:..... |__|__|__|__|__|__|__|
Staff ID [XSID]: ..... |__|__|__|__|__|__|__|
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Part. ID [XPID]: ..... |__|__|__|__|__|__|__|
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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)

Introduction

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

Format: This assessment has questions about what has been going on in your life across a wide range of areas, including your physical and mental health, stress and risk behaviors, and life satisfaction. You will be able to say you do not know or refuse to answer any question that you do NOT want to answer.

Length: Depending on how much has been going on in your life, it will take about 20-45 minutes to complete. You will be able to take a break if you need to.

Privacy and Confidentiality: Your answers are private. All research and clinical staff with access to your answers understand this restriction and have agreed to resist sharing your specific answers without your prior written consent. This includes giving information to family members, other individuals, other treatment agencies, social work agencies, criminal justice agencies and other agencies.

Your confidentiality is also protected under the Privacy Act of 1974, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. (READ ONLY IF APPLICABLE): We have also obtained a certificate of confidentiality to prevent us from being forced to give any information to the court.

There are, however, two exceptions. First, we are mandated to report child abuse or if you are presently a danger to yourself or others. Second, officials from the federal government have the right to audit us to check to make sure we have protected your safety and accurately reported what we have done.

Any questions?

A3. Timeframe Anchoring

Several questions will ask you about things that have happened during the **past 90 days**. To help you remember this time period, please look at the calendar. First, let's find today's date and circle it.

Next, count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about (DATE 90 DAYS AGO)?

(PROBE FOR SPECIFIC EVENT. **IF UNABLE TO RECALL**: Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A3a1. Record anchor for 90 days: v. _____

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

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

Additional Administration Instructions

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

Do you have any questions before we begin?

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

v1._____

_____

_____

(Clarify and code)

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

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

v. _____

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

v. _____

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

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

B. Background Information

In this first section, I am going to ask you some very basic questions about yourself.

B1. What is your gender?

Male 1
Female 2
Transgender (Male to Female) 4
Transgender (Female to Male) 5
Other **(Please describe)**..... 99

v. _____

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

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

B2b. Who currently has **legal custody** of you? (Would you say...)

v. _____

(Clarify and code)

Parents living together 1
Parents who are separated but share custody..... 2
One parent (even if living with stepparent) 3
Other family members 4
Legally emancipated minor living on your own..... 5
Runaway/on own (without legal emancipation) 6
County/State (foster home or protective services) 7
Juvenile or correctional institution 8
Other **(Please describe in B2bv)** 99

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

v1._____

_____

_____

Please select at least one race.

		MENTIONED Yes	MENTIONED No
1.	Alaskan Native **(Please record tribe in B3av1)**	1	0
2.	Asian	1	0
3.	African American/Black	1	0
4.	Caucasian/White	1	0
5.	Hispanic, Latino or Chicano	1	0
	a. Puerto Rican	1	0
	b. Mexican	1	0
	c. Cuban	1	0
	e. Dominican	1	0
	f. Other Central American	1	0
	g. Other South American	1	0
	z. Other **(Please describe in B3av1)**	1	0
6.	Native American **(Please record tribe in B3av1)**	1	0
7.	Native Hawaiian	1	0
8.	Pacific Islander	1	0
99.	Some other group **(Please describe in B3av1)**	1	0

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

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

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

v. _____

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

	(Select one)
Non-sexual or asexual	1
Heterosexual or straight	2
Homosexual, gay or lesbian	3
Bisexual	5
Questioning or curious	6
Not sure	7
Other **(Please describe)**	99

v. _____

B15. What is your **current** marital status?

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

[IF UNDER 17, SELECT 0 AND GO TO B17]

B16. Have you **ever** been in the armed forces of the United States or another country?

(Select one)

No, never served in any armed forces ..... 0 **[GO TO B17]**
Yes, served in the United States armed forces 1
Yes, served in the armed forces or military of another country
(Which country?) 99

v. _____

		Yes	No
B16a.	Were you **ever** in a combat zone?	1	0

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

v. _____

B16c. What is your military status or type of discharge? (Clarify and select all that apply)

v. _____

		(MENTIONED)	
		Yes	No
1.	On active duty in the armed forces	1	0
2.	In a selected or other reserve component that drills regularly	1	0
3.	In the National Guard	1	0
4.	In Individual Ready Reserve (IRR)	1	0
5.	Retired	1	0
6.	Honorably discharged (Are you currently in any kind of reserve?) ...	1	0
7.	Generally discharged or entry-level separation	1	0
8.	Other than honorably discharged	1	0
9.	Bad conduct or other administrative discharge or dismissal	1	0
10.	Dishonorably discharged or dismissal after court martial	1	0
99.	Other **(Please describe in B16cv)**	1	0

[IF B16c6-99 = 0, GO TO B17]

B16d. Was your discharge related to any physical, medical, mental, alcohol, drug or other problems? (Clarify and select all that apply)

v. _____

		(MENTIONED) Yes	No
1.	Physical	1	0
2.	Medical	1	0
3.	Mental	1	0
4.	Alcohol	1	0
5.	Drug	1	0
99.	Other problem **(Please describe in B16dv)**	1	0

[IF MALE, GO TO SP1]

		Yes	No
B17.	Are you currently pregnant?	1	0

SP. School Problems

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

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

SPScr/ QOLI

SP1. When was the **last** time you...

a. came in late or left early from school or training?	4	3	2	1	0
b. skipped or cut school or training just because you didn't want to be there?	4	3	2	1	0
c. got bad grades or had your grades drop at school or training?	4	3	2	1	0
d. got sick at school or training?	4	3	2	1	0
e. went to any kind of school or training?	4	3	2	1	0

SP1f. When was the **last** time, if ever, you received any kind of help dealing with school problems (for example, talking to a school counselor about problems at school, working with a tutor, attending a social skills group at school)? 4 3 2 1 0

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

Please answer the next questions using the number of days.

QCS SP1e. **During the past 90 days**, on how many **days**...

1. were you absent from school or training for a full day? ..... |__|__| Days
2. did you go to any kind of school or training? ..... |__|__| Days

[IF SP1f IS LESS THAN 3, GO TO WP1a]

Please answer the next questions using the number of days.

SP1f1. **During the past 90 days**, on how many **days** have you received any kind of help dealing with school problems? ..... |__|__| Days

WP. Work Problems

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

Using **Card Q**...

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

WPScr/ WP1. When was the **last** time you...

QOLI

a. came in late or left early from work? 4 3 2 1 0

b. skipped or cut work just because you didn't want to be there? 4 3 2 1 0

c. did badly at work or did worse at work? 4 3 2 1 0

d. got sick at work? 4 3 2 1 0

e. went to work? 4 3 2 1 0

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

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

Please answer the next questions using the number of days.

QCS WP1e. **During the past 90 days**, on how many **days**...

1. were you absent from work for a full day? ..... |__|__| Days
2. did you work for money at a job or in a business? ..... |__|__| Days

[IF WP1f IS LESS THAN 3, GO TO PH1a]

Please answer the next questions using the number of days.

WP1f1. **During the past 90 days**, on how many **days** have you received any kind of help dealing with work problems? ..... |__|__| Days

PH. Physical Health

The next questions are about your physical health.

Using **Card Q**...

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

HPScr/ QOLI PH1. When was the **last** time you...

a.	gained 10 or more pounds when you were **not** trying to?	4	3	2	1	0
b.	lost 10 or more pounds when you were **not** trying to?	4	3	2	1	0
c.	were **worried** about your health?	4	3	2	1	0
d.	had a lot of **physical pain or discomfort**?	4	3	2	1	0
e.	had health problems that **kept** you from meeting your responsibilities at work, school or home?	4	3	2	1	0
f.	saw a doctor or nurse about a health problem or took prescribed medication for one?	4	3	2	1	0

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

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

QCS PH1f. **During the past 90 days**, how many...

1. **times** have you had to go to the **emergency room** for a health problem? ..... |__|__| Times
2. **nights** total did you spend in the **hospital** for a health problem? ..... |__|__| Nights
3. **times** did you see a doctor or nurse in an **office or outpatient clinic** for a health problem? ..... |__|__| Times
4. **times** did you have an outpatient **surgical procedure** for a health problem? ..... |__|__| Times
5. **days** did you take prescribed **medication** for a health problem? ..... |__|__| Days

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

a. have you been bothered by **any** health or medical problems? ..... |__|__| Days **[IF 0, GO TO PH2c]**

b. have health problems kept you from meeting your responsibilities at work, school or home? ..... |__|__| Days

c. have you smoked or used **any** kind of tobacco? ..... |__|__| Days

SS. Sources of Stress

The next questions are about stress in your life.

Using **Card Q**...

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

SSScr/ QOLI

SS1. When was the **last** time you were under stress for any of the following reasons?

		Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
a.	Death of a family member or close friend.	4	3	2	1	0
b.	Health problem of a family member or close friend.	4	3	2	1	0
c.	Fights with boss, teacher, coworkers or classmates.	4	3	2	1	0
d.	Major change in relationships for you or your family (e.g., marriage, divorce, separations).	4	3	2	1	0
e.	Something you saw or that happened to someone close to you. **(Please describe)**	4	3	2	1	0
v.	_____					
f.	New job, position or school.	4	3	2	1	0
g.	You didn't have enough money to pay all your bills on time.	4	3	2	1	0

SS1g1.	When was the **last** time, if ever, that you considered yourself to be homeless?	4	3	2	1	0
SS1h.	When was the **last** time, if ever, you received any kind of help dealing with your stress (for example, talking to a counselor about ways to manage stress, participating in classes to learn to better manage stress)?	4	3	2	1	0

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

Please answer the next questions using the number of days.

SS1h1. **During the past 90 days**, on how many **days** have you received any kind of help dealing with your stress? |__|__| Days

PPI

SS2. **During the past 90 days**, on how many days have you...

a. felt stressed by events or situations in your life? |__|__| Days

b. had any money problems, including arguing about money or not having enough for food or housing? |__|__| Days

RB. Risk Behaviors for Infectious Diseases

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

Using **Card Q**...

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

RBScr/ QOLI RB1. When was the **last** time you...

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

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

RBScr RB1. When was the **last** time you...

m1.	were abused several times or over a long period of time?	4	3	2	1	0
m2.	were afraid for your life or that you might be seriously injured by the abuse?	4	3	2	1	0

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

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

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

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

PPI RB2. **During the past 90 days**, how many...

a. **times** have you had unprotected sex (sex **without** using any kind of condom, dental dam or other barrier to protect you and your partner from disease or pregnancy)?..... |__|__| Times

b. **days** have you used a needle to inject any kind of drug or medication?..... |__|__| Days

c. **days** have you been attacked with a weapon, beaten, sexually abused or emotionally abused?..... |__|__| Days

MH. Mental Health

The next questions are about common psychological, behavioral and emotional problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

Using **Card Q**...

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

IDScr6/ MH1. When was the **last** time you had **significant** problems with...

QOLI

a. feeling very trapped, lonely, sad, blue, depressed or hopeless about the future? 4 3 2 1 0

b. sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day? 4 3 2 1 0

c. feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen? 4 3 2 1 0

d. becoming very distressed and upset when something reminded you of the past? 4 3 2 1 0

e. thinking about ending your life or committing suicide? 4 3 2 1 0

f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? 4 3 2 1 0

Using **Card Q**...

EDScr6 MH2. When was the **last** time you did the following things **two or more times**?

QOLI

a. Lied or conned to get things you wanted or to avoid having to do something. 4 3 2 1 0

b. Had a hard time paying attention at school, work or home. 4 3 2 1 0

c. Had a hard time listening to instructions at school, work or home. 4 3 2 1 0

d. Had a hard time waiting for your turn. 4 3 2 1 0

e. Were a bully or threatened other people. 4 3 2 1 0

f. Started physical fights with other people. 4 3 2 1 0

g. Tried to win back your gambling losses by going back another day. 4 3 2 1 0

MH2h. When was the **last** time, if ever, you were treated for a mental, emotional, behavioral or psychological problem by a mental health specialist or in an emergency room, hospital or outpatient mental health facility, or with prescribed medication? 4 3 2 1 0

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

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

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

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

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

a. were you bothered by any nerve, mental or psychological problems? ..... |__|__| Days **[IF 0, GO TO MH3c]**

b. did these problems keep you from meeting your responsibilities at work, school or home, or make you feel like you could not go on?... |__|__| Days

c. have you been disturbed by memories of things from the past that you did, saw or had happen to you? ..... |__|__| Days

d. have you had any problems paying attention, controlling your behavior, or broken rules you were supposed to follow? ..... |__|__| Days

SU. Substance Use

The next questions are about your use of alcohol and other drugs. Alcohol includes beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks. "Other drugs" include a) 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 used only as instructed by a doctor.

Using **Card Q**...

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

SDScr/ QOLI SU1. When was the **last** time...

a.	you used alcohol or other drugs weekly or more often?	4	3	2	1	0
b.	you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
c.	you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	4	3	2	1	0
d.	your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?	4	3	2	1	0
e.	you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0
f.	you received treatment, counseling, medication, case management or aftercare for your use of alcohol or **any other drug**? Please do not include any emergency room visits, detoxification, self-help or recovery programs	4	3	2	1	0

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

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

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

2. **nights** were you in a halfway house, **residential**, inpatient, or hospital program for your alcohol or other drug use problems? ..... |__|__| Nights

3. **days** were you in an **intensive outpatient** or day program for your alcohol or other drug use problems? ..... |__|__| Days

4. **times** did you go to a regular (1-8 hours per week) **outpatient** program for your alcohol or other drug use problems? ..... |__|__| Times

5. **days** did you take medication like **methadone or Antabuse** to help with withdrawal or cravings? ..... |__|__| Days

99. **days** did you go to any **other** kind of treatment program or work with some other kind of case manager for your alcohol or other drug use problems? **(Please describe)** ..... |__|__| Days

v. _____

QCS SU2. **During the past 90 days**, how many...

a. **days** have you been in a **detoxification** program to help you through withdrawal? ..... |__|__| Days

b. **days** have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use? ..... |__|__| Days

c. **times** have you been given a breathalyzer or urine test to check for your alcohol or other drug use? (Do not count any today) ..... |__|__| Times

d. **times** did you go to an **emergency room** for your alcohol or other drug use problems? ..... |__|__| Times

Please answer the next questions using the number of days.

PPI SU3. **During the past 90 days**...

a. on how many **days** did you go **without using any** alcohol, marijuana or other drugs? ..... |__|__| **[IF 90, GO TO SU5]** Days

b. on how many **days** did you get drunk **at all** or were you high for most of the day? ..... |__|__| Days

c. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home? .... |__|__| Days

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

a. used any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)? ..... |__|__| **[IF 0, GO TO SU4c]** Days

b. gotten drunk or had 5 or more drinks? ..... |__|__| Days

c. used marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)? ..... |__|__| Days

d. used cocaine, opioids, methamphetamine or **any other drug**, including a prescription medication that was **not** prescribed to you, or one that you took more of than you were supposed to? ..... |__|__| **[IF 0, GO TO SU5]** Days

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

e. used crack, smoked rock or freebase? ..... |__|__| Days

f. used other forms of cocaine? ..... |__|__| Days

g. used inhalants or huffed (such as correction fluid, gasoline, glue, lighters, spray paints or paint thinner)? ..... |__|__| Days

h. used heroin or heroin mixed with other drugs? ..... |__|__| Days

j. used nonprescription or street methadone? ..... |__|__| Days

k. used painkillers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine)? ..... |__|__| Days

m. used PCP or angel dust (phencyclidine)? ..... |__|__| Days

n. used acid, LSD, ketamine, special K, mushrooms, or other hallucinogens (such as mescaline, peyote, psilocybin, or shrooms)?. |__|__| Days

p. used anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Equanil, Diazepam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax)? ..... |__|__| Days

qa. used methamphetamine, crystal, ice, glass, or other forms of methedrine (such as Desoxyn)? ..... |__|__| Days

qb. used speed, uppers, amphetamines, ecstasy, MDMA or other stimulants (such as Biphetamine, Benzedrine, Dexedrine or Ritalin)? ..... |__|__| Days

r. used downers, sleeping pills, barbiturates or other sedatives (such as Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone, Placidyl, Quaalude, Secobarbital, Seconal, Rohypnol or Tuinal)? ..... |__|__| Days

s. used any other drug that has not been mentioned (such as amyl nitrate, cough syrup, nitrous oxide, NyQuil, poppers or Robitussin)? **(Please describe)** ..... |__|__| Days

v. _____

SU5. **During the past 90 days**, on how many **days** have you been in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs? **(Use 0 for none)** ..... |__|__| **[IF 0-12, GO TO CV1a]**
Days

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

(PROBE FOR SPECIFIC EVENT AS BEFORE)

Record anchor: v. _____

When we talk about things happening to you during "those 90 days in the community," we are talking about things that have happened from about (PRE-CONTROLLED ENVIRONMENT ANCHOR) to the time you entered the controlled environment.

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

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

a. on how many **days** did you go **without using any** alcohol, marijuana or other drugs? ..... |__|__| **[IF 90, GO TO CV1a]**
Days

b. on how many **days** did you get drunk **at all** or were you high for most of the day?..... |__|__|
Days

c. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home? .... |__|__|
Days

CV. Crime and Violence

The next questions are about crime and violent behavior.

Using **Card Q**...

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

CVScr/ CV1. When was the **last** time you...

QOLI

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

[IF CV1f IS LESS THAN 3, GO TO CV3]

Please answer the next questions using the number of days.

QCS CV2. **During the past 90 days**, on how many **days** have you been...

a. on probation? ..... |__|__| Days

b. on parole? ..... |__|__| Days

c1. in juvenile detention? ..... |__|__| Days

c2. in jail or prison? ..... |__|__| Days

d. on house arrest? ..... |__|__| Days

e. on electronic monitoring? ..... |__|__| Days

PPI CV3. **During the past 90 days**, on how many **days** did you have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way? ..... |__|__| Days

PPI CV4. **During the past 90 days**, on how many **days** were you involved in any activities you thought might get you into trouble or be against the law, besides drug use? ..... |__|__| **[IF 0, GO TO CV4b]**
Days

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

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

Please answer the next question using the number of times.

QCS CV4b. **During the past 90 days**, how many **times** have you been arrested and charged with breaking a law? (Please do not count minor traffic violations.) ..... |__|__|__|
Times

LS. Life Satisfaction

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

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

LSI LS1. **Currently**, how satisfied are you with...

g.	the level of physical intimacy (sexual activity) in your relationships?	5	4	3	2	1
h.	your family relationships?	5	4	3	2	1
j.	your general level of happiness?	5	4	3	2	1
k.	where you are living?	5	4	3	2	1
m.	how your life is going so far?	5	4	3	2	1
n.	your school or work situation?	5	4	3	2	1

Z. End

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

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

Z1. What time is it now? ..... |__|__| : |__|__|
Time (HH:MM)

b. Is it AM or PM? ..... |_____|
AM/PM

c. How many breaks did you take today? ..... |__|__|
Breaks

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

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

v1._____

_____

_____

_____

For Staff Use Only

XADM.Administration

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

			Yes	No
a1.	How were the questions administered?			
	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?		Yes	No
	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 GAIN	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

			Yes	No
e.	Was there any evidence of the following observed participant **behaviors**?			
	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

For Staff Use Only

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?

		Yes	No
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

h1. 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 Year

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

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

d. What is the Staff ID [XSID] of the person **finishing** the interview?. |__|__|__|__|__|__|

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

v1._____

_____

_____