GENERAL INFORMATION -ADDITIONAL QUESTIONS

G101. If you indicated that your religion was "other", is your religion a Christian religion? ☐

X-Not Answered N-N/A 0-No 1-Yes

Hints: Only ask if G18- Religious preference = 'other';
If any other answer, select N.

G102. If you indicated that your religion was "other," is your religion Hinduism, Buddhism, Taoism, Confucianism, Sikhism, or Shinto? ☐

X-Not Answered N-N/A 0-No 1-Yes

Hints: Only ask if G18- Religious preference = 'other';
If any other answer, select N.

G103. If you indicated that your religion was "other," do you consider yourself to be religious or spiritual, but not aligned with any particular sect, organization, or denomination? ☐

X-Not Answered N-N/A 0-No 1-Yes

Hints: Only ask if G18- Religious preference = 'other';
If any other answer, select N.

COMMENTS – ADDITIONAL QUESTIONS

(Include question number with your notes)

ALCOHOL/DRUGS – ADDITIONAL QUESTIONS

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

· *Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.*

	Past 30 Days	Lifetime (years)	Route of Admin
1 Hydromorphone (Dilaudid)			
2 Oxycodone (Percodan, Percocet, Tylox)			
3 Hydrocodone (Vicodan, Lorcet, Lortab)			
4 Buprenorphine (Suboxone, Subutex, Buprenex)			
5 OxyContin (Oxy's, OC's)			

Hints: Past 30 days: Record number of days of drug use. Lifetime use=years of regular use.

D106. Was the OxyContin prescribed for you for diagnosed pain or medical reasons? ☐ 0 – No, 1 – Yes, N= N/A

D107. Did you use the OxyContin to get high or get a buzz? ☐ 0 – No, 1 – Yes, N= N/A

D108. Did you take the OxyContin in combination with other opiates, heroin or methadone? ☐ 0 – No, 1 – Yes, N= N/A

Hints: Code as N/A if OxyContin use =0 in past 30 or lifetime. Code for most recent OxyContin use.

D109. How many months **ago** did you first use OxyContin? ☐☐ Months

Hints: Code as N/A if OxyContin use =0 in past 30 or lifetime. Code as 1 monrh if at least 2 weeks ago. Note: questions asks how long ago was first use.

D110. Did you get the OxyContin from a friend, family member or on the street? ☐ 0 – No, 1 – Yes, N= N/A

Hints: Code as N/A if OxyContin use =0 in past 30 or lifetime. Code for most recent OxyContin use. Do not count if prescribed by a doctor.

COMMENTS – ADDITIONAL QUESTIONS

(Include question number with your notes)

LEGAL STATUS – ADDITIONAL QUESTIONS

L102. Is your treatment a mandatory condition of the criminal justice system, like probation, parole or drug court? ☐ 0 – No, 1 – Yes, N= N/A

Hints: Code yes if probation, parole, or drug court is dependent on client participating in treatment.

L103. Are you in treatment instead of incarceration in a jail or prison (examples: California's Prop 36 or Philadelphia's FIR program)? ☐ 0 – No, 1 – Yes, N= N/A

Hints: Ask examples. Ask if client would be in jail or prison if they had not gone to a treatment program.

COMMENTS – ADDITIONAL QUESTIONS

(Include question number with your notes)

FAMILY/SOCIAL SUPPORT -ADDITIONAL QUESTIONS

F113. Now think about where you have stayed in the past 30 days. How many times did you spend the night on the streets, in abandoned buildings, in cars, or in public areas (like parks, bus stations, or tunnels)?

☐☐ Days

Hints: Include any nights the client spent living in diners/restaurants, shopping malls, airports, etc.

F114. In the past 30 days, how often did you stay overnight in a shelter?

☐☐ Days

Hints: Include any type of overnight shelter: missions, homeless shelters, domestic violence shelters, etc.

F115. In the past 30 days, how often did you stay overnight in an apartment or house that you did not rent or own?

☐☐ Days

Hints: Only count days the client stayed with acquaintances, friends, or family members because they had no regular place to stay.

F116. In the past 30 days, how often did you stay overnight in a hospital, jail, treatment program, or other institution?

☐☐ Days

Hints: Include any type of institution or controlled environment.

COMMENTS – ADDITIONAL QUESTIONS

(Include question number with your notes)

PSYCHIATRIC SECTION -ADDITIONAL QUESTIONS

P108. In your life, have you ever had any experiences that were so frightening, horrible or upsetting that others rarely go through?

☐

X-Not Answered N-N/A 0-No 1-Yes

Hints: Read all examples. Include any type of traumatic event, such as being attacked, sexually assaulted, or raped; being in a fire, flood, or natural disaster; being in combat; being in a bad accident; being threatened with a weapon; or seeing someone badly injured or killed.

P109. In the past 30 days, have you had nightmares, or "flashbacks" about the trauma or thought about it when you did not want to?

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

☐

Hints: If P108=No; code P109=Not at all

P110. In the past 30 days, have you tried hard not to think about the traumatic event or went out of your way to avoid situations that reminded you of it?

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

☐

Hints: If P108=No; code P110=Not at all

P111. In the past 30 days, were you constantly on guard, watchful or easily startled?

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

☐

Hints: If P108=No; code P111=Not at all

P112. In the past 30 days, have you felt numb or detached from others, activities, or your surroundings?

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

☐

Hints: If P108=No; code P112=Not at all

COMMENTS – ADDITIONAL QUESTIONS

(Include question number with your notes)