

A. RECORD MANAGEMENT - DEMOGRAPHICS

1. What is your gender?

- Male
- Female
- Transgender
- Refused
- Other

2. Are you Hispanic or Latino?

- Yes
- No
- Refused

What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

Central American

- Yes
- No
- Refused

Cuban

- Yes
- No
- Refused

Dominican

- Yes
- No
- Refused

Mexican

- Yes
- No
- Refused

Puerto Rican

- Yes
- No
- Refused

South American

- Yes
- No
- Refused

Other

Specify

- Yes
- No
- Refused

3. What is your race? Please answer yes or no for each of the following. You may say yes or no to more than one.

Black or African American

- Yes
- No
- Refused

Asian

- Yes
- No
- Refused

Native American or other Pacific Islander

- Yes
- No
- Refused

Alaska Native

- Yes
- No
- Refused

White

- Yes
- No
- Refused

American Indian

- Yes
- No
- Refused

4. What is your date of birth?

Refused

6c. Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No
	Refused	Refused	Refused	Refused	Refused	Refused
	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know

6d. Died or was killed?	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No
	Refused	Refused	Refused	Refused	Refused	Refused
	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know

B. DRUG AND ALCOHOL USE

1. During the past 30 days, how many days have you used the following:

	Number of Days	Refused	Don't Know
A. Any Alcohol	.	.	.
	Number of Days	Refused	Don't Know
B1. Alcohol to Intoxication (5+ drinks in one sitting)	.	.	.
	Number of Days	Refused	Don't Know
B2. Alcohol to Intoxication (4 or fewer drinks in one sitting and felt high)	.	.	.
	Number of Days	Refused	Don't Know
C. Illegal Drugs	.	.	.
	Number of Days	Refused	Don't Know
D. Both alcohol and drugs (on the same day)	.	.	.

Route of Administration Types:

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

Note the usual route for more than one route, choose the most severe. The routes are listed from least severe (1) to most severe (5).

2. During the past 30 days, how many days have you used any of the following:

Number of Days RF DK Route RF DK

A. Cocaine/Crack

B. Marijuana/Hash (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)

C. Opiates:

1. Heroin (Smack, H, Junk, Skag)

2. Morphine

3. Dilaudid

4. Demerol

5. Percocet

6. Darvon

7. Codeine

8. Tylenol 2, 3, 4

9. OxyContin/Oxycodone

D. Non-prescription Methadone

E. Hallucinogens/Psychedelics, PCP)
Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam) LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline

F. Methamphetamine or other Amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)

Route of Administration Types:

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

Note the usual route for more than one route, choose the most severe. The routes are listed from least severe (1) to most severe (5).

2. During the past 30 days, how many days have you used any of the following:

G1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (prosom and Rohypnol - Also known as roofies, roche, and cope)

Number Of Days

RF

DK

Route

RF

DK

G2. Barbiturates: Mephobarbital (mebacut) and pentobarbital sodium (nembutal)

G3. Non-prescription GHB (Known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)

G4. Ketamine (Known as Special K or Vitamin K)

G5. Other tranquilizers, downers, sedatives, or hypnotics

H. Inhalants (poppers, snappers, rush, whippets)

I. Other illegal drugs (Specify)

3. In the Past 30 days, have you injected drugs?

- Yes
- No
- Refused
- Don't Know

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?

- Always
- More than half the time
- Half the time
- Less than half the time
- Never
- Refused
- Don't Know

C. FAMILY AND LIVING CONDITIONS

1. In the Past 30 days, where have you been living most of the time?

- Shelter (safe havens, transitional living center, low demand facilities, reception centers, other temporary day or evening facility)
- Street/Outdoors (sidewalk, doorway, park, public, or abandoned)
- Institution (hospital, nursing home, jail/prison)
- Housed
- Refused
- Don't Know

If housed, check appropriate subcategory

- Own/Rent Apartment, Room, or House
- Someone Else's Apartment, Room or House
- Dormitory/College Residence
- Halfway House
- Residential Treatment
- Other Housed

2. During the Past 30 days, how stressful have things been for you because of your use of Alcohol or other Drugs?

- Not at all
- Somewhat
- Considerably
- Extremely
- Not Applicable
- Refused
- Don't Know

3. During the Past 30 days, has your use of Alcohol or other Drugs caused you to reduce or give up important activities?

- Not at all
- Somewhat
- Considerably
- Extremely
- Not Applicable
- Refused
- Don't Know

4. During the Past 30 days, has your use of Alcohol or other Drugs caused you to have emotional problems?

- Not at all
- Somewhat
- Considerably
- Extremely
- Not Applicable
- Refused
- Don't Know

5. [If not male] Are you currently pregnant?

- Yes
- No
- Refused
- Don't Know

6. Do you have children?

- Yes
- No
- Refused
- Don't Know

A. How many children do you have?

Refused Don't Know

B. Are any of your children living with someone else due to a child protection court order?

- Yes
- No
- Refused
- Don't Know

C. How many of your children are living with someone else due to a child protection court order?

Refused Don't Know

D. For how many of your children have you lost parental rights?

Refused Don't Know

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program, and if so is that full time or part time?

- Not Enrolled
- Enrolled, Full Time
- Enrolled, Part Time
- Refused
- Don't Know
- Other (Specify)

2. What is the highest level of education you have finished, whether or not you received a degree?

- Never Attended
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade
- College or University/1st Year Completed
- College or University/2nd Year Completed
- College or University/3rd Year Completed
- Bachelor's Degree (BA,BS) or Higher
- Voc/Tech Program After High School but no Voc/Tech Diploma
- Voc/Tech Diploma After High School
- Refused
- Don't Know

3. Are you currently employed?

- Employed, Full Time (35+ Hours Per Week, or Would Have Been)
- Employed, Part Time
- Unemployed, Looking for Work
- Unemployed, Disabled
- Unemployed, Volunteer Work
- Unemployed, Retired
- Unemployed, Not Looking for Work
- Refused
- Don't Know
- Other (Specify)

4. Approximately, how much money did you receive (pre-tax individual income) in the past 30 days from?

RF DK

A. Wages

B. Public Assistance

C. Retirement

D. Disability

E. Non-legal Income

F. Family and/or Friends

G. Other

E. Crime and Criminal Justice Status

- | | | |
|--|--------------|-----------------|
| 1. In the past 30 days, how many times have you been arrested? | Refused
. | Don't Know
. |
| 2. In the past 30 days, how many times have you been arrested for drug-related offenses? | Refused
. | Don't Know
. |
| 3. In the past 30 days, how many nights have you spent in jail/prison? | Refused
. | Don't Know
. |
| 4. In the past 30 days, how many times have you committed a crime? | Refused
. | Don't Know
. |

5. Are you currently awaiting charges, trial, or sentencing?

- Yes
- No
- Refused
- Don't Know

6. Are you currently on parole or probation?

- Yes
- No
- Refused
- Don't Know

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

1. How would you rate your overall health right now?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Refused
- Don't Know

2. During the past30 days, did you receive:

A. Inpatient Treatment For:

Yes	Altogether for how many nights?	No	RF	DK
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i. Physical Complaint

Yes	Altogether for how many nights?	No	RF	DK
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ii. Mental or emotional difficulties

Yes	Altogether for how many nights?	No	RF	DK
-----	---------------------------------	----	----	----

iii. Alcohol or substance abuse

B. Outpatient Treatment for:

Yes	Altogether for how many times?	No	RF	DK
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i. Physical Complaint

Yes Altogether for how many times? No RF DK

ii. Mental or emotional difficulties

Yes Altogether for how many times? No RF DK

iii. Alcohol or substance abuse

C. Emergency Room Treatment for:

Yes Altogether for how many times? No RF DK

i. Physical Complaint

Yes Altogether for how many times? No RF DK

ii. Mental or emotional difficulties

Yes Altogether for how many times? No RF DK

iii. Alcohol or substance abuse

3. During the past 30 days, did you engage in sexual activity?

- Yes
- No
- Not Permitted To Ask
- Refused
- Don't Know

[IF YES] Altogether, how many?

Contacts RF DK

A. Sexual contacts (Vaginal, Oral, or Anal) Did you Have?

Contacts RF DK

B. Unprotected sexual contacts did you have?

C. Unprotected sexual contacts were with an individual who is or was:

1. HIV positive or has AIDS Contacts RF DK

2. An injection drug user Contacts RF DK

3. High on some substance Contacts RF DK

4. Have you ever been tested for HIV?

- Yes
- No
- Refused
- Don't Know

4a. Do you know the results of your HIV testing?

- Yes
- No

5. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

Days RF DK

A. Experienced serious depression?

Days RF DK

B. Experienced serious anxiety or tension?

Days RF DK

C. Experienced Hallucinations?

Days RF DK

D. Experienced trouble understanding, concentrating, or remembering?

Days RF DK

E. Experienced trouble controlling violent behavior ?

Days RF DK

F. Attempted suicide ?

Days RF DK

G. Been prescribed medication for psychological/emotional problem ?

6. How much have you been bothered by these psychological or emotional problems in the past 30 days?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely
- Refused
- Don't Know

VIOLENCE AND TRAUMA

7. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?

- Yes
- No
- Refused
- Don't Know

Did any of these experiences feel so frightening, horrible, or upsetting that, in the past/or the present, you:

7A. Have had nightmare about it or thought about it when you did not want to?

- Yes
- No
- Refused
- Don't Know

7B. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

- Yes
- No
- Refused
- Don't Know

7C. Were constantly on guard, watchful, or easily startled?

- Yes
- No
- Refused
- Don't Know

7D. Felt numb and detached from others, activities, or your surroundings?

- Yes
- No
- Refused
- Don't Know

8. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- Never
- A few times
- More than a few times
- Refused
- Don't Know

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with the religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organizations for Sobriety, or Women for Sobriety, etc.?

[IF YES] Specify how many days

- Yes
- No
- Refused
- Don't Know

- Refused
- Don't Know

2. In the past 30 days, did you attend any religious/faith-affiliated recovery self -help groups?

[IF YES] Specify how many days

- Yes
- No
- Refused
- Don't Know

- Refused
- Don't Know

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

[IF YES] Specify how many days

- Yes
- No
- Refused
- Don't Know

- Refused
- Don't Know

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

- Yes
- No
- Refused
- Don't Know

5. To whom do you turn when you are having trouble?

- No One
- Clergy Member
- Family Member
- Friends
- Refused
- Don't Know
- Other (Specify)