SoBe Remix - The South Beach Project II: A Self-Assessment Intervention for Young Adult Polydrug Users

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Portions of this instrument have been compiled from:
Global Appraisal of Individual Needs - Initial (GAIN-I).
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For additional information regarding the GAIN, please visit
http://www.gaincc.org
Seed: ___ ___ (1 to 99)

Wave: ___ ___ (01 to 99)

PID: ___ ___ ___ ___ (Seeds: 0001 to 0099, Non-seeds: 1001 to 9995)

Coupon Number: ___ ___ (01 to 99)

Staff ID: ___ ___ ___ ___ (2 letters and 2 numbers)

Date: ___ ___ / ___ ___ / ___ ___

Start time: ___ ___ : ___ ___ AM PM

Site: 1. Office 2. Off-site (circle one) Describe Off-site:
DATA COLLECTED FROM BRIEF RISK BEHAVIOR INVENTORY: (ENTERED BY STAFF)
Days ALCOHOL in the past 90?
Days MARIJUANA in the past 90?
Days COCAINE in the past 90?
Days CRACK in the past 90?
Days ECSTASY in the past 90?
Days LSD in the past 90?
Days HALLUCINOGENS in the past 90?
Days METHAMPHETAMINE in the past 90?
Days GHB in the past 90?
Days HEROIN past 90?
Days PAINKILLERS past 90?
Days STIMULANTS past 90?
Days SEDATIVES past 90?
Days ANTIDEPRESSANTS past 90?
Days ANTIPSYCHOTICS past 90?
Days OTHER DRUG past 90?
INJECTED drugs past 90?
Current PRIMARY PARTNER?
LAST TIME SEX with another person?
MALE sex partners past 90:
FEMALE sex partners past 90:
Times VAGINAL Sex past 90:
Times ANAL Sex past 90:
Times Vaginal Sex without a condom past 90:
Times Anal Sex without a condom past 90:
A. Physical Health


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

A1. During the past 90 days, would you say your health in general was:

<table>
<thead>
<tr>
<th>Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>0</td>
</tr>
<tr>
<td>Very good</td>
<td>1</td>
</tr>
<tr>
<td>Good</td>
<td>2</td>
</tr>
<tr>
<td>Fair</td>
<td>3</td>
</tr>
<tr>
<td>Poor</td>
<td>4</td>
</tr>
</tbody>
</table>

A2. During the past 90 days, have you...

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Had a lot of physical pain or discomfort?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>b. Had health or medical problems that kept you from meeting your responsibilities?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>c. Felt run-down, physically exhausted or otherwise too tired to meet your responsibilities?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>d. Taken any steps to try to improve your health, such as eating healthier foods, exercising, cutting back on smoking or any other actions that might improve your health?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
A3. When was the last time (if ever) you were bothered by any physical health or medical problems that kept you from meeting your responsibilities at work, school or home? (Please include asthma and/or allergies) (Card A)

- Within the past 7 days
- Between 1 to 4 weeks ago
- Between 1 to 3 months ago
- Between 4 to 12 months ago
- More than 12 months ago
- Never

Circle one

5
4
3
2
1
0

Please answer the next questions using number of days.

A4. During the past 90 days, on how many days were you bothered by any health or medical problem?

____ Days

A5. How soon (if at all) do you need help or more help with your current physical health? Would you say....(Card C)

- Right away
- In the next 3 months
- More than 3 months from now
- Getting the help I need already
- Do not need any help

Circle one

4
3
2
1
0
B. URICA Change Assessment (abbreviated)


Please select how much you agree or disagree with the following statements: (Card K)

1 = Strongly Disagree
2 = Disagree
3 = Undecided
4 = Agree
5 = Strongly Agree

B1.

a. As far as I'm concerned, I don't need to change my drug use.
   
b. I've been thinking that I might want to change my drug use.
   
c. At times I have problems from my drug use, but I'm working on changing it.
   
d. I have started changing my drug use but I would like help.
   
e. After all I have done to change my drug use every now and then I slip up.

B2.

a. As far as I'm concerned, I don't have any sexual behaviors that need changing.
   
b. I've been thinking that I might want to change my sexual behaviors that put me at risk for HIV and sexually transmitted diseases.
   
c. At times my sexual risk behaviors are difficult to manage, but I'm working on them.
   
d. I have started changing my sexual risk behaviors but I would like help.
   
e. After all I have done to try to change my sexual behaviors, every now and then I have risky sex.

On the following charts, please select the number on the scale that best represents your answer for the following questions.

a. Each rung on this ladder represents where various people are in their thinking about changing their drug use. Choose the number that indicates where you are now.
I’m taking action to quit (e.g., cutting down, going out less often, enrolling in a program, etc.).

I’m starting to think about how to change my drug use patterns.

I think I should change my drug use, but I’m not quite ready.

I think I need to consider changing my drug use someday.

I’m not thinking about changing my drug use.
b. Each rung on this ladder represents where various people are in their thinking about changing their sex risk behavior. Choose the number that indicates where you are now.
I’m taking action to quit (e.g., 100% condom use, monogamous partner, etc.).

I’m starting to think about how to change my sex risk behavior.

I think I should change my sex risk behavior, but I’m not quite ready.

I think I need to consider changing my sex risk behavior someday.

I’m not thinking about changing my sex risk behavior.
**RRC. Resilience**


For the following statements, please select the answer that best represents how you feel:

<table>
<thead>
<tr>
<th>RRC1. I have people I can respect.</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRC2. I cooperate with people around me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC3. Getting qualifications or skills is important to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC4. I know how to behave in different social situations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC5. My family has usually supported me through life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC6. My family knows a lot about me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC7. If I am hungry, I have money to buy food to eat.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC8. I try to finish what I start.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC9. Spiritual beliefs are a source of strength for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC10. I am proud of my ethnic background.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC11. People think that I am fun to be with.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC12. I talk to my family/partner about how I feel.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC13. I can solve problems without harming myself or others (e.g. without using drugs or being violent).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC14. I feel supported by my friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC15. I know where to get help in my community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC16. I feel I belong in my community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC17. My family stands by me during difficult times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC18. My friends stand by me during difficult times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC19. I am treated fairly in my community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC20. I have opportunities to show others that I can act responsibly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC21. I know my own strengths.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC22. I participate in organized religious activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC23. I think it is important to support my community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC24. I feel safe when I am with my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC25. I have opportunities to be useful in life (like skills, a job, caring for others).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC26. I enjoy my family's/partner's cultural and family traditions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC27. I enjoy my community's culture and traditions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>RRC28. I am proud of my nationality.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
C. Substance Use


The next several questions will ask you about things that have happened during your lifetime, the past 90 days and the past 12 months.
You have already circled on one of the calendars the date for 90 DAYS AGO [variable for 90 days ago], so NOW please circle the date on the appropriate calendar for 12 MONTHS AGO [variable for 12 months ago]). This will help you place yourself in time.

USING SUBSTANCE CONVERSION SHEET...

The following questions are about your use of alcohol and other drugs. Alcohol includes beer, wine, and hard liquor like in mixed drinks. "Other drugs" include: marijuana, ecstasy, cocaine, as well as any non-medical use of prescription-type drugs. When we talk about prescription drugs, we are NOT including when you use/used them as instructed by a doctor, but instead when you used them to get high, for fun, to relax or to come down.

Using the Substance List Card, please mark all of the substances that you used at least once in your lifetime.
C1. When was the **LAST TIME** that you used…?  
(CARD A)  
[If answer is 0, then SKIP to next substance.  
If 1 or 2 ask only questions: C5 and C6  
If 3, 4, 5, ask all questions.]

<table>
<thead>
<tr>
<th>Last Time Used</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the past 7 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between 1-4 Weeks ago</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between 1-3 Months ago</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between 4-12 Months ago</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 12 months ago</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C2. In the past **90 days**, about how many/much **(DRUG)** did you use in total?  

C3. Please select all the ways you have used/taken in the past 90 days..  

C4. How old were you the **FIRST TIME** that you used **(DRUG)**…  

C5. We are also interested in the number of **DAYS** you used **(DRUG)** in your lifetime. If you were to add up all the days that you used **(DRUG)** since you first started, about how many **DAYS** would that be?

<table>
<thead>
<tr>
<th>(DRUG)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. any <strong>ALCOHOL</strong> including beer, wine and hard liquor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. <strong>MARIJUANA</strong> (pot or weed – whether smoked/laced it or ate it)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. <strong>powdered COCAINE</strong> (whether snorted, smoked/laced, or injected)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Drinks** NOT ASKED (SKIP)  
- **Joints** Ate it Smoked it Other  
- **Snorts/sniffs/hits** Snorted/Sniffed Injected Other
<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>d.</td>
<td>[If either 2b=0 or 2c=0 skip to 2e]</td>
<td>MARIJUANA laced with COCAINE or other drugs (blunts)?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>e.</td>
<td>CRACK (whether smoked it or injected it)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>ECSTASY (swallowed, snorted or rectal/vaginal)?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>LSD</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>KETAMINE, PCP, MUSHROOMS, SALVIA or other HALLUCINOGENS (injected, snorted, smoked, swallowed or rectal/vaginal)?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. METHAMPHETAMINE  (also called Meth, Crystal – whether snorted smoked, injected, swallowed or rectal/vaginal)?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hits/snorts/sniffs</td>
<td>By Mouth</td>
<td>Smoked</td>
<td>Snorted/Sniffed</td>
<td>Rectal/Vaginal</td>
<td>Injected</td>
<td>Other</td>
<td>age</td>
</tr>
<tr>
<td>j. GHB  (Gammahydroxybutyrate, liquid ecstasy)?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doses/capfuls</td>
<td>By mouth</td>
<td>Other</td>
<td>age</td>
<td>days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. HEROIN  (whether snorted, smoked or injected)?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doses</td>
<td>Smoked</td>
<td>Snorted/Sniffed</td>
<td>Injected</td>
<td>Other</td>
<td>age</td>
<td>days</td>
<td></td>
</tr>
</tbody>
</table>
Now we are going to ask you about your use of prescriptions medications for non-prescribed purposes. When we talk about prescriptions medications, like painkillers or antidepressants, recall that we are **ONLY** talking about using them **not** as instructed by a doctor, for instance for fun, to get high, to relax or to come down.

<table>
<thead>
<tr>
<th>C6. When was the <strong>LAST TIME</strong> that you used...? (Card A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[If answer is 0, then <strong>SKIP</strong> to next substance.</td>
</tr>
<tr>
<td>If 1 or 2 ask questions C12 and C13.</td>
</tr>
<tr>
<td>If 3, 4, 5, ask all questions]</td>
</tr>
</tbody>
</table>

| C7. In the **past 90 days**, about how many/much **(DRUG)** did you use in total? |
| C8. Please select all the ways you have used/taken in the last 90 days...         |
| C9. In the **past 90 days** which **(DRUG)** did you use most often?               |
| C10. How old were you the **FIRST TIME** that you used **(DRUG)**...              |
| C11. We’re interested in the number of **DAYS** you used **(DRUG) in your lifetime**. If you were to add up all the days that you used **(DRUG)** since you first started, about how many **DAYS** would that be? |

Within the past 7 days

<table>
<thead>
<tr>
<th>Between 1-4 Weeks ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 1-3 Months ago</td>
</tr>
<tr>
<td>Between 4-12 Months ago</td>
</tr>
<tr>
<td>More than 12 months ago</td>
</tr>
<tr>
<td>Never</td>
</tr>
<tr>
<td>Pills</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

l. any **Rx PAINKILLERS** such as *Roxys, Vicodin, Oxy, Percocet, Dilaudid, Codeine, or others* for fun, to get high, to relax, or to come down?

m. any **Rx STIMULANTS** such as *Adderall, Concerta, Ritalin, or others* for fun, to get high, to relax, or to come down?
n. any Rx SEDATIVES such as Xanax, Valium, Klonopin, or others for fun, to get high, to relax, or to come down.

<table>
<thead>
<tr>
<th>Pills</th>
<th>Oral-drink it</th>
<th>Oral-Whole pill</th>
<th>Oral-Crushed pill</th>
<th>Oral-Under tongue</th>
<th>Oral-Parachute</th>
<th>Smoked</th>
<th>Snorted/Sniffed</th>
<th>Rectal/Vaginal</th>
<th>Injected</th>
<th>Fill in</th>
<th>age</th>
<th>days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral-drink it</td>
<td>Oral-Whole pill</td>
<td>Oral-Crushed pill</td>
<td>Oral-Under tongue</td>
<td>Oral-Parachute</td>
<td>Smoked</td>
<td>Snorted/Sniffed</td>
<td>Rectal/Vaginal</td>
<td>Injected</td>
<td>Fill in</td>
<td>age</td>
<td>days</td>
<td></td>
</tr>
</tbody>
</table>

o. any Rx ANTIDEPRESSANTS such as Celexa, Trazodone, Wellbutrin, or others for fun, to get high, to relax, or to come down.
| p. any Rx ANTIPSYCHOTICS such as Seroquel, Abilify or others for fun, to get high, to relax, or to come down. |
|---|---|---|---|---|---|---|
| Corps | 5 | 4 | 3 | 2 | 1 | 0 |
| Oral-drunk it | | | | | | |
| Oral-Whole pill | | | | | | |
| Oral-Crushed pill | | | | | | |
| Oral-Under tongue | | | | | | |
| Oral-Parachute | | | | | | |
| Smoked | | | | | | |
| Snorted/Sniffed | | | | | | |
| Rectal/Vaginal injected | | | | | | |

| q. smokeless TOBACCO (Skooal) |
|---|---|---|---|---|---|---|
| Pouches | 5 | 4 | 3 | 2 | 1 | 0 |
| skip | | | | | | |
| skip | | | | | | |

| r. CIGARETTES |
|---|---|---|---|---|---|---|
| Cigarettes | 5 | 4 | 3 | 2 | 1 | 0 |
| skip | | | | | | |
| skip | | | | | | |

| s. CIGARS, like Black and Milds? |
|---|---|---|---|---|---|---|
| Cigars | 5 | 4 | 3 | 2 | 1 | 0 |
| skip | | | | | | |
| skip | | | | | | |

| t. any TOBACCO laced with cocaine, marijuana, or other drugs (blunts)? |
|---|---|---|---|---|---|---|
| Blunts | 5 | 4 | 3 | 2 | 1 | 0 |
| skip | | | | | | |
| skip | | | | | | |

<table>
<thead>
<tr>
<th>Day of week</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>age</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>days</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
u. ANY OTHER DRUG (that we have not mentioned), LIKE SYNTHETIC DRUGS SUCH AS: Mephedrone (Bath salts), Cannabinoids (Spice, K2), etc.? [Description Below]

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pills/joints/blunts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By mouth
Smoked
Snorted/Inhale
Rectal/Vaginal
Injected
Transdermal
Other
Fill in
age
days

v. Please type all "OTHER DRUGS" you have ever used in your lifetime:

If C7u. > 0 then DESCRIBE
C12. In the past 90 days, What was the **PRIMARY** way you got your …
*By PRIMARY we mean the one you use more often or to get most of your pills.*
*(CHECK ONLY ONE)*

<table>
<thead>
<tr>
<th></th>
<th>More than one doctor</th>
<th>Your regular doctor</th>
<th>Pain Clinic</th>
<th>Theft</th>
<th>Club/Dealer/Street buy</th>
<th>Sharing / Trading</th>
<th>Internet</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If Q. C12=other)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C13. Please describe that **“OTHER”** way you used in the past 90 days to get your…

C14. Please select all **OTHER** ways you used in the past 90 days to get your…

*[CHECK ALL THAT APPLY OR CHECK NOT APPLICABLE IF THERE IS NO OTHER WAY]*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>k. Non-prescribed use of any Rx painkillers such as Roxys, Oxy, Percocet, or others?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>l. Non-prescribed Rx STIMULANTS such as Adderall, Concerta, Ritalin, or others?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>m. Non-prescribed use of any Rx CNS depressants such as Xanax, Valium, Klonopin, or others?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>n. Non-prescribed use of Rx Antidepressants such as Celexa, Trazodone, Wellbutrin, or others?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
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</tr>
<tr>
<td>o. Non-prescribed use of any Rx Antipsychotics such as Seroquel, Alibify or others?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

Describe
The next questions are about your use of alcohol, marijuana, cocaine and all other drugs including non-prescribed use of prescription medications.

Please answer the next questions using days.

C15. **During the past 90 days . . .**  

a. on how many **DAYS** total did you go **WITHOUT USING** 5-or-more drinks, marijuana, cocaine or any other drug?  

[If 90, TERMINATE INTERVIEW or CLARIFY WITH STAFF]

b. During the **past 90 days**, what is the most number of **DAYS IN A ROW** that you have gone **without using** 5-or-more drinks, marijuana or other drugs?  

c. On how many **DAYS** did you get drunk or were you high for most of the day?  

d. On how many **DAYS** did you go out to a club or bar where you used alcohol or any drugs?  

e. On how many **DAYS** did using alcohol or drugs keep you from meeting your responsibilities at work, school or home?  

f. On how many **DAYS** did your use of alcohol or drugs cause you to miss family functions or getting together with friends?
C16. Please answer the next questions using yes or no.

C16a. Have you ever tried to stop, cut down or limit your use of alcohol or other drugs?  
[If NO, then SKIP to C18d]

C16b. During the past 90 days, did you stop, try to stop, cut down or try to limit your use of alcohol or other drugs?  
[If NO, then SKIP to C18d]

C16c. Using Card P: What were the main reasons why you stopped or tried to cut down using alcohol or drugs in the past 90 days? [CHECK ALL THAT APPLY]

1. Physical health reasons (including pregnancy)  1  0
2. Emotional or mental health reasons  1  0
3. Responsibilities at work  1  0
4. Responsibilities at home  1  0
5. Relationship issues (like fighting or break up)  1  0
6. Family reasons (children, parents)  1  0
7. Financial or Money Issues  1  0
8. Self improvement  1  0
9. Worried about addiction  1  0
10. Legal reasons or being in jail  1  0
11. Any other reason....v. ______________________________  1  0

C16d. Have you ever attended AA (Alcoholics Anonymous), NA (Narcotics Anonymous), Cocaine or Crystal Meth Anonymous, or any another self-help group for your alcohol or drug use? ..........................................................  1  0  
[If NO, then SKIP to C18f]

C16e. During the past 90 days, on how many days have you attended AA (Alcoholics Anonymous), NA (Narcotics Anonymous), Cocaine or Crystal Meth Anonymous, or another self-help group for your alcohol or drug use? ....................................................................................................
C16f. How many times in your life, if ever, have you had a drug overdose or drug-related emergency?

[If C16f = 0, then SKIP to C17]

C16g. How old were you the last time you had a drug overdose or drug-related emergency?

C1h. 1. The last time you had an overdose or a drug-related emergency, what was the substance that caused it? [Select from the list (1 of 3)]

2. The last time you had an overdose or a drug-related emergency, was there another substance that caused it, if yes, please select it from the list? [2 of 3]

[If there are no other substances, please select “No other”]

3. The last time you had an overdose or a drug-related emergency, was there another substance that caused it, if yes, please select it from the list? [3 of 3]

[If there are no other substances, please select “No other”]

C17. 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.

C17a. When was the last time (if ever) you received any counseling, treatment, medication, case management or aftercare for your use of alcohol or any drug?

Circle one

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the past 7 days</td>
<td>5</td>
</tr>
<tr>
<td>Between 1 to 4 weeks ago</td>
<td>4</td>
</tr>
<tr>
<td>Between 1 to 3 months ago</td>
<td>3</td>
</tr>
<tr>
<td>Between 4 to 12 months ago</td>
<td>2</td>
</tr>
<tr>
<td>More than 12 months ago</td>
<td>1</td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
</tr>
</tbody>
</table>

[GO TO C23]
C17b. What treatment did you receive? [CIRCLE ALL THAT APPLY]

1. Emergency Room..............................................................................................................................
2. Admitted overnight to a residential, inpatient or hospital program ........ 1 0
3. Admitted to an intensive inpatient or day program .......................................................... 1 0
4. Admitted to a regular outpatient program (1-8 hours per week)........ 1 0
5. Any other type of counseling or working with a case manager ........ 1 0
   (Please describe)  
   v. __________________________________________________________________________________________

C18. How many TIMES in your life have you received counseling, or been admitted to treatment or detox for use of alcohol or any drugs?

---

C19. What substance(s) did you receive treatment or counseling for?

---

1. Alcohol..............................................................................................................................................
2. Marijuana, hashish, or any other form of THC..................................................................................
3. Any form of cocaine......................................................................................................................
4. Heroin..............................................................................................................................................
5. Methamphetamine .........................................................................................................................
6. Prescription painkiller...................................................................................................................
7. Prescription stimulant....................................................................................................................
8. Prescription sedatives....................................................................................................................
9. Any other substance (Please describe) ..........................................................................................

- 28 -
C20. Are you currently taking medication for alcohol or drug problems?  
(If yes, please describe v. ________________________________)

Yes 1 0

Next we want to go over a list of common problems related to alcohol or drug use. After hearing each of the following statements, we would like you to tell us the last time you had this problem by using CARD A.

<table>
<thead>
<tr>
<th>C21. When was the last time that . . .</th>
<th>Within the past 90 days</th>
<th>Between 4-12 Months ago</th>
<th>More than 12 months ago</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. your alcohol or drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>b. your alcohol or drug use caused you to have any physical health problems such as a persistent cough, numbness, shakes, memory lapses, blackouts or kidney or stomach problems?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>c. you kept using alcohol or drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>d. you used alcohol or drugs when you were driving a car, or when it made the situation unsafe or dangerous for you, such as where you might have been forced into sex or hurt?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
### C22 (Cont.). When was the last time that . . .

<table>
<thead>
<tr>
<th></th>
<th>Within the past 90 days</th>
<th>Between 4-12 Months ago</th>
<th>More than 12 months ago</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.</td>
<td>your alcohol or drug use caused you to have repeated problems with the law?</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>f.</td>
<td>your alcohol or drug use caused you to have social problems like leading to fights or getting you into trouble with other people?</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>g.</td>
<td>you needed more alcohol or drugs to get the same high or found that the same amount did not get you as high as it used to?</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>h.</td>
<td>you had withdrawal problems from alcohol or drugs like shaking, vomiting, trouble sitting still or sleeping, or that you used alcohol or drugs to stop being sick or avoid withdrawal problems?</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>i.</td>
<td>you used alcohol or drugs in larger amounts, more often or for a longer time than you meant to?</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>j.</td>
<td>you were unable to cut down or stop using alcohol or drugs?</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>k.</td>
<td>you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (like being high or sick)?</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>l.</td>
<td>your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>m.</td>
<td>you kept using alcohol or drugs even after you knew it was causing medical, psychological or emotional problems?</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
C23. Detailed Substance Use Disorder Worksheet

For each of the problems endorsed in C22c to C22m ask the following:

- What was the main substance that...C23a-k?
  (Select one from drug list)
  - When was the last time that...(drug)...?

- What was the second substance that...C23a-k?
  (Select one from drug list)
  - When was the last time that...(drug)...?

- What was the third substance that...C23a-k?
  (Select one from drug list)
  - When was the last time that...(drug)...?

Repeat for each item in C23 until no more are reported. (Insert Drug name for each case)

a. you kept using even though you knew it was keeping you from meeting your responsibilities at work, school, or home?

b. you used when you were driving a car, or when it made the situation unsafe or dangerous for you, such as when you might have been forced into sex or hurt?

c. you used that caused you to have repeated problems with the law?

<table>
<thead>
<tr>
<th>ENDORSED</th>
<th>Alcohol</th>
<th>Marijuana</th>
<th>Cocaine (powder)</th>
<th>Crack</th>
<th>Ecstasy</th>
<th>LSD (acid)</th>
<th>Ketamine, mushrooms, other hallucinogens</th>
<th>Methamphetamine</th>
<th>GHB</th>
<th>Heroin</th>
<th>Rx Pain Killers</th>
<th>Rx Stimulants</th>
<th>Rx Sedatives</th>
<th>Rx Antidepressants</th>
<th>Rx Antipsychotics</th>
</tr>
</thead>
</table>
**C23. Detailed Substance Use Disorder Worksheet**

For each of the problems endorsed in C22c to C22m ask the following:

- What was the main substance that…C23a-k?
  
  (Select one from drug list)
  
  - When was the last time that…(drug)…?

- What was the second substance that…C23a-k?
  
  (Select one from drug list)
  
  - When was the last time that…(drug)…?

- What was the third substance that…C23a-k?
  
  (Select one from drug list)
  
  - When was the last time that…(drug)…?

Repeat for each item in C23 until no more are reported. (Insert Drug name for each case)

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>d.</td>
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</table>
C23. Detailed Substance Use Disorder Worksheet

For each of the problems endorsed in C22c to C22m ask the following:

- What was the main substance that…C23a-k?
  (Select one from drug list)
  - When was the last time that...(drug)...?

- What was the second substance that…C23a-k?
  (Select one from drug list)
  - When was the last time that...(drug)...?

- What was the third substance that…C23a-k?
  (Select one from drug list)
  - When was the last time that...(drug)...?

Repeat for each item in C23 until no more are reported. (Insert Drug name for each case)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>g.</td>
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<td>h.</td>
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<td>j.</td>
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</tbody>
</table>

\textit{g.} you used in larger amounts, more often or for a longer time than you meant to?

\textit{h.} you were unable to cut down or stop using?

\textit{i.} you spent a lot of time getting, using, or feeling the effects of using (high or sick)?

\textit{j.} your use caused you to give up or reduce important activities at work, school, home or social events?
**C23. Detailed Substance Use Disorder Worksheet**

For each of the problems endorsed in C22c to C22m ask the following:

- What was the main substance that...C23a-k?
  (Select one from drug list)
  - When was the last time that...(drug)...?
- What was the second substance that...C23a-k?
  (Select one from drug list)
  - When was the last time that...(drug)...?
- What was the third substance that...C23a-k?
  (Select one from drug list)
  - When was the last time that...(drug)...?

**Repeat for each item in C23 until no more are reported.** (Insert Drug name for each case)

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>k. you kept using even after you knew it was causing medical, psychological or emotional problems?</td>
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</tbody>
</table>

**Note:**
- The table structure is designed to accommodate a list of drugs that can be selected to complete the assessment. Each drug is listed with a corresponding column in the table. The process involves documenting the main substance endorsed, followed by the second and third substances, and repeating for each endorsement until no more are reported.
- The question at the bottom aims to gather information on the persistence of substance use despite its negative consequences.
(Card C)

**C24.** How soon, if at all, do you need help or more help with your current alcohol or drug situation? Would you say . . .

- Right away .................................................. 4
- In the next 3 months ........................................... 3
- More than 3 months from now ............................... 2
- Getting the help I need already ............................ 1
- Do not need any help ........................................... 0

**READ:** Next we are going to ask you some questions about your attitudes toward alcohol and drug use.

(Card D)

<table>
<thead>
<tr>
<th>Question</th>
<th>No risk</th>
<th>Slight risk</th>
<th>Moderate risk</th>
<th>High risk</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. drink 5 or more drinks once or more per week?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. snort COCAINE once or more per week?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. take XANAX or other sedatives once or more per week for fun, to relax or come down (not as prescribed)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. smoke MARIJUANA every day or almost every day?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. take an ECSTASY pill once or more per week?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. smoke cocaine laced in their marijuana every day or almost every day?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. use PAINKILLERS once or more per week for fun, to relax or to come down (not as prescribed)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Inject PAINKILLERS once or more per week for fun, to relax, or to come down (not as prescribed)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### i. Snort PAINKILLERS once or more per week for fun, to relax or to come down (not as prescribed)?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

### j. use METHAMPHETAMINE once or more per week?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

### C26. How do you think your close friends feel or would feel about you…

(Card E)

<table>
<thead>
<tr>
<th></th>
<th>They would be okay with it</th>
<th>They somewhat disapprove</th>
<th>They strongly disapprove</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. getting drunk?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. using Rx SEDATIVES or PAINKILLERS for fun, to relax or get high?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. smoking MARIJUANA?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. snorting or smoking COCAINE?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. taking an ECSTASY pill?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. snorting or smoking METHAMPHETAMINE (crystal meth)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
C27. How many of your close friends have problems because of using…

(Card G)

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A few</th>
<th>Some</th>
<th>Most</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ALCOHOL?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. COCAINE?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. XANAX or other Rx sedatives?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Prescription PAINKILLERS (such as Vicodin or Percocet or others)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. ECSTASY?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. MARIJUANA?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. METHAMPHETAMINE (CRYSTAL METH)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
D. Risk Behaviors and Disease Prevention


Next, we would like to ask a few very personal questions about behaviors that may have put you at risk or reduced your risk for getting or transmitting infectious diseases. Please remember that all of your answers are strictly confidential. The first questions are about the use of a needle to inject drugs, including steroids and prescription drugs that were not prescribed to you. Please include if you were injected by someone else.

(Card A)

D1. When was the last time (if ever) that you used a needle to inject drugs

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Circle one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the past 7 days</td>
<td>5</td>
</tr>
<tr>
<td>1 to 4 weeks ago</td>
<td>4</td>
</tr>
<tr>
<td>1 to 3 months ago</td>
<td>3</td>
</tr>
<tr>
<td>4 to 12 months ago</td>
<td>2</td>
</tr>
<tr>
<td>More than 12 months ago</td>
<td>1 [GO TO D3]</td>
</tr>
<tr>
<td>Never</td>
<td>0 [GO TO D3]</td>
</tr>
</tbody>
</table>

Please answer the next questions using yes or no.

D2. During the past 12 months, did you . . .

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. use a needle that you knew or suspected someone else had used before?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>b. let someone else use a needle after you used it?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>c. allow someone else to inject you with drugs?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>d. use a needle without cleaning it?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
The next questions are about having sex. When we refer to sex it includes vaginal and anal sex with anyone.

Vaginal sex is when a man puts his penis into a woman's vagina. Anal sex is when a man puts his penis into another person's anus.

(Card A)

D3. The first time you had sex, did you consent (agree) to it? Yes No

[If D3 = 1 then SKIP to D5]

D4. How old were you the first time you had non-consensual sex with another person (that is when you did not agree to it)?

D5. How old were you the first time you had consensual sex with another person (you agreed to it)?

Since you first had sex, about how many different sex partners have you had?

D6. D7a. How many of them were male?

D7b. How many of them were female?

[If NO Primary partner, then SKIP to D8]

D7. Which of the following best describes how you and your primary partner deal with sex? Would you say...

Neither of you has sex with other people.................................................. 5
Only your partner has sex with other people.............................................. 4
Only you have sex with other people...................................................... 3
You both have sex with other people...................................................... 2
You have sex with other people and you are not sure about your partner....... 1
You don’t have sex with other people and you are not sure about your partner..... 0

Please answer the next questions using yes or no.
During the past 12 months, did you . . .

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. have sex with someone who was an injection drug user?</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>b. have sex to get drugs, gifts, or money?</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>c. use drugs, gifts, or money to purchase or get sex?</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>d. have sex with someone without knowing their HIV status?</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>e. have sex with someone that you just met the same day?</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

The next questions are about sex and sex partners **DURING THE PAST 90 DAYS**

In the past 90 days, which substances have you used before or during **VAGINAL** SEX . . .

[**note: For Rx drugs, consider only non-prescribed use**]

[CHECK ALL THAT APPLY]

<p>| | | | | | | | | | | | | | | | | | |</p>
<table>
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<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

In the past 90 days, which substances have you used before or during **ANAL** sex?

[**note: For Rx drugs, consider only non-prescribed use**]

[CHECK ALL THAT APPLY]

<p>| | | | | | | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
D11. Have you ever participated in group sex?

Yes  No
1   0

[A GROUP would be considered 3 or more people including yourself]

[If NO, then SKIP to D18]

D12. How many times in your lifetime have you participated in group sex?

D13. What was the largest number of people ever at any of these group sex events that you participated in? (Including yourself)

D14. What was the smallest number of people ever at any of these group sex events that you participated in? (Including yourself)

D15. In these group sex events, did you have sex with male(s), female(s), or both?

Male(s).................................................0
Female(s).............................................1
Both – Male(s) and Female(s)........2

D16. What drugs (including alcohol) were used, if any, at these groups sex events?

[check all that apply]

- Alcohol
- Marijuana
- Cocaine (powder)
- Crack cocaine
- Ecstasy
- LSD (acid)
- Ketamine, mushroom, other hallucinogen
- Methamphetamine
- GHB
- Heroin or other opiate
- Rx Painkillers
- Rx Stimulants
- Rx Sedatives
- Rx Antidepressants
- Rx Antipsychotics
- None
D17. Did you have unprotected vaginal or anal sex at these group sex events?  

Yes 1  No 0

D18. How often in the past 90 days were you “high” on either alcohol or drugs when you were having sex with another person? Would you say…

Almost all the time......................4  
More than half the time...............3  
About half the time...................2  
Less than half the time..............1  
Never....................................0

D19. What is your current sexual preference?

To have NO SEX (celibate)................................. 1  
To only have sex with FEMALES.......................... 2  
To only have sex with MALES............................... 3  
To have sex with FEMALES or MALES..................... 4  
Other .......................................................... 5  

Please describe OTHER sexual preference 

v. ___________________________________________

D20. Please use Card H to say how strongly you agree or disagree with each of the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. When I am high or drunk, I am more likely to have sex with people I ordinarily wouldn’t have sex with</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>b. Being drunk or high makes me more comfortable sexually</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>c. After getting drunk or high, I am more sexually responsive</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
The next several questions are about infections that people often contract through sexual activity. Remember that everything is strictly confidential.

**Interviewer**: Ask D21 for each condition. If D21 = 1 or 2 then ask D22 otherwise if D21 = 0 (Never) SKIP to next condition. Repeat for each condition. If year is unknown, fill field with 7s.

**D21.** When was the last time, if ever, you had any of the following diseases or conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Never</th>
<th>Within the past 12 months</th>
<th>&gt;12 months ago</th>
<th>D22. If D21 = 1 or 2, ask:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Syphilis</td>
<td>0</td>
<td></td>
<td></td>
<td>YES  NO</td>
</tr>
<tr>
<td>b. Any form of gonorrhea</td>
<td>0</td>
<td></td>
<td></td>
<td>A. Did you receive effective treatment? 1 0</td>
</tr>
<tr>
<td>c. Chlamydia or non-specific urthritis</td>
<td>0</td>
<td></td>
<td></td>
<td>B. Did you receive effective treatment? 1 0</td>
</tr>
<tr>
<td>d. Hepatitis A</td>
<td>0</td>
<td></td>
<td></td>
<td>C. Did you receive effective treatment? 1 0</td>
</tr>
<tr>
<td>e. Hepatitis B</td>
<td>0</td>
<td></td>
<td></td>
<td>F. Did you receive effective treatment? 1 0</td>
</tr>
<tr>
<td>f. Hepatitis C</td>
<td>0</td>
<td></td>
<td></td>
<td>G. What year were you first diagnosed? ___ ___ ___ ___</td>
</tr>
<tr>
<td>g. Herpes Sores</td>
<td>0</td>
<td></td>
<td></td>
<td>H. What year were you first diagnosed? ___ ___ ___ ___</td>
</tr>
<tr>
<td>h. Genital or anal warts (HPV)</td>
<td>0</td>
<td></td>
<td></td>
<td>I. What year were you first diagnosed? ___ ___ ___ ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>J. What year were you first diagnosed? ___ ___ ___ ___</td>
</tr>
</tbody>
</table>
D23. Have you ever had an HIV test for which you received the result?.................
   Yes 1  No 0
   [If NO, then SKIP to D36]

D24. When was your last HIV test for which you received the result?......................
   Month  Year  DK 77

D25. What was the result of your last HIV test?...........
   Positive 1  Negative 0  Indeterminate 2

D26. [If Positive] When did you first learn of your positive test results?...............  
   Month  Year  DK 77

D27. [If Positive] Are you currently receiving medical care and/or counseling for your HIV infection?................
   Yes 1  No 0
   [If NO primary partner, then SKIP to D35]

D28. [If Positive] Have you been prescribed medication to treat HIV infection?........
   Yes 1  No 0
   [If NO, then SKIP to D33]
   He/she told me or showed me that it was negative..............1
   He/she told me or showed me that it was positive..........2
   He/she told me or showed me that it was indeterminate...3

D29. [If Positive] How many HIV medication pills are you prescribed to take on a normal day?.............
   Pills

D30. [If Positive] How many HIV medication pills would you say you have missed from your prescription(s) whether accidentally or purposefully in the past 30 days?........
   Pills

D31. [If Positive] Have you ever given away, traded or sold your HIV medication to another person?........
   Yes 1  No 0
   About 50-50..........................2
   Very Likely..........................3
   [If NO, then SKIP to D33]

D32. If yes, what were the reasons why you did so?

D33. How many people do you know who are HIV positive?
   People
D36. How much do you think people risk getting HIV or another sexually transmitted infection if they......

<table>
<thead>
<tr>
<th>CARD D</th>
<th>No risk</th>
<th>Slight risk</th>
<th>Moderate risk</th>
<th>High risk</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. only have protected sex with all of their partners?.......</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. only have oral sex with any new partners?.....................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. use condoms about half of the time when having vaginal or anal sex with new partners?.........................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. practice “pulling out before cumming” when having vaginal or anal sex?........................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. rely on their sex partners to tell them about whether or not they have HIV or another STD?........................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. have cuts or sores in their mouth when giving oral sex to someone?..........................................................</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. get high or drunk when hooking up with new sex partners?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

D37. In general, when you use condoms for vaginal sex, what is the main reason?

1) Prevent pregnancy..........................................................1
2) Prevent a sexually transmitted infection (STI)........................2
3) Prevent HIV infection.....................................................3
4) Hygiene.............................................................................4
5) Other..............................................................................5
6) Never use condoms.........................................................0

This is the last question for this section:

D38. In general, when you use condoms for anal sex, what is the main reason?

1) Prevent a sexually transmitted infection (STI)......................1
2) Prevent HIV infection.......................................................2
3) Hygiene.............................................................................3
4) Other..............................................................................4
5) Never use condoms.........................................................0
You have completed about 2/3 of the interview and there are no more calculations! At this time you may take a break, **WOULD YOU LIKE TO TAKE A BREAK NOW?** Yes (1) No (0)

[If Yes: PLEASE NOTIFY A STAFF MEMBER IF YOU NEED TO USE THE RESTROOM OR LEAVE THE ROOM FOR A FEW MINUTES BEFORE CONTINUING]

**E. 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 they make you feel like you cannot go on. Please answer the next questions using yes or no.

**E1.** During the past 12 months have you had **significant** problems with . . .

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
</tr>
</tbody>
</table>

| a.  |    |
| b.  |    |
| c.  |    |

**E2.** During the past 12 months, have you had **significant** problems with . . .

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
</tbody>
</table>
d. getting into a lot of arguments and feeling the urge to shout, throw things, beat, injure or harm someone?  
feeling very afraid of open spaces, leaving your home, having to travel or being in a crowd?  
avoiding the dark, being alone, elevators or other things because they frightened you?  
thoughts that other people were taking advantage of you, not giving you enough credit or causing you problems?  
thoughts that someone was watching you, following you or out to get you?  
seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?  
thoughts that you should be punished for thinking about sex or other things too much?  
having a lot of tension or muscle aches because you were worried?  
being unable or finding it difficult to control your worries?  

E3. When was the last time (if ever) your life was disturbed by memories of things from the past you did, saw or had happen to you? (CARD A)  

Within the past 7 days ................................................................. 5  
Between 1 to 4 weeks ago ........................................................... 4  
Between 1 to 3 months ago ......................................................... 3  
Between 4 to 12 months ago ...................................................... 2  
More than 12 months ago .......................................................... 1 [GO TO E11]  
Never ......................................................................................... 0 [GO TO E11]
Please answer the next questions using yes or no.

E4. During the past 12 months, have the following situations happened to you?

a. When something reminded you of the past, you became very distressed and upset

   - Yes: 1
   - No: 0

b. You had nightmares about things in your past that really happened

   - Yes: 1
   - No: 0

c. When you thought of things you have done, you wished you were dead

   - Yes: 1
   - No: 0

d. It seemed as if you had no feelings

   - Yes: 1
   - No: 0

e. Your dreams at night were so real that you woke up in a cold sweat and forced yourself to stay awake

   - Yes: 1
   - No: 0

f. You felt like you could not go on

   - Yes: 1
   - No: 0

g. You were frightened by your urges

   - Yes: 1
   - No: 0

h. Sometimes you used alcohol or other drugs to help yourself sleep or forget about things that happened in the past

   - Yes: 1
   - No: 0

j. You lost your cool and exploded over minor, everyday things

   - Yes: 1
   - No: 0

k. You were afraid to go to sleep at night

   - Yes: 1
   - No: 0

m. You had a hard time expressing your feelings, even to the people you cared about

   - Yes: 1
   - No: 0

n. You felt guilty about things that happened because you felt like you should have done something to prevent them

   - Yes: 1
   - No: 0

o. Have you had any of the previous problems for three or more months

   - Yes: 1
   - No: 0

p. 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: [ ]
The next questions are about treatment for mental, emotional, behavioral or psychological problems. This includes taking a medication like Xanax or Adderall that a doctor may have given you for a mental health condition such as depression or ADHD. Do not count treatment that was only for substance use or physical health problems.

E5. Has a doctor, nurse or counselor ever told you that you have a mental, emotional or psychological problem or told you the name of a particular condition you have/had? If Yes: Please Describe:

[Circle all that apply below—blanks will be treated as No]

1. Alcohol or drug dependence
2. Attention-deficit/hyperactivity disorder
3. Antisocial personality disorder
4. Anxiety or phobia disorder
5. Bi-polar or manic depressive
6. Borderline personality
7. Conduct disorder
8. Depression
9. Mental retardation, developmental or other communication disorder
10. Oppositional defiant disorder
11. Pathological gambling
12. PTSD (Post or acute traumatic stress disorder)
13. Pain, sleep, eating or body disorder
14. Other cognitive disorder (like delirium, dementia, amnesia)
15. Other mental breakdown, nerves or stress
16. Other personality disorder (like avoidant, dependent, histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid or schizotypal)
17. Schizophrenia or psychotic disorder
18. Other (Please describe)

v.
Please answer the next questions using number of times.

E6. How many times in your life have you

a. been treated in an emergency room for mental, emotional, behavioral or psychological problems?

b. been admitted overnight to a hospital for mental, emotional, behavioral or psychological problems

c. Are you currently taking prescribed medication for mental, emotional, behavioral or psychological problems? (If yes, please describe)

v. ____________________________

Yes ☐ No ☐

1 0

d. Do you take this/these medication(s) as directed by your doctor

Yes ☐ No ☐

1 0

USING CARD C . . .

E7. How soon (if at all) do you need help or more help with your current mental, emotional or psychological problems? Would you say

Right away .................................................................

In the next 3 months ......................................................

More than 3 months from now ........................................

Getting the help I need already ......................................

Do not need any help ....................................................

Circle one

4 3 2 1 0
F. Social Capital and Support


**F1.** People sometimes look to others for companionship, assistance or other types of support. How often is each of the following types of support available to you if you need it?

<table>
<thead>
<tr>
<th>(CARD I)</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are several people I can trust to help me solve my problems.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. There is someone I can turn to for advice about making very important decisions.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. There is someone I can confide in or talk to about intimate personal problems or worries.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. There is someone who would be willing to tell me the truth about myself even if it meant upsetting me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. If I needed an emergency loan of $100, I know someone I can turn to.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. The people I interact with would be good job references for me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. I know someone who would bail me out of jail if I needed it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. I know someone who would let me live at their place if I had nowhere else to go.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. There is someone who would help me if I were sick or had a health crisis.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. The people I interact with would help me fight an injustice.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. Interacting with people makes me interested in what people unlike me are thinking.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
I. Interacting with people outside of the club scene make me want to try new things.

m. I come into contact with people outside of the club scene all the time.

n. Interacting with people outside of the club scene gives me new people to talk to.

o. Interacting with people makes me feel connected to the bigger picture.

p. Interacting with people makes me feel part of a larger “South Florida community.”

q. I am willing to spend time to support activities in my community.

F2. How satisfied are you with . . .

(CARD J)

a. the emotional support and other help provided to you by your family?

b. the emotional support and other help provided to you by your close friends.

c. your connection to the larger “South Florida community” and its various social networks and resources?
G. Environment and Living Situation


The next questions are about places where you spend most of your time and the people you spend your time with. First we would like to ask some questions about where you live.

(CARD A)

G1. When was the last time (if ever) that you considered yourself to be homeless OR had to stay with someone else to avoid being homeless?

Within the past 7 days ................................................................. 5
Between 1 to 4 weeks ago ............................................................... 4
Between 1 to 3 months ago ............................................................. 3
Between 4 to 12 months ago ........................................................... 2
More than 12 months ago ............................................................... 1
Never ......................................................................................... 0

Circle one

G2. Can you continue to stay where you are now? ........................................... 1 0

Please answer the following questions using yes or no.

G3. During the past 90 days, have you lived with anyone else? .................. 1 0

[If NO, then SKIP to F5]

G4. Who have you lived with? [Circle all that apply]

a. Your spouse, boyfriend or girlfriend ........................................ 1 0
b. Your parents .............................................................................. 1 0
c. Your own children ................................................................... 1 0
d. Other adult roommates ............................................................. 1 0

G5. During the past 90 days, how many people would you say you spent most of your free time with or hung out with? ..........................................................
G6. Of the people/person you have regularly socialized with, or hung out with, would you say that none, a few, some, most or all of them

[If you only have 1 person check either None or All for your answer] . . .

a. are employed or in school full-time? .......................... 0 1 2 3 4
b. are involved in illegal activity, other than drug use? .... 0 1 2 3 4
c. get drunk weekly .................................................. 0 1 2 3 4
d. use any drugs? ....................................................... 0 1 2 3 4
e. shout, argue, and fight a lot? ...................................... 0 1 2 3 4
f. have ever been in drug or alcohol treatment? ............. 0 1 2 3 4

G7. During the past 90 days, on how many DAYS did...

a. Other people use alcohol where you were living?  

b. Other people use drugs where you were living?  

People sometimes have conflicts or disagreements. Below is a list of various ways people try to settle their differences. The first set of questions is about what you may have done.

(CARD A)
G8. When was the last time you had an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way? Circle one

- Within the past 7 days .......................................................... 5
- Between 1 to 4 weeks ago....................................................... 4
- Between 1 to 3 months ago................................................... 3
- Between 4 to 12 months ago.................................................. 2 [GO TO G12]
- More than 12 months ago..................................................... 1 [GO TO G12]
- Never .................................................................................... 0 [GO TO G12]

Please answer the next questions using yes or no.

G9. During the past 90 days, have you had a disagreement in which you did the following things? Yes No

- 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. Pushed, grabbed, kicked, bit or hit someone.......................... 1 0
- f. Hit or tried to hit anyone with an object............................... 1 0
- g. Beat up someone .................................................................. 1 0
- h. Threatened anyone with a knife or gun............................... 1 0
- i. Actually used a knife or gun on another person..................... 1 0

G10. 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?...

[If 0, then SKIP to G12]

Days
G11. In the past 90 days, when you had an argument with someone else, how often had you used alcohol or drugs during or within two hours before the argument?

Never..................................0
Rarely..................................1
Sometimes..............................2
Always.................................3

The next questions are about things that other people may have done to you. Please answer the next questions using yes or no.

G12. Has anyone ever done any of the following things to you?

a. **Attacked you** with a gun, knife, stick, bottle or other weapon ............................ 1 0

   **About how many times has that happened?**

   About how old were you the first time someone attacked you?

b. **Hurt you by striking or beating you to the point that you had bruises, cuts, or broken bones or otherwise physically abused you** ............................ 0

   **About how many times has that happened?**

   About how old were you the first time someone physically abused you?

c. **Pressured or forced you to participate in sexual acts** against your will, including your regular sexual partner, a family member or friend ............................ 0

   **About how many times has that happened?**

   About how old were you the first time someone sexually abused you?
d. Abused you emotionally; that is, did or said things to make you feel very bad about yourself or your life ................................................................. 1 0
[If NO to G12a-d, then SKIP to G13]

About how many times has that happened?

e. About how old were you the first time someone emotionally abused you?

Did any of the previous things happen . . .

f. several times or over a long period of time?........................................ 1 0

g. with more than one person involved in hurting you?.............................. 1 0

h. where one or more of the people involved was a family member, close family friend, partner, professional or someone else you had trusted? ......................................................................................... 1 0

i. where you were afraid for your life or that you might be seriously injured? ......................................................................................... 1 0

j. and result in oral, vaginal or anal sex? ...................................................... 1 0

k. and people you told did not believe or help you?.................................. 1 0
(CARD A)

G13. When was the last time (if ever) you were attacked with a weapon, beaten, sexually abused or emotionally abused?  

Circle one

- Within the past 7 days ................................................................. 5
- Between 1 to 4 weeks ago ......................................................... 4
- Between 1 to 3 months ago ....................................................... 3
- Between 4 to 12 months ago ..................................................... 2 [GO TO G15]
- More than 12 months ago ....................................................... 1 [GO TO G15]
- Never ....................................................................................... 0 [GO TO G15]

Please answer the next questions using number of days.

G14. During the past 90 days, on how many days were you attacked with a weapon, beaten, sexually abused or emotionally abused? ..................

Days

(CARD C)

G15. How soon (if at all) do you need help or more help with your current environment or living situation? (Would you say . . . )  

Circle one

- Right away .................................................................................. 4
- In the next 3 months ................................................................. 3
- More than 3 months from now ................................................. 2
- Getting the help I need already ............................................... 1
- Do not need any help ............................................................... 0
H. Legal


This section deals with the legal system and behaviors that may get you into trouble or be against the law. Remember that your answers are strictly confidential.

Please answer the next questions using number of days.

H1. 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 traffic violations and drug use)? ...........................................................

[If 0, then SKIP to H3]

H2. On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)…

a. in order to support yourself financially? ..........................................................

b. in order to get or obtain drugs or alcohol? ......................................................

c. while you were high or drunk? ......................................................................

Please answer the next question using number of times.

H3. In your lifetime, about how many times have you been arrested, charged with a crime and booked? (Please include all the times this happened, even if you were then released or the charges were dropped)..........................................................................................

[If 0, then SKIP to I1]
H4. Which of the following offenses have you ever been arrested and charged with?

Have you ever been arrested and charged with...

1. Vandalism or property destruction ........................................... 1
   0
2. Receiving, possessing or selling stolen goods .......................... 1
   0
3. Passing bad checks, forgery, or fraud .................................... 1
   0
4. Shoplifting ............................................................................. 1
   0
5. Larceny or theft ................................................................. 1
   0
6. Burglary or breaking and entering ....... ................................. 1
   0
7. Motor vehicle theft ............................................................ 1
   0
8. Robbery .................................................................................. 1
   0
9. Simple assault or battery ..................................................... 1
   0
10. Aggravated assault ............................................................. 1
    0
11. Forcible rape ........................................................................ 1
    0
12. Murder, homicide or non-negligent manslaughter .................. 1
    0
13. Arson .................................................................................... 1
    0
14. Driving under the influence .................................................. 1
    0
15. Drunkenness or other liquor law violation .............................. 1
    0
16. Possession of drugs or drug paraphernalia ................................ 1
    0
17. Dealing, distribution or sale of drugs ...................................... 1
    0
18. Prostitution, pimping, or commercialized sex ...................... 1
    0
19. Probation or parole violations .............................................. 1
    0
20. Driving offenses (including driving without a license or with a
    suspended license) ................................................................ 1
    0
21. Illegal gambling ................................................................. 1
    0
22. Other offenses including public nudity, sex or lewdness, gang
    involvement or activity, graffiti, disturbing the peace, disorderly
    conduct, domestic violence) ..................................................... 1
    0

v. (Please describe)....................................................................

60
H5. Of the (number) time(s) that you were arrested, how many times were you convicted?  

H5a. How old were you the first time you were arrested, charged with a crime and booked?  

(CARD X).

H6. When was the last time you were arrested, charged with a crime and booked?  

Circle one  

<table>
<thead>
<tr>
<th>Time Duration</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the past 7 days</td>
<td>5</td>
</tr>
<tr>
<td>Between 1 to 4 weeks ago</td>
<td>4</td>
</tr>
<tr>
<td>Between 1 to 3 months ago</td>
<td>3</td>
</tr>
<tr>
<td>Between 4 to 12 months ago</td>
<td>2</td>
</tr>
<tr>
<td>More than 12 months ago</td>
<td>1</td>
</tr>
</tbody>
</table>
I. Vocational (School, Work, Financial)


These next questions are about school, work and money.

I1. What is the highest grade or year that you completed in school?

[NOTE: High school diploma or GED = 12, AA = 14, BA /BS = 16 and For graduate school or more than 4 years of college = 17 or more]

I2. In a typical week in the past 90 days, how many hours per week, if any, did you work at a paid job or business?

I3. In a typical week in the past 90 days, how many hours per week, if any, did you attend any classes or training?

I4. In a typical week in the past 90 days, how many hours per week, if any, did you devote toward reaching other long or short-term goals?

I5. In a typical week in the past 90 days, how many hours per week, if any, did you spend at a bar or club?

Please answer the next questions using yes or no.

I6. During the past 90 days have you . . .

a. run out of money for food or transportation .......................................................... 1 0
b. run out of money for housing .................................................................................. 1 0
c. been 3 months or more behind on a bill? ................................................................. 1 0
d. had to borrow money from a family member or close friend for food, rent or utilities? ........................................................................... 1 0
e. spent money on alcohol or drugs that was needed for bills? .............................. 1 0
f. had to use a food bank, soup kitchen or emergency shelter? ......................... 1 0
g. During the past 90 days, on how many days have you had any money problems, including the ones just mentioned? .................................
I7. Considering all sources of your income, how much money did you make altogether in the past month? Please enter the total dollar amount:

$ __________, __________

(CARD K)
I8. What is your primary source of income?

[CLARIFY AND CODE ANSWER]

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Wages or a salary from a legitimate job or business</td>
<td>1</td>
</tr>
<tr>
<td>Parents, partner or spouse, family</td>
<td>2</td>
</tr>
<tr>
<td>Supplemental (Disability) Security Income (SSI or SSDI)</td>
<td>3</td>
</tr>
<tr>
<td>Other public assistance or welfare payments from the state or local welfare office such as general assistance</td>
<td>4</td>
</tr>
<tr>
<td>Interests, dividends, rent, royalties or inheritance</td>
<td>5</td>
</tr>
<tr>
<td>Hustling, dealing or other illegal activities</td>
<td>6</td>
</tr>
<tr>
<td>Unemployment compensation</td>
<td>7</td>
</tr>
<tr>
<td>Some other source, (Please describe)</td>
<td>8</td>
</tr>
<tr>
<td>v.</td>
<td>9</td>
</tr>
</tbody>
</table>

Please answer the following questions in dollar amounts

During the past 90 days:

I9. How much did you spend, on average, on alcohol, per month? $ __________, __________

I10. How much did you spend, on average, on drugs, per month? $ __________, __________
(CARD C)

I11. How soon (if at all) do you need help or more help with your current work or financial situation? (Would you say . . .)

<table>
<thead>
<tr>
<th>Option</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right away</td>
<td>4</td>
</tr>
<tr>
<td>In the next 3 months</td>
<td>3</td>
</tr>
<tr>
<td>More than 3 months from now</td>
<td>2</td>
</tr>
<tr>
<td>Getting the help I need already</td>
<td>1</td>
</tr>
<tr>
<td>Do not need any help</td>
<td>0</td>
</tr>
</tbody>
</table>
### J. Satisfaction

**J1. How satisfied are you with . . . (CARD J)**

<table>
<thead>
<tr>
<th></th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. your current living</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>arrangements?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. your family</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>relationships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. your</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>friendships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. your sexual and/or intimate</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>relationships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. your work and/or school</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>situations?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. how you spend your free time?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. the way you are coping with or getting help with your problems?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. where you are at in achieving your goals?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
**K. Resilience and Distress Tolerance**


<table>
<thead>
<tr>
<th></th>
<th>K1.a Please tell us how often do you feel this way?</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>During life's most stressful events I look at the problem in a number of ways.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>During life's most stressful events I know that I will bounce back.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>During life's most stressful events I expect that I can handle it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>During life's most stressful events I learn important and useful life-lessons.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K1.b</th>
<th>How strongly do you agree or disagree with these statements about yourself?</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>When I feel distressed or upset, all I can think about is how bad I feel</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>There's nothing worse than feeling distressed or upset.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Other people seem to be able to tolerate feeling distressed or upset better than I can.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>My feelings of distress or being upset scare me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
L. Coping

Adapted from: Carver, C.S., You want to measure coping but your protocol’s too long: consider the brief COPE. International Journal of Behavioral Medicine, 1997. 4(1): p. 92-100

L1. The next items deal with ways you’ve been coping with the stress in your life. Different people deal with things in different ways. We want to know to what extent you’ve been doing what the item says: how much or how frequently. Try to rate each item separately in your mind from the others. Make your answers as true for you as you can. (CARD E)

<table>
<thead>
<tr>
<th></th>
<th>L1.</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>I’ve been using alcohol or other drugs to make myself feel better</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b.</td>
<td>I’ve been getting emotional support from others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c.</td>
<td>I’ve been giving up trying to cope</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d.</td>
<td>I’ve been trying to take action to make the situation better…</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e.</td>
<td>I’ve been saying to myself: “this isn’t real.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f.</td>
<td>I’ve been getting help and advice from other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g.</td>
<td>I’ve been looking for something good in what is happening</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h.</td>
<td>I’ve been criticizing myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i.</td>
<td>I’ve been using sex to make myself feel better</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j.</td>
<td>I’ve been learning to live with it</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>k.</td>
<td>I’ve been thinking hard about what steps to take</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>
M. Community Survey


M1. We’d like to ask you some questions about how you view other people, groups and institutions. Generally speaking, would you say that most people can be trusted or that you can’t be too careful in dealing with people?

1 People can be trusted
2 You can’t be too careful
3 Depends

7 Don’t know
8 Refused to answer
9 Does not apply

M2. Next, we’d like to know how much you trust different groups of people. Generally speaking, would you say that you can trust them a lot, some, only a little, or not at all?

The people in your neighborhood…would you say that you can trust them a lot, some, only a little, or not at all?

1 Trust them a lot
2 Trust them some
3 Trust them only a little
4 Trust them not at all

7 Don’t know
8 Refused to answer
9 Does not apply

M3. The police in your local community…would you say that you can trust them a lot, some, only a little, or not at all?

1 Trust them a lot
2 Trust them some
3 Trust them only a little
4 Trust them not at all

7 Don’t know
8 Refused to answer
9 Does not apply
M4. White people...would you say that you can trust them a lot, some, only a little, or not at all?

1 Trust them a lot
2 Trust them some
3 Trust them only a little
4 Trust them not at all

7 Don’t know
8 Refused to answer
9 Does not apply

M5. African Americans or Blacks...would you say that you can trust them a lot, some, only a little, or not at all?

1 Trust them a lot
2 Trust them some
3 Trust them only a little
4 Trust them not at all

7 Don’t know
8 Refused to answer
9 Does not apply

M6. Hispanics or Latinos...would you say that you can trust them a lot, some, only a little, or not at all?

1 Trust them a lot
2 Trust them some
3 Trust them only a little
4 Trust them not at all

7 Don’t know
8 Refused to answer
9 Does not apply

M7. Gays or Lesbians...would you say that you can trust them a lot, some, only a little, or not at all?

1 Trust them a lot
2 Trust them some
3 Trust them only a little
4 Trust them not at all

7 Don’t know
8 Refused to answer
9 Does not apply
M8. How many years have you lived in your current neighborhood or community?

1. Less than one year
2. 1 to 5 years
3. 6 to 10 years
4. 11 to 20 years
5. More than 20 years
6. All my life
7. Don’t know
8. Refused to answer
9. Does not apply

M9. Do you expect to be living in your current neighborhood or community in 5 years?

1. Yes
0. No
7. Don’t know
8. Refused to answer
9. Does not apply

M10. Would you move away from your current neighborhood or community if you could?

1. Yes
0. No
7. Don’t know
8. Refused to answer
9. Does not apply

M11. How would you rate your current neighborhood or community as a place to live?

1. Poor
2. Fair
3. Good
4. Excellent
7. Don’t know
8. Refused to answer
9. Does not apply
M12. The next questions are about public affairs. How interested are you in politics and national affairs? Are you very interested, somewhat interested, only slightly interested, or not at all interested?

1 Very interested
2 Somewhat interested
3 Only slightly interested
4 Not at all interested

7 Don’t know
8 Refused to answer
9 Does not apply

M13. Are you currently registered to vote?

1 Yes
2 No
3 Not eligible to vote

7 Don’t know
8 Refused to answer
9 Does not apply

M14. How much of the time do you think you can trust the NATIONAL government to do what is right – just about always, most of the time, only some of the time, or hardly ever?

1 Just about always
2 Most of the time
3 Some of the time
4 Hardly ever

7 Don’t know
8 Refused to answer
9 Does not apply

M15. How about your LOCAL government? How much of the time do you think you can trust the LOCAL government to do what is right?

1 Just about always
2 Most of the time
3 Some of the time
4 Hardly ever

7 Don’t know
8 Refused to answer
9 Does not apply
M16. Thinking POLITICALLY AND SOCALLY, how would you describe your own general outlook--as being very conservative, moderately conservative, middle-of-the-road, moderately liberal or very liberal?

1 Very conservative  
2 Moderately conservative  
3 Middle-of-the-road  
4 Moderately liberal  
5 Very Liberal  
6 Something else  
7 Don’t know  
8 Refused to answer  
9 Does not apply

Now we’re going to ask you how many times you’ve done certain things in the past 90 days, if at all. For all of these, we want you to give me your best guess.

M17. How many times in the 90 days have you participated in any organization or group activity, such as college class, sports team, organization meeting, etc?

\[\text{_______}\]

7 Don’t know  
8 Refused to answer  
9 Does not apply

M18. How many times in the 90 days have you had friends over to your home?

\[\text{_______}\]

7 Don’t know  
8 Refused to answer  
9 Does not apply
M19. How many times in the past 90 days have you been in the home of a friend of a different race or had them in your home?

_______

7 Don’t know
8 Refused to answer
9 Does not apply

M20. How many times in the past 90 days have you been in the home of someone of a different neighborhood or had them in your home?

_______

7 Don’t know
8 Refused to answer
9 Does not apply

M21. How many times in the past 90 days have you volunteered?

_______

7 Don’t know
8 Refused to answer
9 Does not apply

M22. Not including weddings and funerals, how often do you attend religious services?

1 Every week (or more often)
2 Almost every week
3 Once or twice a month
4 A few times per year
5 Less often than that
6 Never

7 Don’t know
8 Refused to answer
9 Does not apply
M23. All things considered, would you say you are…?

1 Very happy
2 Happy
3 Not very Happy
4 Not happy at all
5 Don’t know
6 Refused to answer
7 Does not apply

M24. Television is my primary form of entertainment.

1 Strongly disagree
2 Disagree
3 Undecided
4 Agree
5 Strongly agree
6 Don’t know
7 Refused to answer
8 Does not apply

M25. Internet is my primary form of entertainment.

1 Strongly disagree
2 Disagree
3 Undecided
4 Agree
5 Strongly agree
6 Don’t know
7 Refused to answer
8 Does not apply

M26. How many hours do you spend on the internet each week?

0 None
1 Less than 1 hour
2 1 to 5 hours
3 6 to 10 hours
4 11 to 20 hours
5 More than 20 hours
6 Don’t know
7 Refused to answer
8 Does not apply
M27. Do you or your family own the place where you are living now, or do you rent?

1 Own
2 Rent

7 Don’t know
8 Refused to answer
9 Does not apply

N. End

N1. How often did you use the HEADPHONES (Audio) during the interview?

0 = Never
1 = Less than half of the time
2 = Half of the time
3 = More than half of the time
4 = All of the time

[If 0, then SKIP to N3]

N2. Did you find the AUDIO helpful to complete this interview? 

Yes  No

1  0

N3. Thank You! This completes the interview questions for today.
Please notify a staff member that you have finished.