CLIENT OUTCOMES MANAGEMENT SYSTEM QUESTIONNAIRE

Survey Administration Date:_____ Stage: _____

Client Code: _____

SECTION ONE: DRUG AND ALCOHOL USE

SEVERITY OF DEPENDENCE SCALE

Over the last three months, what drug was causing you greatest concern?

☐ Alcohol	☐ Cannabis	☐ Other Opioid	☐ Tranquilisers (eg.benzos)
☐ Amphetamines	☐ Cocaine	☐ Tobacco	☐ Non-opioid Analgesics
☐ Another Drug	☐ Heroin	☐ Methadone	☐ Buprenorphine

The following questions ask about how you have been thinking/feeling about that drug over the last 3 months, **even if you have not been using** (please check one answer).

1. Did you ever think that your use of this drug was out of control?
Never or almost never ☐
Sometimes ☐
Often ☐
Always or nearly always ☐

2. Did the prospect of missing this drug make you very anxious or worried?
Never or almost never ☐
Sometimes ☐
Often ☐
Always or nearly always ☐

3. Did you worry about your use of this drug?
Not at all ☐
A little Quite ☐
a lot A ☐
great deal ☐

4. Do you wish you could stop?
Never or almost never ☐
Sometimes ☐
Often ☐
Always or nearly always ☐

5. How difficult would you/did you find it to stop or go without?
Not difficult ☐
Quite difficult ☐
Very difficult ☐
Impossible ☐

Is this the substance that was causing you the most concern at Intake?

☐ **Yes** Proceed to the **Drug and Alcohol Use Section Below**
☐ **No** Proceed to the next question

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DRUG AND ALCOHOL USE

1. How many **days** in the last four weeks did you use:

Heroin	_____days
Other opioid-based drug	_____days
Cannabis	_____days
Cocaine	_____days
Amphetamines	_____days
Tranquillisers (benzos)	_____days
Another drug	_____days

2. How many days in the last four weeks did you drink alcohol? (beer, wine, spirits)
_____days

3. On average, how many standard drinks did you have on those days when you were drinking (refer to standard drinks chart)?_____number of drinks

4. On the days, in the last four weeks when you were drinking much more heavily than usual, how many drinks did you have?_____number of drinks?

5. How many days, in the last four weeks did you drink at this level?_____days

6. How many days in the last four weeks did you use tobacco (cigarettes, cigars, pipe tobacco)?_____days

7. How many cigarettes/cigars/pipes did you have on a typical day when you did use tobacco?
_____cigarettes/cigars/pipes.

SECTION TWO: PSYCHOLOGICAL HEALTH– KESSLER 10 PLUS

Select the appropriate answer:

1. In the last four weeks, about how often did you feel tired out for no good reason?

None of the time	☐
A little of the time	☐
Some of the time	☐
Most of the time	☐
All of the time	☐

2. In the last four weeks, about how often did you feel nervous?

None of the time	☐
A little of the time	☐
Some of the time	☐
Most of the time	☐
All of the time	☐

3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?

None of the time ☐
A little of the time ☐
Some of the time ☐
Most of the time ☐
All of the time ☐

4. In the last four weeks, about how often did you feel hopeless?

None of the time ☐
A little of the time ☐
Some of the time ☐
Most of the time ☐
All of the time ☐

5. In the last four weeks, about how often did you feel restless or fidgety?

None of the time ☐
A little of the time ☐
Some of the time ☐
Most of the time ☐
All of the time ☐

6. In the last four weeks, about how often did you feel so restless you could not sit still?

None of the time ☐
A little of the time ☐
Some of the time ☐
Most of the time ☐
All of the time ☐

7. In the last four weeks, about how often did you feel depressed?

None of the time ☐
A little of the time ☐
Some of the time ☐
Most of the time ☐
All of the time ☐

8. In the last four weeks, about how often did you feel that everything was an effort?

None of the time ☐
A little of the time ☐
Some of the time ☐
Most of the time ☐
All of the time ☐

9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?

None of the time ☐
A little of the time ☐
Some of the time ☐
Most of the time ☐
All of the time ☐

10. In the last four weeks, about how often did you feel worthless?
None of the time ☐
A little of the time ☐
Some of the time ☐
Most of the time ☐
All of the time ☐

11. In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?_____(Number of days)

12. [Aside from those days], in the last four weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings? (Number of days)

13. In the last four weeks, how many times have you seen a doctor or any other health professional about these feelings?_____(Number of consultations)

14. In the last four weeks, how often have physical health problems been the main cause of these feelings?
None of the time ☐
A little of the time ☐
Some of the time ☐
Most of the time ☐
All of the time ☐

SECTION 3: HEALTH AND SOCIAL FUNCTIONING WHO–8: EUROHIS Quality of life scale

This set of questions asks how you feel about your quality of life, health or other areas of your life. Please think about your life in the last two weeks.

1. How would you rate your quality of life?
Very poor ☐
Poor ☐
Neither poor nor good ☐
Good ☐
Very good ☐

2. How satisfied are you with your health?
Very dissatisfied ☐
Dissatisfied ☐
Neither satisfied nor dissatisfied ☐
Satisfied ☐
Very satisfied ☐

The following set of questions asks about how **completely** you experience or were able to do certain things in the last two weeks.

3. Do you have enough energy for everyday life?
Not at all ☐
A little ☐
Moderately ☐
Mostly ☐
Completely ☐

4. Have you enough money to meet your needs?
Not at all ☐
A little ☐
Moderately ☐
Mostly ☐
Completely ☐

The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life over the last two weeks.

5. How satisfied are you with your ability to perform your daily living activities?
Very dissatisfied ☐
Dissatisfied ☐
Neither satisfied nor dissatisfied ☐
Satisfied ☐
Very satisfied ☐

6. How satisfied are you with yourself?
Very dissatisfied ☐
Dissatisfied ☐
Neither satisfied nor dissatisfied ☐
Satisfied ☐
Very satisfied ☐

7. How satisfied are you with your personal relationships?
Very dissatisfied ☐
Dissatisfied ☐
Neither satisfied nor dissatisfied ☐
Satisfied ☐
Very satisfied ☐

8. How satisfied are you with the conditions of your living place?
Very dissatisfied ☐
Dissatisfied ☐
Neither satisfied nor dissatisfied ☐
Satisfied ☐
Very satisfied ☐

Additional questions

9. What is your main source of income?
Full-time employment ☐
Part-time employment ☐
Temporary benefit (e.g. unemployment) ☐
Pension (e.g. aged, disability) ☐
Student allowance ☐
Dependent on others ☐
Retirement fund ☐
No income ☐
Other ☐
If other, please specify_____
Not known/not stated/inadequately described ☐

10. Living Arrangement - Who do you live with?
Alone ☐
Spouse/partner ☐
Alone with child(ren) ☐
Spouse/partner with child(ren) ☐
Parent(s) ☐
Other relative(s) ☐
Friend(s) ☐
Friend(s)/parent(s)/relative(s) and children ☐
Other ☐
If other, please specify _____
Not known/not stated/inadequately described ☐

11. Usual Accommodation
Rented house or flat (public or private) ☐
Privately owned house or flat ☐
Boarding house ☐
Hostel ☐
Psychiatric home/hospital ☐
Alcohol/other drug treatment residence ☐
Shelter/refuge ☐
Prison/detention centre ☐
Caravan on serviced site ☐
No usual residence/homeless ☐
Other ☐
If other, please specify_____
Not known/not stated/inadequately described ☐

The next two questions refer to activity in the last three months.

12. How many times in the last three months have you been arrested?_____times

13 How many of these arrests were for offences allegedly committed in the last three months?_____arrests

SECTION 4: BBV EXPOSURE RISK-TAKING SCALE

1. When did you last inject/hit up any drug?

In the last 3 months ☐
More than 3 but less than 12 months ago ☐
12 months ago or more ☐
Never injected ☐
Not stated/inadequately described ☐

If the answer to Question 1 in this section was 'in the last 3 months,' answer Questions 2 and 3. Otherwise, skip to Question 4.

2. How many times in the last 3 months did you use a needle or syringe after someone else had already used it (including your sex partner and even if it was cleaned)?

More than 10 times ☐
6 to 10 times ☐
3 to 5 times ☐
Twice Once ☐
Never ☐
☐

3. In the last 3 months did you share any spoons, filters, water, tourniquets, drug solution/mix, or swabs with anyone else?

Yes ☐
No ☐

4. How many times have you overdosed from any drug in the last 3 months?

_____times.