**Appendix A**

**Table of Contents**

[QUESTIONNAIRE SCHEDULE 3](#_Toc49423551)

[SCREENING 5](#_Toc49423552)

[Screening Questionnaire 5](#_Toc49423553)

[Mini Mental State Exam 9](#_Toc49423554)

[Rapid Estimate of Adult Literacy in Medicine (REALM) 10](#_Toc49423555)

[Biological/Anthropometric Measures 11](#_Toc49423556)

[Locator Form 12](#_Toc49423557)

[SOCIOECONOMIC STATUS/DEMOGRAPHICS/HOMELESSNESS/CRIMINAL HISTORY INFORMATION 15](#_Toc49423558)

[Demographic/Background Information Questionnaire 15](#_Toc49423559)

[The Brief Homelessness Questionnaire 19](#_Toc49423560)

[MacArthur Scale of Subjective Social Status 23](#_Toc49423561)

[HEALTH, MENTAL HEALTH, & HEALTH BEHAVIOR 24](#_Toc49423562)

[Patient Health Questionnaire 24](#_Toc49423563)

[SF 12 Health Survey 26](#_Toc49423564)

[Health Related Quality of Life 27](#_Toc49423565)

[Self-Rated Health 28](#_Toc49423566)

[TCU Drug Screen 5 37](#_Toc49423567)

[Primary Care PTSD Screen (PC-PTSD) 39](#_Toc49423568)

[BRFSS Adverse Childhood Experience (ACE) Module 40](#_Toc49423569)

[Tobacco History 42](#_Toc49423570)

[Heaviness of Smoking Index 48](#_Toc49423571)

[Behavioral Risk Factor Surveillance System (BRFSS) Inadequate Sleep 49](#_Toc49423572)

[Alcohol Quantity and Frequency Questionnaire 50](#_Toc49423573)

[Alcohol and Drug Timeline Follow-Back (TLFB) 53](#_Toc49423574)

[Personality Beliefs Questionnaire 55](#_Toc49423575)

[USDA Food Security Survey 56](#_Toc49423576)

[Meal Survey 57](#_Toc49423577)

[TCU CJ Client Evaluation of Self and Treatment (CJ CEST) 58](#_Toc49423578)

[Sexual Behaviors 64](#_Toc49423579)

[STRESS 65](#_Toc49423580)

[Detroit Area Study Assessment of Day-to-Day Discrimination 65](#_Toc49423581)

[MacArthur Major Discrimination 67](#_Toc49423582)

[Urban Life Stress Scale 69](#_Toc49423583)

[Personal Victimization 72](#_Toc49423584)

[Perceived Stress Scale 73](#_Toc49423585)

[Distress Tolerance Scale (DTS) 74](#_Toc49423586)

**[The Pandemic Stress Index (PSI)…](#_Toc49423587)****[76](#_Toc49423587)**

[NEGATIVE AFFECT 77](#_Toc49423588)

[Aggression Questionnaire (AQ-12) 77](#_Toc49423589)

[Center for Epidemiological Studies Depression (CES-D) 80](#_Toc49423590)

[INTERPERSONAL/INTRAPERSONAL RESOURCES 82](#_Toc49423591)

[Interpersonal Support Evaluation List 82](#_Toc49423592)

[Religious Participation 84](#_Toc49423593)

[Lubben Social Network Scale – 6 85](#_Toc49423594)

[HOMELESS TIMELINE FOLLOW-BACK (TLFB) 87](#_Toc49423595)

[Resource Utilization Questionnaire 88](#_Toc49423596)

[Barriers to Phone Based Case Management 90](#_Toc49423597)

[Treatment Quality and Satisfaction Survey 91](#_Toc49423598)

[Delay Discounting Task 94](#_Toc49423599)

[STAFF PERCEPTIONS OF THE LINK2CARE APP 95](#_Toc49423600)

[ECOLOGICAL MOMENTARY ASSESSMENT (EMA) MATRIX 96](#_Toc49423601)

[Usual Daily EMA Items 97](#_Toc49423602)

[Monday EMA Items (Weekly) 102](#_Toc49423603)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *QUESTIONNAIRE SCHEDULE* | | | | | | | |  | |
|  | # Items | Baseline  Visit | | Randomization  Visit | | 1 Month  Follow-up | 3 Month  Follow-up | 6 Month  Follow-up |
| **SCREENING** | | | | | | | | |
| Screening Questionnaire | 26 | x | | Randomized, receive smart phones, and instructions |  | |  |  |
| MINI Mental State Exam | 12 | x | |  | |  | x |
| Rapid Estimate of Adult Literacy | 9 | x | |  | |  |  |
| Biological/Anthropometric Measures | 4 | x | | x | | x | x |
| Locator Form | 12 | x | | x | | x |  |
| ***Total screening items*** | **62** | | | | | | | |
| **SOCIOECONOMIC STATUS/DEMOGRAPHICS/HOMELESSNESS/CRIMINAL HISTORY INFORMATION** | | | | | | | | |
| Demographic/Background Information | 18 | x |  | | 6 | | 6 | 6 |
| The Brief Homelessness Questionnaire | 20 | x |  | | 6 | | 6 | 6 |
| Macarthur Scale of Subjective Social Status | 2 | x |  | | x | | x | x |
| **HEALTH, MENTAL HEALTH, & HEALTH BEHAVIOR** | | | | | | | | |
| Patient Health Questionnaire & GAD-7 | 15 | x |  | | x | | x | x |
| SF-12 Health Survey | 12 | x |  | | x | | x | x |
| Health Related Quality of Life | 3 | x |  | | x | | x | x |
| Self-Rated Health | 43 | x |  | | 16 | | 16 | 19 |
| TCU Drug Screen 5 | 13 |  | x | |  | | x | x |
| Primary Care PTSD Screen | 4 | x |  | |  | |  |  |
| BRFSS Adverse Childhood Experience (ACE) Module | 11 |  | x | |  | |  |  |
| Tobacco History | 40 | x |  | | 25 | | 25 | 25 |
| Heaviness of Smoking | 2 | x |  | | x | | x | x |
| Behavioral Risk Factor Sleep (BRFSS) | 5 | x |  | | x | | x | x |
| Alcohol Quantity and Frequency Questionnaire | 9 | x |  | | x | | x | x |
| Alcohol and Drug Timeline Follow-back |  | 90 days |  | | 30 days | | 60 days | 90 days |
| Personality Beliefs Questionnaire-Short Form – Antisocial Beliefs | 7 |  | x | |  | |  |  |
| Food Security | 5 |  | x | | x | | x | x |
| Meal Survey | 4 | x |  | | x | | x | x |
| TCU CJ Client Evaluation of Self and Treatment | 40 |  | x | |  | | x |  |
| Sexual Behaviors | 9 | x |  | |  | |  |  |
| **STRESS** | | | | | | | | |
| MacArthur Major Discrimination | 4 |  | x | |  | |  |  |
| Detroit Day to Day Discrimination | 10 | x |  | | x | | x | x |
| Urban Life Stressors Scale | 21 |  | x | | x | | x | x |
| Personal Victimization | 3 |  | x | | 2 | | 2 | 3 |
| Perceived Stress Scale | 4 |  | x | | x | | x | x |
| Distress Tolerance Scale (DTS) | 16 |  | x | |  | |  | x |
| Pandemic Stress Index | 3 |  |  | |  | |  |  |
| **NEGATIVE/POSITIVE AFFECT** | | | | | | | | |
| Aggression Questionnaire | 12 | x |  | | x | | x | x |
| Center for Epidemiological Studies Depression (CES-D) | 10 | x |  | | x | | x | x |
| **INTERPERSONAL/INTRAPERSONAL RESOURCES** | | | | | | | | |
| Interpersonal Support Evaluation List (ISEL) | 12 | x |  | | x | | x | x |
| Religious Participation | 2 | x |  | | x | | x | x |
| Lubben Social Network Scale - Revised | 6 | x |  | | x | | x | x |
| Homeless Timeline Follow-back (TLFB) |  | 90 days |  | | 30 days | | 60 days | 90 days |
| Resource Utilization Questionnaire | 14 | x |  | | x | | x | x |
| Barriers to Phone Based Case Management | 5 | x |  | |  | |  | x |
| **TREATMENT QUAILTY AND SATISFACTION SURVEY** | | | | | | | | |
| Treatment Quality/Satisfaction Survey | 18 |  |  | | x | | x | x |
| **DELAY DISCOUNTING TASK** | 5 | x |  | | x | | x | x |
| **STAFF PERCEPTIONS OF THE LINK2CARE APP** | 6 |  |  | |  | |  | x |
| Total items not including TLFB |  | 330 | 124 | | 242 | | 282 | 272 |
| Number of minutes required to complete assessment |  | 80 | 40 | | 60 | | 65 | 80 |

# 

# SCREENING

## *Screening Questionnaire*

The Screening Questionnaire will be administered to determine eligibility to participate in this study. This measure will include questions about age, ability to read, speak, and understand English.

1. Subject Gender

0, Female

1, Male

2, Other

1. Are you Hispanic or Latino?

0, No

1, Yes

1. How would you best describe your race (Check only one):

1, More than one race/multi-racial

2, White

3, Black or African American

4, Asian (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Vietnam)

5, Native Hawaiian or Other Pacific Islander (Guam, Samoa)

6, American Indian / Alaska Native

7, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your date of birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm /dd/ yyyy) (Must be > 18 years)
2. Do you plan to live in Dallas County for the next 12 months?

0, No (exclude from study)

1, Yes

1. Can you read, understand and speak English?

0, No (exclude from study)

1, Yes

1. Were you recently released from the Dallas County Jail?

0, No (skip to 8; exclude from study)

1, Yes

7a. If yes, how long ago were you released from the jail? \_\_\_\_\_\_\_Days (must be <30 days)

7b. Please add ticket number from jail study flier, if applicable. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7c. Other form of evidence of recent incarceration in Dallas Country Jail? Describe: \_\_\_\_\_\_\_

7d. Has the we verified that they were in Dallas County Jail in the past 30 days?

0, No (exclude from study)

1, Yes

1. Are you currently homeless?

0, No (exclude from study)

1, Yes

1. Where did you sleep last night?

1, Friend’s or family member’s house or apartment

2, Homeless shelter (write in shelter name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

3, Jail

4, Abandoned building

5, Outside or on the street

6, Hospital

7, My personal apartment or house

8, Hotel or Motel

9, Drug or alcohol treatment center

10, Other location (temporary)

11, Other location (permanent)

1. Are you enrolled in The Bridge’s Homeless Recovery Program?

0, No (exclude from study)

1, Yes

1. Are you willing to attend 4 additional study visits (each lasting 1 to 2 hours) at The Bridge over the next 6 months?

0, No (exclude from study)

1, Yes

1. Do you have an active cell phone?

0, No (Skip to 17)

1, Yes

1. Who pays for your cell phone service?

1, Government

2, Family or Friend

3, Someone else

4, I pay for my cell phone service

1. How many ‘talk’ minutes does your plan have?

0, 0-200

1, 201-400

2, 401- 600

3, Unlimited

4, I use a ‘pay as you go’ or prepaid phone

1. Is your cell phone a smart phone?

0, No – (Skip to 17)

1, Yes – I have an Android smartphone

2, Yes – I have an Apple smartphone (iPhone)

3, Yes – I have a Smartphone that is not Apple or Android based

1. Does your phone service include a data plan?

0, No

1, Yes, but my data plan is limited

2, Yes, my plan includes unlimited data

1. How many times has your phone number changed in the past year?

999, I have not had a phone in the past year

0, 0

1, 1

2, 2

3, 3

4, 4

5, 5 or more

1. Which of the following forms of media do you use?

1, Email

2, Facebook

3, Google Plus

4, Twitter

5, Blogs

6, Instagram

7, Snapchat

8, LinkedIn

9, None of the above

1. How often do you access the internet?

0, Never

1, About once per month

2, About once per week

3, 2 or 3 times per week

4, 4 to 6 times per week

5, About once per day

6, About twice per day

7, Every few hours or more

1. Do you have an active Facebook page?

0, No (Skip to 22)

1, Yes

1. How often do you check or post on Facebook?

0, Never

1, About once per month

2, About once per week

3, 2 or 3 times per week

4, 4 to 6 times per week

5, About once per day

6, About twice per day

7, Every few hours or more

1. Which of the following forms of identification do you possess?

1, Driver’s license

2, Social Security Card

3, Government Issued ID Card

4, Birth Certificate

5, Passport

6, Military ID

7, Bridge ID

8, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Mini Mental Status Exam Score \_\_\_\_\_\_\_\_\_\_\_ (exclude if <24)
2. REALM Score \_\_\_\_\_\_\_\_\_ (exclude if < 4)
3. Successfully read passage from the informed consent.

0, No (exclude from study)

1, Yes

1. Do you use reading glasses?

0, No (skip to end)

1, Yes

* 1. If yes, do you have your reading glasses with you?

0, No

1, Yes (skip to end)

* 1. If no, please give participant reading glasses to use to complete QDS and if inclusion criteria are met, allow participant to keep the glasses. Were glasses given to participant?

0, No

1, Yes

## *Mini Mental State Exam*

The MINI Mental State Exam is a very commonly used, interviewer administered, brief measure of mental impairment and dementia. Scores may range from 0 to 30, with scores <24 being indicative of dementia and significant cognitive impairment ([Folstein, Folstein, & McHugh, 1975](#_ENREF_9); [Stuss, Meiran, Guzman, Lafleche, & Willmer, 1996](#_ENREF_26)).

Subject ID: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Ask the questions in the order listed. Score one point for each correct response within each question or activity.

|  |  |  |
| --- | --- | --- |
| Max Score | Subject Score | Question |
| 5 |  | “What is the year? Season? Date? Day of the week? Month?” |
| 5 |  | “Where are we now: State? County? Town/city? Hospital? Floor?” |
| 3 |  | The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient’s response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: \_\_\_\_\_\_\_\_\_\_\_ |
| 5 |  | “I would like you to count backward from 100 by sevens.” (93, 86, 79, 72, 65, …) Stop after five answers. Alternative: “Spell WORLD backwards.” (D-L-R-O-W) |
| 3 |  | “Earlier I told you the names of three things. Can you tell me what those were?” |
| 2 |  | Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them. |
| 1 |  | “Repeat the phrase: ‘No ifs, ands, or buts.’” |
| 3 |  | Take the paper in your right hand, fold it in half, and put it on the floor.” (The examiner gives the patient a piece of blank paper.) |
| 1 |  | “Please read this and do what it says.” (Written instruction is “Close your eyes.”) |
| 1 |  | “Make up and write a sentence about anything.” (This sentence must contain a noun and a verb.) |
| 1 |  | Please copy this picture.” (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.) |
| 30 |  | **Total Score** |

## *Rapid Estimate of Adult Literacy in Medicine (REALM)*

The Short-Form Rapid Estimate of Adult Literacy in Medicine (REALM-SF) is an interviewer-administered checklist in which individuals are asked to read and pronounce 9 common medical terms ([Arozullah et al., 2007](#_ENREF_2)). Individuals who pronounce ≥ 4 words correctly are considered to be reading at > 6th grade reading level.

Subject ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reading Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions to participant: I want to hear you read as many words as you can from this list. Begin with the first word and read aloud. When you come to a word you cannot read, do the best you can or say "blank" and go on to the next word.

Fat (Not Scored)

Flu (Not Scored)

Behavior

Exercise

Menopause

Rectal

Antibiotics

Anemia

Jaundice

## *Biological/Anthropometric Measures*

|  |  |  |  |
| --- | --- | --- | --- |
| **Weight** | **Height** | **Waist Circumference** | **CO Reading** |
| **xxx (lbs)** | **inches** | **xx (cm)** | **xx (ppm)** |
|  |  |  |  |

## *Locator Form*

A modified participant locator form will be used to contact participants for follow-up visits ([Cottler, Compton, Ben-Abdallah, Horne, & Claverie, 1996](#_ENREF_8)).

**Instructions: We will now collect information that will help us reach you when it's time for your next follow-up interview. The information you give us will be kept in a separate place from your answers on the interview. It will be used only to locate you for your next follow-up, and it will not be given to anyone else. We will not give anyone any information about you or this study except that you are participating in a health study.**

|  |  |  |
| --- | --- | --- |
| **DEMOGRAPHICS** | | |
| LOC1 What is your full name? | | a.\_\_\_\_\_\_\_\_\_\_\_\_\_b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First) (Middle) (Last) |
| LOC2 Other names, nicknames, street names, or aliases you have used: | | a.  b.  c.  d.  e. |
| **RESIDENCE** | | |
| LOC3 Current address (all visits): **(If the person reports more than 1 area that they live, complete this for each residence).**  Note: These residences may be shelters. | Residence #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street address) (Shelter, Apt. # or PO Box#)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (City, State) personal phone #  \_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Contact person at residence/shelter phone #  Residence #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street address) (Shelter, Apt. # or PO Box#)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (City, State)  \_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Contact person at residence /shelter phone #  Residence #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street address) (Shelter, Apt. # or PO Box#)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (City, State)  \_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Contact person at residence/shelter phone # | |
| LOC4. How long have you lived at this location? **(If the person reports more than 1 area that they live, complete this for each residence)** | Residence #1: \_\_\_\_\_\_\_\_\_ months \_\_\_\_\_\_\_\_\_years  Residence #2: \_\_\_\_\_\_\_\_\_ months \_\_\_\_\_\_\_\_\_years  Residence #3: \_\_\_\_\_\_\_\_\_ months \_\_\_\_\_\_\_\_\_years | |
| LOC5 Do you plan to move anytime soon? | 1. 0, No 1, Yes 2. If yes,do you know where to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Do you know when? \_\_\_\_\_\_\_\_\_\_\_\_ 4. If does not know where to, what are the possibilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| LOC6 Who else lives in the location with you? **(If the person reports more than 1 area that they live, complete this for each residence)**  **NOTE: These residences may be shelters.**  **Add extra lines if more than one significant other lives with participant at any given location.** | Residence #1: Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residence #2: Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residence #3: Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| LOC7 **Who is the best friend or relative who usually knows how to reach you if you should move?** | Person 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_  Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_  Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_  Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **SOCIAL MEDIA** | | |
| LOC8 Please indicate which of the following forms of social media you use and username/email address: | 1. Email \_\_\_\_\_\_ 2. Facebook \_\_\_\_\_ 3. Twitter \_\_\_\_\_ 4. Google Plus \_\_\_\_\_ 5. Blogs \_\_\_\_\_ 6. Twitter \_\_\_\_\_ 7. Instagram\_\_\_\_\_ 8. Snapchat \_\_\_\_\_ 9. LinkedIn \_\_\_\_\_\_ | |
| LOC9 Has your email address changed since your last visit? | a. 0, No 1,Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  May we email you appointment reminders? 0, No 1,Yes | |
| LOC10 What is your Facebook, Twitter, or Google Plus name (if applicable)? | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Type of Account (Facebook Twitter, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. How often do you connect to this account?   1, Several times a day  2, Once a day  3, Every other day  4, Couple times a week  5, Less than once a week  c. May we contact you through social media? 0, No 1,Yes | |
| LOC11 Mail at Bridge | Do you receive mail at the Bridge? 0,No 1,Yes  Do you receive mail at another shelter? 0,No 1,Yes  If yes, what other shelter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| LOC12 | Which other shelters (if any) have recently stayed overnight at? | |

# SOCIOECONOMIC STATUS/DEMOGRAPHICS/HOMELESSNESS/CRIMINAL HISTORY INFORMATION

## *Demographic/Background Information Questionnaire*

The Demographic/Background Information Questionnaire inquires about sociodemographic information. This measure will be completed at the Baseline visit and only items marked with an \* will be assessed at the 1 month, 3 month, and 6 month follow-up visits.

1. What is your present marital status?

0,Single

1,Married

2,Divorced

3,Widowed

4,Separated

1. How many children do you have?

0, 0

1, 1

2, 2

3, 3

4, 4

5, 5

6, 6

7, 7

8, 8

9, 9 or more

1. Please look at the categories below and mark the one that best describes your race (Check only one)

1, More than one race/multi-racial (ask 4, else skip)

2, White

3, Black or African American

4, Asian (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Vietnam)

5, Native Hawaiian or Other Pacific Islander (Guam, Samoa)

6, American Indian / Alaska Native

7, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. You have stated that you have more than one race. Please look at the categories below and mark the ones that best describe your race (Check all that apply)

1,White

2,Black or African American

3,Asian (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Vietnam)

4,Native Hawaiian or Other Pacific Islander

5,American Indian / Alaska Native

6,Other

1. How many years of education have you COMPLETED? (Choose one)

0,No formal schooling

1,1 year (Elementary School)

2,2 years (Elementary school)

3,3 years (Elementary school)

4,4 years (Elementary school)

5,5 years (Elementary school)

6,6 years (Middle school)

7,7 years (Middle school)

8,8 years (Middle school)

9,9 years (High School)

10,10 years (High School)

11,11 years (High School)

12,12 years (GED or High School Diploma) (Ask 5A, else skip to 6)

13,Some college/technical school (13 years)

14,Associates Degree (14 years)

16,Bachelor Degree (16 years/Four-Year College)

17,Some Post-graduate School (17 years)

18,Master Degree (18 years)

20,Post-graduate Degree; M.D., Ph.D., DDS, Dr.P.H., etc.(20 years)

5A. Did you get your GED or did you receive a high school diploma?

1, GED

2, High School Diploma

1. \*Please choose your employment status. Please check only one that applies.

1,Regular full-time work (40 or more hours per week) (Ask 6a and 6b)

2,Regular part-time work (less than 40 hours per week) (Ask 6a and 6b)

3,Unemployed-currently looking for work (Skip to 6b)

4,Unemployed-currently not looking for work (Skip to 6b)

5,Homemaker- Not employed (Skip to 6b)

6,Student- Not employed (Skip to 6b)

7,Retired- Not employed (Skip to 6b)

8,Unable to work or disabled (Skip to 6b)

9,Other (Skip to 6b)

6a.\*How many total hours per week do you work at those jobs?

0, 0 hours

1, 1-5

2, 6-10

3, 11-15

4, 16-20

5, 21-25

6, 26-30

7, 31-35

8, 36-40

9, 41-45

10,46-50

11, 51 or more

6b: \*How many days in the past 7 days did you work for money?

0, 0

1, 1

2, 2

3, 3

4, 4

5, 5

6, 6

7, 7

1. \*Do you have health insurance? Please check all that apply.

1,Medicare

2,Medicaid

3,Military Insurance

4,Insurance from a job or Private insurance

5,I do not have health insurance

1. \*Do you currently receive Social Security benefits?

1,Yes

0,No (Skip to 10)

1. \*What is the amount of your monthly Social Security check?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \*Do you currently receive food stamps?

1,Yes

0,No (Skip to 12)

1. \*What is the amount of food stamps (SNAP) do you get each month?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \*What are your sources of income? (Please check all that apply).

1, Paid work

2, Criminalized activity (example: panhandling, stealing)

3, Disability benefits

4, Unemployment benefits

5, Self-employed

6, Trade sex

7, Trade drugs

8, Social assistance

9, Student loans

10, Receive support from family, friends, relatives

11, You don’t have an option that applies to my income

12, I have no income

1. Which of these categories best describes your total combined family income for the past 12 months? This should include income (before taxes) from all sources, wages, rent from properties, social security, disability and/or veteran's benefits, unemployment benefits, workman's compensation, help from relatives (including child payments and alimony), and so on.

0,Less than $9999

1,$10000 to $19,999

2,$20000 to $29,999

3,$30000 to $39,999

4,$40000 to $49,999

5,$50000 to $59,999

6,$60000 to $69,999

7,$70000 to $79,999

8,$80,000 or greater

999,Refuse to Answer (skip to 14)

13a. You reported that your family income over the past 12 months was (insert answer from 13), please select the amount that is closest to your income.   
            0,0 (Answer options for each answer from 15)  
            1,$1000  
            2,$2000  
            3,$3000  
            4,$4000  
            5,$5000  
            6,$6000  
            7,$7000  
           8,$8000  
            9,$9000

1. \*What was your total household income from all sources LAST MONTH?

0,$0 to $999

1,$1000 to $1,999

2,$2000 to $2,999

3,$3000 to $3,999

4,$4000 to $4,999

5,$5000 to $5,999

6,$6000 to $6,999

7,$7000 or more

999,Refuse to Answer (skip to 15)

14a. \*You reported that your household income over the LAST MONTH was (put in range from 14), please select the amount that is closest to your actual past month household income.   
                        0,$0  
                        1,$1 to $250  
                        2,$251 to $500  
                        3,$501 to $750  
                        4,$751 to $999

1. Are you a veteran of the United States Military?

0,No

1,Yes

1. Are you perceived by others as a person of color or racial minority?

0,No

1,Yes

2,Sometimes

1. Do you consider yourself to be:

1 , Straight

2 , Lesbian or gay or queer

3 , Bisexual

4 , Other

5 , Don’t know/Not sure

1. Do you consider yourself to be transgender? Some people describe themselves as transgender when they experience a different gender identity from their gender at birth. For example, a person born with a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery.

1 , Yes, Transgender, male-to-female

2 , Yes, Transgender, female to male

3 , Yes, Transgender, gender nonconforming

4 , No

5 , Don’t know/not sure

## *The Brief Homelessness Questionnaire*

The Brief Homelessness Questionnaire is a 20-item measure that was created for the purposes of this study. This questionnaire will inquire about length of homelessness and common causes of homelessness.

This questionnaire will be completed at the Baseline assessment. In addition, items 8-11, 14, and 18 will be assessed at the 1 month, 3 month, and 6 month follow-up assessments. However, these items will be modified to be relevant to the time since the last in-person assessment.

1. What is the total amount of time you have been homeless in your lifetime? (for example 3 and a half years would be 3 years, 6 months, 0 days)

\_\_\_\_\_\_\_years \_\_\_\_\_\_\_months \_\_\_\_\_\_\_\_days

1. How many separate times have you been homeless in your lifetime? In other words, how many times have you become homeless after having stable housing for a significant period of time?

0 , 0

1 , 1

2 , 2

3 , 3

4 , 4

5 , 5

6 , 6

7 , 7

8 , 8 or more

1. How old were you the first time you became homeless?

\_\_\_\_\_\_\_years old

1. How long ago did the current period of homelessness begin? (for example 3 years would be 3 years and 0 months and 0 days )

\_\_\_\_\_\_\_days \_\_\_\_\_\_\_months \_\_\_\_\_\_\_\_years

1. Did you have any period of homelessness before you were 18 years old?

1, Yes

0, No

1. How many separate times have you been homeless in the past 3 years?

1, 1

2, 2

3, 3

4, 4

5, 5

6, 6 or more

1. How long have you been receiving services at the Bridge? (for example, 6 and a half months would be 2 weeks, 6 months, 0 years)

\_\_\_\_\_\_\_weeks \_\_\_\_\_\_\_\_\_months \_\_\_\_\_\_\_years

1. \*Are you currently attending Substance Abuse Classes (e.g., AA/NA, AAPA)?

1, Yes

0, No

1. \*Are you currently receiving treatment for mental health problems (example: Depression, Bipolar Disorder, Anxiety)?

0, No (skip to 11)

1, Yes

1. \*What type of mental health treatment are you currently receiving for mental health problems?

1,counseling

2,medication

3,both counseling and medication

4,other

1. \*On average, how many hours do you spend at the Bridge each day (counting sleep time)?  
   \_\_\_\_\_\_\_\_hours per day (0-24 hours)
2. What are the reasons for your current homelessness (check all that apply)?

1,I am not currently homeless

2,Lost my job

3,Evicted from house/apartment

4,Substance use (alcohol or drugs)

5,Mental illness

6,Inability to pay medical bills

7,Family problems

8,Legal problems

9,Recently released from jail or prison

10,Natural disaster

11,Domestic Violence

12,Other

1. For the next several questions you will be asked if you have ever been arrested or booked for breaking the law. Booked means that you were taken into custody and processed by the police or someone connected with the courts, even if you were released.

13.a. Have you ever been arrested and booked for: (Check all that apply)

1,Drug possession

2,Manufacturing or selling drugs

3,Driving under the influence of alcohol or drugs

4,Disorderly conduct or public drunkenness

5,Loitering

6,I have never been arrested or booked for any of the above

13.b. Have you ever been arrested and booked for: (Check all that apply)

1,Forgery or counterfeiting (writing bad checks)

2,Larceny or theft [Do not include motor vehicle theft]

3,Motor vehicle theft

4,Robbery

5,Fraud, possession of stolen goods, or vandalism

6,Burglary or breaking and entering

7,Prostitution

8,I have never been arrested or booked for any of the above

13.c. Have you ever been arrested and booked for: (Check all that apply)

1,Domestic violence or child abuse

2,Assault or battery

3,Forcible rape

4,Any other sexual offense, not including rape or prostitution

5,Weapons violation (carrying a concealed weapon)

6,Murder, homicide, or non-negligent manslaughter

7,Arson

8,I have never been arrested or booked for any of the above

1. \*Were you arrested or booked for breaking the law in the PAST MONTH (2 months for 3 month follow-up, 3 months for 6 month follow-up)? Booked means that you were taken into custody and processed by the police or someone connected with the courts, even if you were released.

0, No (skip 14b)

1, Yes, in Dallas County

2, Yes, but not in Dallas County

\*14b. During your most recent incarceration, how long were you in jail?

\_\_\_\_\_\_\_\_\_\_\_days \_\_\_\_\_\_\_\_\_\_\_\_ months \_\_\_\_\_\_\_\_\_\_\_\_years

1. During your lifetime, how many separate times have you been to jail or prison?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

15a. How many of these arrests were drug or alcohol related?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. During your lifetime, how many times have you intentionally gotten arrested in order to obtain shelter and/or food in a jail, prison, or detention center?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. During your lifetime, how much time have you spent in jail or prison? (3 and a half years would be 3 years, 6 months, and 0 days) \_\_\_\_ (years) \_\_\_ (months) \_\_\_\_(days)
2. \*Are you currently under correctional supervision (such as probation, parole, or bail)?

0,No (skip to 19)

1,Yes

18b. \*What type of correctional supervision are you now under? (check all that apply)

1, Probation

2, Parole

3, Pre-Trial Release (for example, bail bond)

3, Day Reporting

4, Drug Treatment Court

5, Other Specialized Court

6, Not under any supervision (served sentence)

7, Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_)

1. Have you ever been convicted of a felony? Convicted means that you either pled guilty or were found guilty by a court.

0, No

1, Yes

1. Have you ever been convicted of a crime that you did not commit?

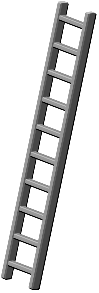
0, No

1, Yes

## *MacArthur Scale of Subjective Social Status*

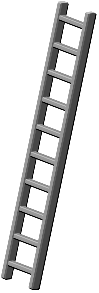
The MacArthur Scale of Subjective Social Statusis a self-rating scale on which a person indicates where they believe they fall on a 10-rung ladder that represents the levels that a person may occupy within society ([Adler & Stewart, 2007](#_ENREF_1)). Two versions of the ladder will be included, one linked to traditional SES indicators (the SES ladder) and the second linked to standing in one's community (the community ladder).

1. Think of this ladder as representing where people stand in their communities. People define community in different ways; please define it in whatever way is most meaningful to you. At the top of the ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community. Where would you place yourself on this ladder? Indicate the step where you think you stand at this time in your life, relative to other people in your community.

10,top of ladder

1,bottom of ladder

1. Think of this ladder as representing where people stand in the United States. At the top of the ladder are the people who are the best off- those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off- who have the least money, least education and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom. Where would you place yourself on this ladder? Indicate the step where you think you stand at this time in your life, relative to other people in the United States.

10,top of ladder

1,bottom of ladder

## 

# HEALTH, MENTAL HEALTH, & HEALTH BEHAVIOR

## *Patient Health Questionnaire*

ThePatient Health Questionnaire(PHQ) and GAD-7 are self-administered diagnostic instruments that use diagnostic criteria from the DSM-IV and assesses mood, anxiety, and recent psychosocial stressors ([Spitzer, Kroenke, & Williams, 1999](#_ENREF_23)).

**\*PHQ Depression**

1. Over the last 2 weeks, how often have you been bothered by, little interest or pleasure in doing things?

0, Not at all

1, Several days

2, More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by, feeling down, depressed, or hopeless?

0,Not at all.

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by, trouble falling or staying asleep, or sleeping too much?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by, feeling tired or having little energy?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by, poor appetite or overeating?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by, feeling bad about yourself- or that you are a failure or have let yourself or your family down?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by, trouble concentrating on things, such as reading the newspaper or watching television?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by, moving or speaking so slowly that other people could have noticed? Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual?

0, Not at all

1,Several days

2,More than half the days

3,Nearly every day

**\*GAD-7**

1. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by worrying too much about different things?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by trouble relaxing?

0, Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by being so restless that it is hard to sit still?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by becoming easily annoyed or irritable?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

1. Over the last 2 weeks, how often have you been bothered by feeling afraid as if something awful might happen?

0,Not at all

1,Several days

2,More than half the days

3,Nearly every day

**\*Complete at Baseline, 1, 3, and 6 month follow ups**

## *SF 12 Health Survey*

The 12-item Short-Form Health Survey ([Ware Jr, Kosinski, & Keller, 1996](#_ENREF_28)) will be administered to all participants at the baseline assessment, and the 1 month, 3 month, and 6 month follow-up assessments.

**This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer, please give the best answer you can.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SF1 | | In general, would you say your health is:  1, Excellent  2, Very Good  3, Good  4, Fair  5, Poor | | | | | | | | | | | |
| The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? | | | | | | **Yes, limited a lot** | | | **Yes, limited a little** | | | **No, not limited at all** | |
| SF2 | | Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | | | | 1 | | | 2 | | | 3 | |
| SF3 | | Climbing several flights of stairs | | | | 1 | | | 2 | | | 3 | |
| During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health? | | | | | | | | **Yes** | | | **No** | | |
| SF4 | | Accomplished less than you would like | | | | | | 1 | | | 0 | | |
| SF5 | | Were limited in the kind of work or other activities | | | | | | 1 | | | 0 | | |
| During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? | | | | | | | | **Yes** | | | **No** | | |
| SF6 | | Accomplished less than you would like | | | | | | 1 | | | 0 | | |
| SF7 | | Did work or other activities less carefully than usual | | | | | | 1 | | | 0 | | |
| SF8 | | During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?  1, Not at all  2, A little bit  3, Moderately  4, Quite a bit  5, Extremely | | | | | | | | | | | |
| How much time during the past 4 weeks | | | **All of the time** | **Most of the time** | **A good bit of the time** | | **Some of the time** | | | **A little of the time** | | | **None of the time** |
| SF9 | Have you felt calm and peaceful? | | 1 | 2 | 3 | | 4 | | | 5 | | | 6 |
| SF10 | Did you have a lot of energy? | | 1 | 2 | 3 | | 4 | | | 5 | | | 6 |
| SF11 | Have you felt downhearted and blue? | | 1 | 2 | 3 | | 4 | | | 5 | | | 6 |
| SF12 | During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?  1, All of the time  2, Most of the time  3, A good bit of the time  4, Some of the time  5, A little of the time  6, None of the time | | | | | | | | | | | | |

## *Health Related Quality of Life*

The Health Related Quality of Life measure *(HRQOL)* will be used to assess physical and mental health ([Centers for Disease Control and Prevention, 2009](#_ENREF_5)).

1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

\_\_\_\_\_\_\_\_\_\_\_\_days

1. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? \_\_\_\_\_\_\_\_\_\_\_\_days
2. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

\_\_\_\_\_\_\_\_\_\_\_\_days

***Self-Rated Health***

The Self-Rated Health Questionnaire is a 44-item measure of current health and health behavior.

1. \*Which of the following apply to you? (Check all that apply)

1,I smoke cigarettes

2,I have unsafe or unprotected sex

3,I drink alcohol or use illegal drugs

4,I don’t eat enough fruit and vegetables

5,I am unhappy with my weight

6,I do not get enough physical activity

7,I do not get enough sleep

8,None of these apply to me.

1. **\*Readiness to Change Ladders** (present ladders for each item endorsed in #1)

**Smoking**

|  |  |
| --- | --- |
| 8 | I still smoke, but I have begun to change, like cutting back on the number of cigarettes I smoke. I am ready to set a quit date. |
| 7 | I definitely plan to quit smoking within the next 30 days. |
| 6 | I definitely plan to quit smoking within the next 6 months. |
| 5 | I often think about quitting smoking, but I have no plans to quit. |
| 4 | I sometimes think about quitting smoking, but I have no plans to quit. |
| 3 | I rarely think about quitting smoking, and I have no plans to quit. |
| 2 | I never think about quitting smoking, and I have no plans to quit. |
| 1 | I enjoy smoking and have decided not to quit smoking for my lifetime. I have no interest in quitting. |

**Unsafe Sexual Behaviors\***

|  |  |
| --- | --- |
| 8 | I have already begun to use condoms more often when I have sex. |
| 7 | Within the next 30 days, I definitely plan to start using condoms more often when I have sex. |
| 6 | Within the next 6 months, I definitely plan to start using condoms more often when I have sex. |
| 5 | I often think about using condoms more often when I have sex, but I have no plans to use condoms more often. |
| 4 | I sometimes think about using condoms more often when I have sex, but I have no plans to use condoms more often. |
| 3 | I rarely think about using condoms more often when I have sex, and I have no plans to use condoms more often. |
| 2 | I never think about using condoms when I have sex, and I have no plans to use condoms more often. |
| 1 | There is no need for me to think about changing my sexual behaviors. |

\*modified from *Readiness to Quit Ladder*

**Alcohol/Drugs\***

|  |  |
| --- | --- |
| 8 | I drink alcohol and/or use illegal drugs, but I have begun to change, like cutting back on how much drink or use each day. |
| 7 | I definitely plan to reduce my drinking and/or drug use within the next 30 days. |
| 6 | I definitely plan to reduce my drinking and/or drug use within the next 6 months. |
| 5 | I often think about reducing my drinking, and/or drug use but I have no plans to cut down. |
| 4 | I sometimes think about reducing my drinking and/or drug use, but I have no plans to cut down. |
| 3 | I rarely think about reducing my drinking and/or drug use, and I have no plans to cut down. |
| 2 | I never think about reducing my drinking and/or drug use, and I have no plans to cut down. |
| 1 | I enjoy drinking and/or using drugs and have decided not to reduce my drinking and/or drug use for my lifetime. I have no interest in cutting down. |

\*modified from *Readiness to Quit Ladder*

**Fruit and Vegetable Intake\***

|  |  |
| --- | --- |
| 7 | I have begun to increase the number of fruit and vegetables I eat every day. I am trying to eat 5 or more servings of fruits and vegetables each day. |
| 6 | I definitely plan to start eating more fruit and vegetables within the next 30 days. |
| 5 | I definitely plan to start eating more fruit and vegetables within the next 6 months. |
| 4 | I often think about needing to eat more fruit and vegetables, but I have no plans to start. |
| 3 | I sometimes think about needing to eat more fruit and vegetables, but I have no plans to start. |
| 2 | I rarely think about needing to eat more fruit and vegetables, and I have no plans start. |
| 1 | I never think about needing to eat more fruit and vegetables, and I have no plans to start. |

\*modified from *Stages of Change: Fruit & Vegetable Intake* (Darla) & *Readiness to Quit Ladder*

**Weight\***

|  |  |
| --- | --- |
| 8 | I have begun to make positive changes in order to lose weight. |
| 7 | I definitely plan to make positive changes in order to lose weight in the next 30 days. |
| 6 | I definitely plan to make positive changes in order to lose weight in the next 6 months. |
| 5 | I often think about losing weight, but I have no plans to make changes to lose weight. |
| 4 | I sometimes think about losing weight, but I have no plans to make changes to lose weight. |
| 3 | I rarely think about losing weight, and I have no plans to make changes to lose weight. |
| 2 | I never think about losing weight, and I have no plans to make changes to lose weight. |
| 1 | I have decided not to try to lose weight for my lifetime. |

\*modified from *Readiness to Quit Ladder*

**Physical Activity\***

|  |  |
| --- | --- |
| 7 | I have already begun to increase my level of exercise. |
| 6 | I definitely plan to start exercising more in the next 30 days. |
| 5 | I definitely plan to start exercising more in the next 6 months. |
| 4 | I often think about exercising more, but I do not currently have plans to increase my level of exercise. |
| 3 | I sometimes think about exercising more, but I do not currently have plans to increase my level of exercise. |
| 2 | I rarely think about exercising more, and I do not have plans to increase my level of exercise. |
| 1 | I never think about exercising more, and I do not have plans to increase my level of exercise. |

\*modified from *Readiness to Quit Ladder*

1. Have you ever had an alcohol or drug problem (other than tobacco)?

0,No (skip to 5)

1,Yes

1. Which substances have caused you significant problems? (check all that apply)

1,Alcohol

2,Cannabis (e.g., marijuana)

3,Cocaine (e.g., crack, powder, freebase)

4, K2

5,Opiate (e.g., heroin, oxycontin, pain pills)

6,Amphetamine (e.g., crystal meth, speed)

7,Sedative, Hypnotic, or Anxiolytic (e.g., valium, xanax)

8,Other Substance

1. \*\*In the past 6 months, how many times have you been treated in a hospital emergency room?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. \*\*In the past 6 months, how many days have you stayed overnight for treatment in a hospital?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. Please select the Cardiovascular Diseases (heart/circulatory disease) that you have been diagnosed with. (Check all that apply)

1,Coronary Heart Disease/Coronary Artery Disease

2,Stroke

3,Peripheral Artery Disease

4,Aortic Aneurysm

5,Other

6,Don’t know

7,None of the above

1. Please select the Pulmonary Diseases (lung diseases) that you have been diagnosed with. (Check all that apply)

1,Chronic Bronchitis

2,Chronic Obstructive Pulmonary Disease (COPD)

3,Emphysema

4,Tuberculosis

5,Other

6,Don’t know

7,None of the above

1. Please select the Cancers you have been diagnosed with? (Check all that apply)

1,Lung/Bronchial

2,Urinary Bladder

3,Kidney/renal pelvis

4,Pancreas

5,Oral Cavity/Pharyngeal

6,Prostate

7,Colon/ Rectal

8,Cervix

9,Melanoma of the Skin

10,Non Hodgkin Lymphoma

11,Leukemia

12,Breast

13,Uterine Corpus

14,Thyroid

15,Ovary

16,Other

17,Don’t know

18,None of the above

1. Have you ever been diagnosed with High Blood Pressure?

0,No

1,Yes

1. Have you ever been diagnosed with Diabetes?

0,No

1,Yes

1. Have you ever been diagnosed with high Cholesterol?

0,No

1,Yes

1. Do you have allergies (food, pollen)?

0,No

1,Yes

1. Which of the following have you been diagnosed with? (Check all that apply)

1,Hepatitis A

2,Hepatitis B

3,Hepatitis C

4,None of the above

1. Have you ever been diagnosed with Arthritis?

0,No

1,Yes

1. Have you ever been diagnosed with HIV or AIDS?

0,No

1,Yes (skip to 18)

1. How at risk do you think you are for getting HIV?

0,No risk

1,Low risk

2,Somewhat at risk

3,Moderate risk

4,High risk

1. \*I am currently taking medication for: (check all conditions for which you ARE taking medication)

1,Heart Disease

2,Lung or Pulmonary Disease

3,Cancer

4,High Blood Pressure

5,Diabetes

6,High Cholesterol

7,Allergies

8,Hepatitis

9,Arthritis

10,I am not taking medications for any of these problems

1. Have you ever been diagnosed with Depression?

0,No

1,Yes

1. Have you ever been diagnosed with Schizophrenia or Schizoaffective disorder?

0,No

1,Yes

1. Have you ever been diagnosed with Bipolar disorder?

0,No

1,Yes

1. Have you ever been diagnosed with Post Traumatic Stress Disorder (PTSD)?

0,No

1,Yes

1. Have you ever been diagnosed with an Anxiety Disorder besides PTSD? (examples: Panic Disorder, Generalized Anxiety Disorder, Obsessive Compulsive Disorder)

0,No

1,Yes

1. \*I have a prescription for the following disorders: (check all that apply)

1, Depression

2, Schizophrenia or Schizoaffective disorder

3, Bipolar Disorder

4, Anxiety Disorder

5, Post Traumatic Stress Disorder (PTSD)

6, None of the above (skip to 27)

1. \*Did you take your\_\_\_\_\_\_\_ medication yesterday? – Ask 25 for each medication selected in 24

0,No (ask 26 for each medication not taken)

1,Yes (skip 26 for each medication that was taken)

1. \*What were the reasons that you did not take your \_\_\_\_\_\_\_\_\_\_\_\_\_\_ medication yesterday? (check all that apply)

1,Side effects

2,Forgot

3,The medication is not working

4,I do not need the medication anymore

5,I have not picked up the medication from the pharmacy

6,I cannot get the medication refilled

7,Other reasons

1. \*What percent of your friends consume alcohol on a regular basis?

0,None of my friends drink alcohol on a regular basis

1,25% (1 out of 4) of my friends drink alcohol

2,50% (half) of my friends drink alcohol

3,75% (3 out of 4) of my friends drink alcohol

4,100% (all) of my friends drink alcohol

1. \*What percent of your friends use an illegal drug or substance on a regular basis?

0,None of my friends use illegal drugs on a regular basis

1,25% (1 out of 4) of my friends use illegal drugs

2,50% (half) of my friends use illegal drugs

3,75% (3 out of 4) of my friends use illegal drugs

4,100% (all) of my friends use illegal drugs

1. Have you ever been diagnosed with an Alcohol or Substance Use Disorder (other than tobacco)?

0,No (skip 30)

1,Yes

1. Which Substance Use Disorder have you been diagnosed with? (check all that apply)

1,Alcohol Use Disorder

2,Cannabis Use Disorder (e.g., marijuana)

3,Cocaine Use Disorder (e.g., crack, powder, freebase)

4,Opiate Use Disorder (e.g., heroin, oxycontin, pain pills)

5,Amphetamine Use Disorder (e.g., crystal meth, speed)

6,Sedative, Hypnotic, or Anxiolytic Use Disorder (e.g., valium, xanax)

7,Other Substance Use Disorder

1. \*\*Have you used needles to inject drugs in the past 6 months?

0,No

1,Yes

1. \*Please select all the substances that you used in the past 30 days. (check all that apply)

1,Alcohol

2,Cannabis (example: marijuana)

3,Cocaine (example: crack, powder, freebase)

4,K2 (synthetic marijuana, spice)

5,Opiate (example: heroin, oxycontin, pain pills)

6,Amphetamine (example: crystal meth, speed)

7,Sedative, Hypnotic, or Anxiolytic (example: valium, xanax)

8,Other Substance

9,I did not use any of these substances in the past 30 days

1. \*How often do you brush your teeth?

0,Never

1,Less than 1 time per week

2,1 to 3 times per week

3,4 to 6 times per week

4,Every day

1. How many teeth are you missing?

0,0 (I have all my teeth) (excluding wisdoms)

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. Have you ever had a blow to the head that caused a concussion (symptoms of a concussion can include head ache, memory loss, confusion, blurred vision, dizziness, nausea, vomiting, loss of balance, ringing in the ears)?

0,No (skip to 37)

1,Yes

1. How long were you unconscious?

0,0 minutes – I did not lose consciousness

1,1 to 5 minutes

2,6 to 15 minutes

3,16 to 30 minutes

4,31 minutes to 24 hours

5,More than 24 hours

1. \*During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop)

0,I did not drink soda or pop during the past 7 days

1,1 to 3 times during the past 7 days

2,4 to 6 times during the past 7 days

3,1 time per day

4,2 times per day

5,3 times per day

6,4 or more times per day

1. How confident are you filling out medical forms by yourself?

1,Extremely

2,Quite a bit

3,Somewhat

4,A little bit

5,Not at all

1. a. \*Are you limited in any way in any activities because of physical, mental, or emotional problems?

0,No

1,Yes

b. \*Do you receive government benefits (example, social security) because you have a physical, mental, or emotional disability?

0,No

1,Yes

1. \*How much bodily pain have you had during the past four weeks?

0,None

1,Very mild

2,Mild

3,Moderate

4,Severe

1. \*Do you believe that a smartphone app can help you to change your actions or behavior?

1, Yes

0, No

1. \*Have you ever used a smartphone app to manage one or more health-related issues?

1,Yes

0,No (Skip to end)

1. \*What type of health related issue? (Check all types of smartphone apps that you have used)
2. Food/calorie tracking
3. Medication reminders
4. Mood manager
5. Physical activity
6. Sleep tracking
7. Smoking cessation
8. Stress reduction
9. Weight loss or tracking
10. Other

Items marked with an \* will also be asked at 1 month follow-up, 3 month follow-up, and 6 month follow-up.

Items marked with \*\* will be asked at the 6 month follow-up only.

## *TCU Drug Screen 5*

The TCU Drug Screen 5 is a 13 item measure that will be used to determine drug/alcohol addiction severity. “Yes” responses to items 1-9 receive 1 point, “Yes” response to either 10a or 10b receive 1 point, and “Yes” response to either 11a or 11b receives 1 point. Scores of 2-3 , Mild disorder, scores of 4-5 , Moderate disorder, and scores >5 , Severe disorder.

1. During the last 3 months, did you use larger amounts of drugs and/or alcohol or use them for a longer time than you planned or intended?

0,No

1,Yes

1. During the last 3 months, did you try to control or cut down on your drug and/or alcohol use but were unable to do it?

0,No

1,Yes

1. During the last 3 months, did you spend a lot of time getting drugs and/or alcohol, using them, or recovering from their use?

0,No

1,Yes

1. During the last 3 months, did you have a strong desire or urge to use drugs and/or alcohol?

0,No

1,Yes

1. During the last 3 months, did you get so high or sick from using drugs and/or alcohol that it kept you from working, going to school, or caring for children?

0,No

1,Yes

1. During the last 3 months, did you continue using drugs and/or alcohol even when it led to social or interpersonal problems?

0,No

1,Yes

1. During the last 3 months, did you spend less time at work, school, or with friends because of your drug and/or alcohol use?

0,No

1,Yes

1. During the last 3 months, did you use drugs and/or alcohol that put you or others in physical danger?

0,No

1,Yes

1. During the last 3 months, did you continue using drugs and/or alcohol even when it was causing you physical or psychological problems?

0,No

1,Yes

1. a. During the last 3 months, did you need to increase the amount of a drug and/or alcohol you were taking so that you could get the same effects as before?

0,No

1,Yes

10. b During the last 3 months, did using the same amount of a drug and/or alcohol lead to it having less of an effect as it did before?

0,No

1,Yes

1. a. During the last 3 months, did you get sick or have withdrawal symptoms when you quit or missed taking a drug and/or alcohol?

0,No

1,Yes

11. b. During the last 3 months, did you ever keep taking a drug and/or alcohol to relieve or avoid getting sick or having withdrawal symptoms?

0,No

1,Yes

## Primary Care PTSD Screen (PC-PTSD)

The PC-PTSD (Prins, Ouimette, & Kimerling, 2003) is a 4-item screen that was designed for use in primary care and other medical settings and is currently used to screen for PTSD in veterans at the VA. The screen includes an introductory sentence to cue respondents to traumatic events. The authors suggest that in most circumstances the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any 3 items. Those screening positive should then be assessed with a structured interview for PTSD. The screen does not include a list of potentially traumatic events.

1. In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past 30 days, you have had nightmares about it or thought about it when you did not want to?

0,No

1,Yes

2. In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past 30 days, you tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

0,No

1,Yes

3. In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past 30 days, you were constantly on guard, watchful, or easily startled?

0,No

1,Yes

4. In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past 30 days, you felt numb or detached from others, activities, or your surroundings?

0,No

1,Yes

## BRFSS Adverse Childhood Experience (ACE) Module

The BRFSS ACE module will be used to assess childhood adverse experiences.

Instructions: This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. All questions refer to the time period before you were 18 years of age.

1. Now, looking back before you were 18 years of age did you live with anyone who was depressed, mentally ill, or suicidal?

1, Yes

2, No

9, Don’t know/Not sure

99, Refuse to Answer

1. Did you live with anyone who was a problem drinker or alcoholic?

1, Yes

2, No

9, Don’t know/Not sure

99, Refuse to Answer

1. Did you live with anyone who used illegal street drugs or who abused prescription medications?

1, Yes

2, No

9, Don’t know/Not sure

99, Refuse to Answer

1. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

1, Yes

2, No

9, Don’t know/Not sure

99, Refuse to Answer

1. Were your parents separated or divorced?

1, Yes

2, No

8, Parents not married

9, Don’t now/Not sure

99, Refuse to Answer

1. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

1,Never

2,Once

3,More than once

9, Don’t now/Not sure

99, Refuse to Answer

1. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say—

1,Never

2,Once

3,More than once

9, Don’t now/Not sure

99, Refuse to Answer

1. How often did a parent or adult in your home ever swear at you, insult you, or put you down?

1,Never

2,Once

3,More than once

9, Don’t now/Not sure

99, Refuse to Answer

1. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

1,Never

2,Once

3,More than once

9, Don’t now/Not sure

99, Refuse to Answer

1. How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?

1,Never

2,Once

3,More than once

9, Don’t now/Not sure

99, Refuse to Answer

1. How often did anyone at least 5 years older than you or an adult, force you to have sex?

1,Never

2,Once

3,More than once

9, Don’t now/Not sure

99, Refuse to Answer

## *Tobacco History*

The Tobacco History Questionnaire is a 40-item measure of the onset of regular smoking, previous quit attempts, abstinence history, smoking rate, other household smokers, proportion of friends/family who smoke and other tobacco use.

1. \*Have you smoked at least 100 cigarettes (or cigarillos) in your entire life? (NOTE: 5 packs , 100 cigarettes)

0,No (skip to 31; participant is a never smoker)

1,Yes

1. \*Have you smoked cigarettes or cigarillos in the past 30 days?

0,No (participant is an ex-smoker)

1,Yes (skip to question 4)

1. 3a. \*How long ago did you quit smoking? (for example 3 and a half years would be 3 years and 6 months)

\_\_\_\_\_\_\_ years \_\_\_\_\_\_\_\_\_ months

3b. \*How many years were you a smoker \_\_\_\_\_\_\_. (skip to 9)

1. How often do you smoke cigarettes or cigarillos?

0,Sometimes

1,Everyday

1. \*In the last 24 hours, how many cigarettes or cigarillos have you smoked?

0,0 (skip 5a)

1,1 to 5

2,6 to 10

3,11 to 15

4,16 to 20

5,21 to 25

6,more than 25

5a. \*You reported that you smoked (insert range from 5 above) cigarettes or cigarillos yesterday, how many did you smoke yesterday? (insert single answer options from 1 to 26 or more)

1,1

2,2

3,3

4,4

5,5

1. \*How many cigarettes or cigarillos do you usually smoke in a day?

0,0 (skip 6a)

1,1 to 5

2,6 to 10

3,11 to 15

4,16 to 20

5,21 to 25

6,more than 25

6a. \*You reported that you usually smoke (insert range from 6 above) cigarettes or cigarillos in a day, how many do you usually smoke? (insert single answer options from 1 to 26 or more)

                     1,1

                     2,2

                     3,3

                     4,4

            5,5

1. \*How much money do you usually spend on cigarettes or cigarillos each week?

1,$5 or less

2,$6 to $10

3,$11 to $20

4,$21 to $30

5,$31 to $40

6,$41 to $50

7,$51 to $60

8,$61 to $70

9,$71 or more

1. How many years have you smoked? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years
2. Is or was your regular brand of cigarettes menthol or non-menthol?

0,Non-Menthol

1,Menthol

1. \*In the past year, how many times have you successfully quit smoking for at least 24 hours (only include times where you wanted to quit smoking – do not include times when you wanted to smoke but didn’t have money to buy cigarettes)? (for 1,3,6 month follow-ups, ask “in the past 30 days”)

0, 0

1, 1

2, 2

3, 3

4, 4

5, 5

6,6

7, 7

8, 8

9, 9 or more

1. At what age did you begin smoking cigarettes or cigarillos? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years
2. How many times in your whole life have you quit smoking for at least 24 hours? (only include times where you wanted to quit smoking – do not include times when you wanted to smoke but didn’t have money to buy cigarettes) (Choose one)

0,0 (Skip to 13)

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11, 11-15 (Ask 12a)

12,16-20 (Ask 12b)

13, 21 or more

12a. You stated you have quit smoking 11-15 times in your whole life, how many time have you quit smoking?

0,11

1,12

2,13

3,14

4,15

12b. You stated you have quit smoking 16-20 times in your whole life, how many time have you quit smoking?

0,16

1,17

2,18

3,19

4,20

1. Which of these statements best describes your place of work's smoking policy for work areas?

0,Smoking is not allowed in any work areas

1,Smoking is allowed in some work areas

2,Smoking is allowed in all work areas

3,Not applicable, I do not work outside the home

1. Which of the following have you used to help you quit smoking in the past (check all that apply)?

1,Chantix/Varenicline

2,Zyban/Wellbutrin

3,Nicotine Patch

4,Nicotine Gum or Lozenge or Nasal Spray

5,Other Medication

6,E-cigarettes (note: this is NOT considered a medication) (skip 15 if no medications checked)

7,Oklahoma Tobacco Helpline (phone counseling) (skip 15 if no medications checked)

8,Smartphone App (skip 15 if no medications checked)

9,I have not used any of these cessation aids (skip 15)

1. Were the tobacco cessation medications that you took helpful?

0,No

1,Yes

1. \*Have you received treatment to help you quit smoking in the past 30 days?

0,No

1,Yes

1. \*Have you taken smoking cessation medications in the past 30 days?

0,No (ex-smoker skip to 31)

1,Yes (ex-smoker skip to 31)

1. If I were to try to quit smoking, I think Chantix/Varenicline would help me quit.

1,Strongly Disagree

2,Disagree

3,Neutral

4,Agree

5,Strongly Agree

1. If I were to try to quit smoking, I think Zyban/Wellbutrin would help me quit.

1,Strongly Disagree

2,Disagree

3,Neutral

4,Agree

5,Strongly Agree

1. If I were to try to quit smoking, I think the Nicotine Patch would help me quit.

1,Strongly Disagree

2,Disagree

3,Neutral

4,Agree

5,Strongly Agree

1. If I were to try to quit smoking, I think Nicotine Gum or Lozenge or Nasal Spray would help me quit.

1,Strongly Disagree

2,Disagree

3,Neutral

4,Agree

5,Strongly Agree

1. \*If you were to try to quit smoking, which tobacco cessation medication would you prefer?

1,Chantix/Varenicline

2,Zyban/Wellbutrin

3,Nicotine Patch

4,Nicotine Gum

5,Nicotine Nasal Spray

6,Other Medication

7,If I were to try to quit smoking, I would prefer not to use any of these smoking cessation medications

1. Which of these would be the hardest thing(s) about stopping smoking? (select all that apply)

1,Craving cigarettes

2,Being around other smokers

3,Fear of weight gain

4,Habit

5,Stress/mood swings

6,Coping with life stress

7,Avoiding friends who smoke

8,Other

1. \*Which of the following is true?

1, I now smoke LESS cigarettes per day than I did a year ago

2, I now smoke the SAME number of cigarettes per day as I did a year ago

3, I now smoke MORE cigarettes per day than I did a year ago

1. \*Which option would give you the best chance for quitting smoking? (choose only one answer)

1,Medications

2,Counseling

3,Both medications and counseling

4,Smartphone app

5,Both smartphone app and medications

6,Quitting “cold turkey” – without counseling or medications

1. \*If you were to try to quit smoking, which of the following would you prefer to receive (check all that apply):

1, Medications

2, Group counseling

3, Smartphone app

4, In person individual counseling

5, Helpline phone counseling

6, None of the above

1. \*Would you prefer to use tobacco cessation medications if you were to try to quit in the future?

0,No

1,Yes

1. \*What are your chances of developing at least one smoking related disease if you quit for good?

0, **0%** I will DEFINITELY NOT develop

1, **25%**

2, **50%** I have 50/50 chance

3, **75%**

4, **100%**I will DEFINITELY develop

1. \*What are your chances of developing at least one smoking related disease if you do **NOT** quit for good?

0, **0%** I will DEFINITELY NOT develop

1,**25%**

2, **50%** I have 50/50 chance

3, **75%**

4, **100%**I will DEFINATELY develop

1. \*How likely is it that you will be a **NON**-smoker 3 months from now?

4, **100%** I will DEFINITELY **NOT** be smoking 3 months from now

3, **75%**

2, **50%** I have a 50/50 chance I will be smoking 3 months from now

1, **25%**

0, **0%** I will DEFINITELY **BE** smoking 3 months from now

1. \*Which of the following products have you tried, even just one time (click all items that you have used in the past)?

1,Snus, such as Camel or Marlboro Snus

2,Roll-your-own cigarettes

3,Tobacco from a hookah or a waterpipe

4,Dissolvable tobacco products like Ariva/ Stonewall/Camel/ Camel Orbs/Camel sticks

5,Electronic cigarettes, vapes, or other vaping devices (ask 31b)

6,Cigars

7,Little cigars/cigarillos/bidis

8,Chewing tobacco, dip, or snuff

9,Other tobacco product (besides conventional cigarettes)

10, None of these

31b. \*You reported that you have used e-cigarettes, vapes, or other vaping devices in the past. Which of these types of devices have you used?

 1st generation e-cigarette (aka., e-cigarette, cig-a-likes – similar to blu, vuse, MarkTen or NJOY e-cigarettes)

 2nd generation e-cigarette (aka., Tank-system, eGo-style, vape pen, e-hookah)

 3rd generation e-cigarette (aka., mod devices, mechanical mod, APV, rebuildable tanks, rebuildable atomizers, rebuildable drip tanks)

1. Do you regularly use any other form of tobacco (example cigar, pipe, chewing tobacco or snuff, dip, e-cigarettes)?

0, No

1, Yes

1. \*Which of the following products have you used in the past 30 days? (Click all items that you have used in the past 30 days).

1,Snus, such as Camel or Marlboro Snus

2,Roll-your-own cigarettes

3,Tobacco from a hookah or a waterpipe

4,Dissolvable tobacco products like Ariva/ Stonewall/Camel/ Camel Orbs/Camel sticks

5, Electronic cigarettes, vapes, or other vaping devices

6,Cigars

7,Little cigars/cigarillos/bidis

8,Chewing tobacco, dip, or snuff

9,Other tobacco product (besides conventional cigarettes)

10,I have not used any of the above tobacco products in the past 30 days

1. \*Do you have a spouse or partner?

0,No (Skip to 36)

1,Yes

1. \*Does your spouse/partner smoke?

0,No

1,Yes

1. \*During an average weekday, how many smokers are you around? \_\_\_\_\_\_\_\_\_\_\_\_\_\_smokers
2. \*During an average weekend, how many smokers are you around? \_\_\_\_\_\_\_\_\_\_\_\_\_\_smokers
3. \*How many close friends do you have? It is okay to count family members if you consider them your best friends. \_\_\_\_\_\_\_\_\_\_\_\_\_
4. \*How many of these close friends smoke? \_\_\_\_\_\_\_\_\_\_\_\_
5. \*How many of your 5 best friends smoke? It is okay to count family members if you consider them your best friends.\_\_\_\_\_\_\_\_\_\_\_

Items marked with \* will also be asked at the 1 month, 3 month, and 6 month follow-up visits.

***Heaviness of Smoking Index***

The Heaviness of Smoking Index (HSI) is a 2-item measure commonly used to assess nicotine dependence ([Kozlowski, Porter, Orleans, Pope, & Heatherton, 1994](#_ENREF_14)). Items assess level of daily smoking and time to first cigarette upon waking in the morning.

These questions will only be asked to current smokers.

1. How many cigarettes do you smoke each day?

0,10 or fewer

1,11 to 20 per day

2,21 to 30 per day

3,31 or more per day

1. How soon after you wake up do you smoke your first cigarette?

0,after 60 minutes

1,31 to 60 minutes

2,6 to 30 minutes

3,within 5 minutes

***Behavioral Risk Factor Surveillance System (BRFSS) Inadequate Sleep***

The BRFSS Inadequate Sleep Questionnaire is a 5-item measure of sleep duration and problems related to sleep ([CDC, 2011](#_ENREF_4)).

**Instruction: We would like to ask you a few questions about your sleep patterns.**

1. During the past 30 days, for how many days have you felt you did not get enough rest or sleep?

\_\_\_\_\_\_\_\_\_\_\_days (0 to 30)

1. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_number of hours (for example 8 and a half hours of sleep would be 8.5)

1. Do you snore? (If your spouse or someone told you that you snore, then the answer to the question is 'yes')

0,No

1,Yes

1. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

\_\_\_\_\_\_\_\_\_\_\_\_days

1. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment while driving?

1,Yes

2,No

3,Don't drive

4,Don't have driver’s license

***Alcohol Quantity and Frequency Questionnaire***

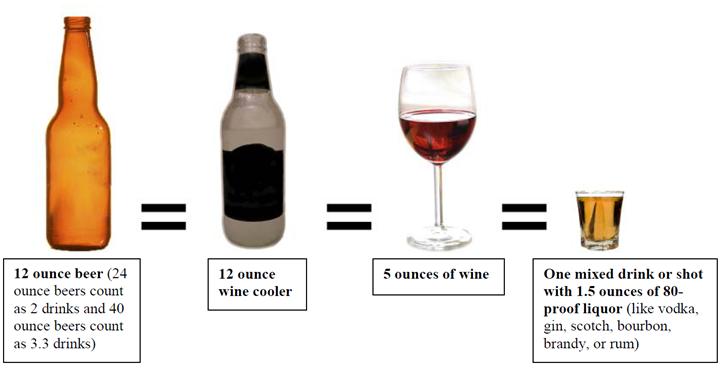
The *Alcohol Quantity and Frequency Questionnaire* is a self-report measure of average alcohol consumption on each day of the week over the last 30 days.Average daily alcohol consumption is summed to determine average daily or weekly consumption of alcohol ([Room, 1990](#_ENREF_18)).

1. Have you consumed alcohol (including beer and wine) in the past 3 years?

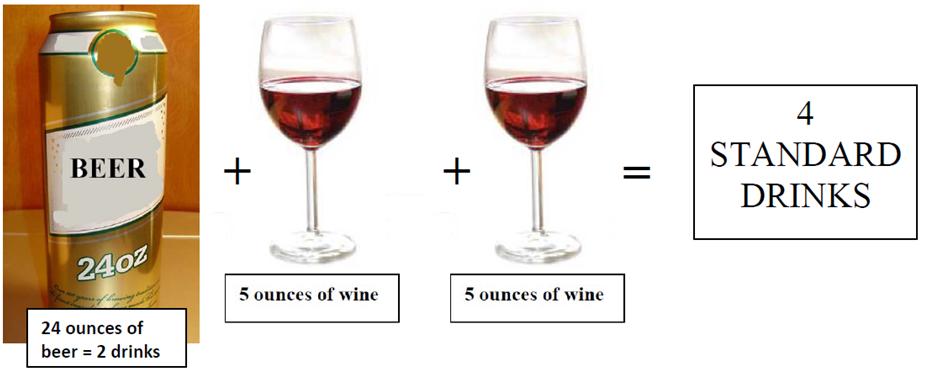
1,Yes

0,No (Skip to end)

The next questions focus on the usual amount of alcohol you consume on each day of the week. A STANDARD DRINK is equal to: ONE 12 ounce beer, or ONE 12 ounce wine cooler, or ONE 5 ounce glass of wine, or ONE 1.5 ounce shot, or ONE mixed drink containing 1.5 ounces of liquor.



*For example:* You will be asked how many STANDARD DRINKS you consume on an average Monday for the past 30 days. If on an average Monday, you drink one 24 ounce beer (equal to two 12 ounce beers) and two 5 ounce glasses of wine, you would mark 4 as your average consumption for that day.



1. How many STANDARD DRINKS do you consume on an average Monday?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. How many STANDARD DRINKS do you consume on an average Tuesday?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. How many STANDARD DRINKS do you consume on an average Wednesday?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. How many STANDARD DRINKS do you consume on an average Thursday?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. How many STANDARD DRINKS do you consume on an average Friday?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. How many STANDARD DRINKS do you consume on an average Saturday?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. How many STANDARD DRINKS do you consume on an average Sunday?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. How often in the past 30 days have you consumed [5 for men / 4 for women] or more STANDARD DRINKS in a day?

0-10

11-20

21-30

1. You reported that you consumed 4 or more standard drinks on 0-10 days over the past 30 days. How many days in the past 30 days did you consume 4 or more standard drinks?

0 1 2 3 4 5 6 7 8 9 10

## *Alcohol and Drug Timeline Follow-Back (TLFB)*

The Alcohol and Drug TLFB ([Sobell & Sobell, 1996](#_ENREF_22)) is an interviewer assisted recall measure that is used to reconstruct alcohol and drug use with cues that aim to trigger participants’ memory (e.g., birthdays, holidays, etc.). This measure will be completed at the Baseline assessment (behavior over past 3 months will be assessed), 1-month, 3-month, and 6-month follow-up visits. Alcohol and drug use since the last visit will be assessed at the 1, 3, and 6 month follow-up visits.

**Instructions:** **Now I’m going to ask you about your daily activities. We’ll be looking back over the past 3 months at such events as where you lived, your alcohol and drug use, treatment attendance, and adherence to medications.** **Filling out the calendar is not hard! Please try to be as accurate as possible. We realize that you won’t have perfect recall. That’s OKAY.**

|  |
| --- |
| Instructions for Filling Out the Timeline Alcohol and Drug Use Calendar |

**WHAT TO FILL IN**

• The idea is to put a number in for **each day** on the calendar.

• On days when you did not drink, you should write a ”0”.

• On days when you did drink, you should write in the total number of drinks you had.

• We want you to record your drinking on the calendar using Standard Drinks. *For example,* if you had 6 beers, write the number 6 for that day. If you drank two or more different kinds of alcoholic beverages in a day such as 2 beers and 3 glasses of wine, you would write the number 5 for that day.

**It’s important that something is written for every day, even if it is a “0”.**

**YOUR BEST ESTIMATE**

• We realize it isn’t easy to recall things with 100% accuracy.

• If you are not sure whether you drank 7 or 11 drinks or whether you drank on a Thursday or a Friday, **give it your best guess!** What is important is that 7 or 11 drinks is very different from 1 or 2 drinks or 25 drinks. The goal is to get a sense of how frequently you drank, how much you drank, and your patterns of drinking.

**HELPFUL HINTS**

• If you have an appointment book you can use it to help you recall your drinking.

• Holidays such as Thanksgiving and Christmas are marked on the calendar to help you better recall your drinking. Also, think about how much you drank on personal holidays & events such as birthdays, vacations, or parties.

• If you have regular drinking patterns you can use these to help you recall your drinking. For example, you may have a daily or weekend/weekday pattern, or drink more in the summer or on trips, or you may drink on Wednesdays after playing sports.

**COMPLETING THE CALENDAR**

• A blank calendar is attached. Write in the number of Standard Drinks that you had each day.   
• The time period we are talking about on the calendar is **from [past month] to [today’s date].**

• In estimating your drinking, be as accurate as possible.

• **DOUBLE CHECK THAT ALL DAYS ARE FILLED IN BEFORE RETURNING THE CALENDAR.**

• Before you start, look at the SAMPLE CALENDARAND STANDARD DRINK CHART[provided by interviewer].

Key and examples:

* **A** , Arrest: anything happening on that day that makes that day standout such as a friend or family members birthday**,** being arrested, holidays, HIV testing, met with probation officer
* **E** , Other event (anything happening on that day that makes that day standout such as a friend or family members birthday, holidays, emergency room visit, met with probation officer)
* **Alcohol**: did you drink alcohol that day?
* **Amount** , Amount of alcohol: how many servings of alcohol did you have? (See separate sheet for serving sizes)
* **Drugs**: Did you use any non-prescription drugs that day?

What drugs did you use?

Here is a sample of how we will complete these questions.

* SAMPLE CALENDAR

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **SUN** | **MON** | **TUES** | **WED** | **THURS** | **FRI** | **SAT** |
| **JAN**  **2014** | 6  **A**: Y/N  **E**:  **Alcohol**: Y/N  **Amount**:  **Drugs**: Marijuana | 7  **A**: Y/N  **E**:  **Alcohol**: Y/N  **Amount**:  **Drugs**: Inhalants | 8  **A**: Y/N  **E**:  **Alcohol**: Y/N  **Amount**:  **Drugs**: | 9  **A**: Y/N  **E**:  **Alcohol**: Y/N  **Amount**: 4  **Drugs**: | 10  **A:** Y/N  **E:**  **Alcohol:** Y/N  **Amount:** 2  **Drugs:** | 11  **A**: Y/N  **E**: My birthday  **Alcohol**: Y/N  **Amount**: 3  **Drugs**: | 12  **A**: Y/N  **E**: Probation Visit  **Alcohol**: Y/N  **Amount**: 4  **Drugs**: |

As shown in the calendar above, the client resided at home Sunday, at a relative’s home on Monday, and a different relative’s home Wednesday through Saturday. They were arrested on Sunday and their birthday was on Friday. They drank alcohol on Wednesday, Thursday, Friday and Saturday. On Wednesday, they had 4 servings of alcohol; on Thursday, 2 servings; on Friday, they had 3 servings and on Saturday they had 4 servings. They used marijuana Sunday and inhalants on Monday.

General comments:

## *Personality Beliefs Questionnaire*

Items from the Antisocial Subscale of the Personality Beliefs Questionnaire-Short Form (Butler, 2007) will be used to assess Antisocial beliefs.

*Instructions:* Please read the statements below and rate HOW MUCH YOU BELIEVE EACH ONE. Try to judge how you feel about each statement MOST OF THE TIME.

|  |
| --- |
| 1. I should do whatever I can get away with.   4, I Believe it Totally  3, I Believe it Very Much  2, I Believe it Moderately  1, I Believe it Slightly  0, I Don’t Believe it at all   1. We live in a jungle and the strong person is the one who survives.   4, I Believe it Totally  3, I Believe it Very Much  2, I Believe it Moderately  1, I Believe it Slightly  0, I Don’t Believe it at all   1. If I want something, I should do whatever is necessary to get it.   4, I Believe it Totally  3, I Believe it Very Much  2, I Believe it Moderately  1, I Believe it Slightly  0, I Don’t Believe it at all   1. People will get at me if I don't get them first.   4, I Believe it Totally  3, I Believe it Very Much  2, I Believe it Moderately  1, I Believe it Slightly  0, I Don’t Believe it at all   1. I have been unfairly treated and am entitled to get my fair share by what ever means I can.   4, I Believe it Totally  3, I Believe it Very Much  2, I Believe it Moderately  1, I Believe it Slightly  0, I Don’t Believe it at all   1. If I don't push other people, I will get pushed around.   4, I Believe it Totally  3, I Believe it Very Much  2, I Believe it Moderately  1, I Believe it Slightly  0, I Don’t Believe it at all   1. Force or cunning is the best way to get things done. |
| 4, I Believe it Totally  3, I Believe it Very Much  2, I Believe it Moderately  1, I Believe it Slightly  0, I Don’t Believe it at all |

## *USDA Food Security Survey*

This measure was modified to ask about the past month rather than the past 12 months. USDA. Food Security in the U.S. Available at: <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools.aspx#six>. Accessed February 16, 2016.

Instructions: The next several statements ask about your food situation.

1. In the last month, “the food that you bought just didn’t last, and you didn’t have money to get more.”
   1. Often true
   2. Sometimes true
   3. Never true
   4. Don’t know or Refused
2. In the last month, you couldn’t afford to eat balanced meals.
   1. Often true
   2. Sometimes true
   3. Never true
   4. Don’t know or Refused
3. In the last month, did you ever cut the size of your meals or skip meals because there wasn’t enough money for food?
   1. Yes
   2. No
   3. Don’t know

3a. [IF YES ABOVE, ASK] How often did this happen?

1. Almost every day
2. Some days but not every day
3. Only 1 or 2 days
4. Don’t know
5. In the last month, did you ever eat less than you felt you should because there wasn’t enough money for food?
   1. Yes
   2. No
   3. Don’t know
6. In the last month, were you ever hungry but didn’t eat because there wasn’t enough money for food?
   1. Yes
   2. No
   3. Don’t know

## *Meal Survey*

The Meal Survey was created for the purposes of this study. This measure assesses meals over the past week.

1. How many meals did you eat yesterday?

1,1

2,2

3,3

4,4

5,5

6,6 or more

1. How many times in the past 24 hours have you eaten food from: The shelter cafeteria?

0,0

1,1

2,2

3,3

4,4

5,5 or more

1. How many servings of fruits and vegetables did you eat YESTERDAY?? (A serving is ½ cup [4 ounces] of cooked vegetables, 1 cup [8 ounces] of salad, a piece of fruit, ¾ cup [6 ounces] of 100% fruit juice)

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8 or more

1. How many meals have you missed in the past week because you were unable to find food?

0, 0

1, 1-2

3, 3-4

4, 5-6

5, 7-8

6, 9-10

7, 11 or more

## *TCU CJ Client Evaluation of Self and Treatment (CJ CEST)*

Subscales from the TCU CJ CEST will be administered. ® designates items with reversed scoring. Scores for each scale are obtained by summing responses to its set of items (after reversing scores on reflected items by subtracting the item response from “6”), dividing the sum by number of items included (yielding an average) and multiplying by 10 in order to rescale final scores so they range from 10 to 50 (e.g., an average response of 2.6 for a scale becomes a score of “26”).

Instructions: Indicate how strongly you AGREE or DISAGREE with each of the following statements.

**Desire for Help**

1. Have you used drugs or alcohol in the past 12 months?

0,No (skip to 8)

1,Yes

1. You need help in dealing with your drug or alcohol use.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. It is urgent that you find help immediately for your drug or alcohol use.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You will give up your friends and hangouts to solve your drug or alcohol problems.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. Your life has gone out of control.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You are tired of the problems caused by drugs or alcohol.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You want to get your life straightened out.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

**Treatment Needs**

1. You need more help with your emotional troubles.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You need more individual counseling sessions.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You need more educational or vocational training services.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You need more group counseling sessions.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You need more medical care and services.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

**Treatment Satisfaction**

1. Time schedules for counseling sessions at the Bridge are convenient for you.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. The Bridge expects you to learn responsibility and self-discipline.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. The Bridge program is organized and run well.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You are satisfied with the Bridge program.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. The staff here at the Bridge are efficient at doing their job.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You can get plenty of personal counseling at the Bridge.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. The Bridge program location is convenient for you.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

**Self-Esteem**

1. You have much to be proud of.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You feel like a failure. ®

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You wish you had more respect for yourself. ®

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You feel you are basically no good. ®

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. In general, you are satisfied with yourself.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You feel you are unimportant to others. ®

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

**Hostility**

1. You have carried weapons, like knives or guns.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You feel a lot of anger inside you.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You have a hot temper.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You like others to feel afraid of you.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You feel mistreated by other people.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You get mad at other people easily.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You have urges to fight or hurt others.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. Your temper gets you into fights or other trouble.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

**Risk Taking**

1. You only do things that feel safe. ®

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You avoid anything dangerous. ®

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You are very careful and cautious. ®

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You like to do things that are strange or exciting.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You like to take chances.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You like the “fast” life.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

1. You like friends who are wild.

1,Disagree Strongly

2,Disagree

3,Uncertain

4,Agree

5,Agree Strongly

## Sexual Behaviors

The following items are adapted from the National Health and Nutrition Examination Survey (NHANES). The following 9 items were taken from the larger Sexual Behavior section of NHANES 2014-2015. Modifications include combining items to address both males and females in one question rather than separately.

1. Have you ever had **any** kind of sex, including vaginal, anal, or oral?

0,No (skip to 3)

1,Yes

1. How old were you the first time you had **any** kind of sex, including vaginal, anal, or oral?

|\_\_\_|\_\_\_| ENTER AGE IN YEARS

1. In the **past 12 months**, with how many **people** have you had **any** kind of sex?

Please enter a number or enter zero for none.

|\_\_\_|\_\_\_|\_\_\_|\_\_\_| ENTER NUMBER

1. In the **past 12 months**, did you have **any** kind of sex with a person that you never had sex with before?

0,No

1,Yes

1. In the **past 12 months**, about how often have you had vaginal or anal sex **WITHOUT** using a condom? Please select one of the following choices.

1,Never

2,Less than half of the time

3,About half of the time

4,Not always, but more than half of the time

5,Always

1. Have you ever exchanged sex (oral, vaginal, or anal) for money, drugs, a place to stay, food or meals, or anything else?

0,No

1,Yes

1. Has a health care professional **EVER** told you that you had: (Please select all that apply)

1,Genital herpes

2,Genital warts

3,Human papillomavirus or HPV

4,Gonorrhea, sometimes called GC or clap

5,Chlamydia

6,Syphilis

7,None of the above

1. Has anyone ever touched your private parts when they should not have or made you touch their private parts?

0,No

1,Yes

1. Have you ever been forced to have sex; that is, sexual intercourse of any kind (vaginal, anal, oral)?

0,No

1,Yes

STRESS

## ***Detroit Area Study Assessment of Day-to-Day Discrimination***

The Detroit Area Study Assessment of Day-to-Day Discrimination is a 10-item self-report measure of day-to-day experiences of discrimination ([John D. and Katherine T. MacArthur Foundation, 2008](#_ENREF_10)).The measure inquires about the frequency of specific discriminatory events (e.g., treated with less courtesy, people act as if they are afraid of you).

1. In your day-to-day life how often are you treated with less courtesy than other people because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?

1,Almost every day

2,At least once a week

3,A few times a month

4,A few times a year

5,Less than once a year

6,Never

1. In your day-to-day life how often are you treated with less respect than other people because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?

1,Almost every day

2,At least once a week

3,A few times a month

4,A few times a year

5,Less than once a year

6,Never

1. In your day-to-day life how often do you receive poorer service than other people at restaurants or stores because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?

1,Almost every day

2,At least once a week

3,A few times a month

4,A few times a year

5,Less than once a year

6,Never

1. In your day-to-day life how often do people act as if they think you are not smart because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?

1,Almost every day

2,At least once a week

3,A few times a month

4,A few times a year

5,Less than once a year

6,Never

1. In your day-to-day life how often do people act as if they are afraid of you because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?

1, Almost every day

2, At least once a week

3, A few times a month

4, A few times a year

5, Less than once a year

6,Never

1. In your day-to-day life how often do people act as if they think you are dishonest because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?

1,Almost every day

2,At least once a week

3,A few times a month

4,A few times a year

5,Less than once a year

6,Never

1. In your day-to-day life how often do people act as if they're better than you are because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?

1,Almost every day

2,At least once a week

3,A few times a month

4,A few times a year

5,Less than once a year

6,Never

1. In your day-to-day life how often are you called names or insulted because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?

1,Almost every day

2,At least once a week

3,A few times a month

4,A few times a year

5,Less than once a year

6,Never

1. In your day-to-day life how often are you threatened or harassed because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, homelessness status, or other characteristics?

1,Almost every day

2,At least once a week

3,A few times a month

4,A few times a year

5,Less than once a year

6,Never

1. What was the main reason for the discrimination you experienced? (Skip if 1 to 9 , 6)

1,Your age

2,Your gender

3,Your race

4,Your ethnicity or nationality

5,Your religion

6, Your height or weight

7, Some other aspect of your appearance

8, A physical disability

9, Your sexual orientation

10, Your being homeless

11, Other

## MacArthur Major Discrimination

The MacArthur Major Experiences of Discrimination Questionnaire is a self-report measure of major experiences of discrimination over the lifetime (see Kessler et al., 1999; MacArthur, 2008b; Williams, 2012). The measure inquires about the number of times that each of 11 major discrimination events were experienced (e.g., not hired for a job, fired, etc.), the perceived reason for the discrimination (e.g., race/ethnicity), the extent to which discrimination has interfered with having a full and productive life, and the extent to which life has been harder because of discrimination. The lifetime number of discrimination events experienced was summed for a total score.

Kessler, R.C., Mickelson, K.D., Williams, D.R., 1999. The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. J. Health Soc. Behav. 40, 208–230.

MacArthur, 2008b. MacArthur Midlife Survey: Major Experiences of Discrimination,

<http://www.macses.ucsf.edu/research/psychosocial/midmac.php> (accessed 29.11.12).

Williams, D.R., 2012. Measuring Discrimination Resource, <http://scholar>. harvard.edu/files/davidrwilliams/files/measuring discrimination resource

feb 2012 0.pdf (accessed 29.11.13).

1. How many times in your life have you been discriminated against in each of the following ways because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?

a. You were discouraged by a teacher or advisor from seeking higher education?

b. You were denied a scholarship?

c. You were not hired for a job?

d. You were not given a job promotion?

e. You were fired?

f. You were prevented from renting or buying a home in the neighborhood you wanted?

g. You were prevented from remaining in neighborhood because neighbors made life so uncomfortable?

h. You were hassled by the police?

i. You were denied a bank loan?

j. You were denied or provided inferior medical care?

k. You were denied or provided inferior service by a plumber, car mechanic, or other service provider?

2. What was the *main* reason for the discrimination you experienced? (if #1 a-k are 0 then skip to end)

1,Being homeless

2,Your age

3,Your ethnicity or nationality

4,Your gender

5,Your height or weight

6,A Physical disability

7,Your race

8,Your religion

9,Your sexual orientation

10,Some other aspect of your appearance

11,Your income/ education/ socioeconomic status

12,Smoking/ tobacco use

13,Other

3. Overall, how much has discrimination interfered with you having a full and productive life?

a. A lot

b. Some

c. A little

d. Not at all

4. Overall, how much harder has your life been because of discrimination?

a. A lot

b. Some

c. A little

d. Not at all

## Urban Life Stress Scale

The Urban Life Stress Scale is a 21-item self-report checklist of potential sources of chronic stress that may be experienced by individuals living in medium to large cities ([Jaffee et al., 2005](#_ENREF_12)). The degree of stress experienced related to each item is rated on a 5-point scale, from 1, “no stress at all,” to 5 “extremely stressful - more than I can handle.”

In your day to day life, how much stress do you generally experience related to the following:

1. In your day to day life, how much stress do you generally experience related to money or finances?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to your job satisfaction?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

6,Unemployed - Not Applicable

1. In your day to day life, how much stress do you generally experience related to raising children/being a parent?

1, No Stress

2, Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to death, injury, or illness of someone close?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to housing or your living situation?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to your physical health?

1,No Stress

2, Little Stress

3, Some Stress

4, A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to your neighborhood environment?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to transportation?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to your education?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to marriage or romantic relationships?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to other family problems?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to using public services?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to crime and violence?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to gang activity?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to experiences involving racism or discrimination?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to social life, social activities?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to drugs or alcohol?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to communication or cultural conflicts?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to family violence?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to relations with racial groups not your own?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

1. In your day to day life, how much stress do you generally experience related to relations with police?

1,No Stress

2,Little Stress

3,Some Stress

4,A Lot Of Stress

5,Extreme Stress

## *Personal Victimization*

*Personal Victimization* will be assessed with three items asking about whether the participant experienced violence, such as a mugging, fight, or sexual assault ([Sampson, Raudenbush, & Earls, 1997](#_ENREF_19)).

1. \*In the past 30 days, has anyone used violence, such as in a mugging, fight, or sexual assault, against you?

0,No

1,Yes

1. \*In the past 30 days, how many times have you been a witness to acts of violence?

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

1. In the past 6 months, how many times have you been a witness to acts of violence? (baseline and 6 month follow-up only)

0,0

1,1

2,2

3,3

4,4

5,5

6,6

7,7

8,8

9,9

10,10

11,11 or more

\*Ask at Baseline, 1, 3, and 6 month follow-up visits.

## *Perceived Stress Scale*

The *Perceived Stress Scale* (PSS-SF) is a 4-item self-rating scale of perceived stress level during the past week ([S. Cohen, Kamarck, & Mermelstein, 1983](#_ENREF_7)). Items are rated on a five-point scale, and total scores may range from 0 to 16. Higher scores indicate greater perceived stress.

The questions in this scale ask you about your feelings and thoughts during the last week. In each case, please choose the response that corresponds to how often you felt or thought that certain way.

1. In the last week, how often have you felt that you were unable to control the important things in your life?

0,Never

1,Almost never

2,Sometimes

3,Fairly often

4,Very often

1. In the last week, how often have you felt confident about your ability to handle your personal problems?

0,Never

1,Almost never

2,Sometimes

3,Fairly often

4,Very often

1. In the last week, how often have you felt that things were going your way?

0,Never

1,Almost never

2,Sometimes

3,Fairly often

4,Very often

1. In the last week, how often have you felt difficulties were piling up so high that you could not overcome them?

0,Never

1,Almost never

2,Sometimes

3,Fairly often

4,Very often

## 

## Distress Tolerance Scale (DTS)

The *Distress Tolerance Scale (DTS)* is a 16-item self-report measure of emotional distress tolerance. Distress tolerance is defined as one’s ability to withstand emotional distress, and low distress tolerance has been associated with a variety of health behaviors. (e.g., substance use; Simons & Gaher, 2005). The DTS uses a five-point scale with higher scores indicating higher levels of distress tolerance. It has been shown to have high discriminant and convergent validity and to be relatively stable over a six month period. This information will be helpful for describing the study sample and understanding psychological stressors.

Simons JS, Gaher RM. The distress tolerance scale: Development and validation of a self-report measure. Motivation and Emotion, 2005; 29: 83–102.

Instructions to participant: Select the most accurate answer.

1. Feeling distressed or upset is unbearable to me.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

2. When I feel distressed or upset, all I can think about is how bad I feel.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

3. I can’t handle feeling distressed or upset.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

4. My feelings of distress are so intense that they completely take over.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

5. There’s nothing worse than feeling distressed or upset.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

6. My feelings of distress or being upset are just an acceptable part of life.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

7. I can tolerate being distressed or upset as well as most people.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

8. My feelings of distress or being upset are not acceptable.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

9. I’ll do anything to avoid feeling distressed or upset.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

10. Other people seem to be able to tolerate feeling distressed or upset better than I can.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

11. Being distressed or upset is always a major ordeal for me.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

12. I am ashamed of myself when I feel distressed or upset.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

13. My feelings of distress or being upset scare me.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

14. I’ll do anything to stop feeling distressed or upset.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

15. When I feel distressed or upset, I must do something about it immediately.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

16. When I feel distressed or upset, I cannot help but concentrate on how bad the distress actually feels.

1, Strongly Disagree

2, Mildly Disagree

3, Agree and Disagree Equally

4, Mildly Agree

5, Strongly Agree

# The Pandemic Stress Index (PSI)

The *Pandemic Stress Index* (PSI) is a 3-item self-rating scale of perceived stress level during the past week ([Harkness,](#_ENREF_9) 2020). Items are rated on five, two, and twenty-point scales, respectively scale. Higher scores indicate greater perceived stress related to the COVID-19 pandemic.

1.      Over the past week, how much has the COVID-19 (coronavirus) pandemic impacted your day-to-day life?

1, Not at all

2, A little

3, Much

4, Very Much

5, Extremely

2.      Have you or anyone you personally know tested positive for COVID-19 (coronavirus)? (Check all that apply)

0, No

1, Yes, I have tested positive for COVID-19

2, Yes, someone I personally know has tested positive for COVID-19 (If Answer 2, 2; then ask #3)

3.      You reported that someone you personally know has tested positive for COVID-19 (coronavirus). How many people that you personally know have tested positive for COVID-19? Dropdown 0 to 20 or more

# NEGATIVE AFFECT

## *Aggression Questionnaire (AQ-12)*

The *Aggression Questionnaire* (AQ-12) is a 12-item self-report trait measure of physical and verbal aggression, hostility, and anger ([Bryant & Smith, 2001](#_ENREF_3)). Items are rated on a 5-point scale, and global aggression scores may range from 12 to 60. The items that constitute each of the four dimensions of aggression may also be summed separately to derive subscale scores.

For the following items please rate how characteristic each is of you.

1. Given enough provocation, I may hit another person.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

1. There are people who pushed me so far that we came to blows.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

1. I have threatened people I know.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

1. I often find myself disagreeing with people.

1, Extremely uncharacteristic of me

2, Somewhat uncharacteristic of me

3, Only slightly characteristic of me

4, Somewhat characteristic of me

5, Extremely characteristic of me

1. I can't help getting into arguments when people disagree with me.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

1. My friends say that I'm somewhat argumentative.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

1. I flare up quickly but get over it quickly.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

1. Sometimes I fly off the handle for no good reason.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

1. I have trouble controlling my temper.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

1. At times I feel I have gotten a raw deal out of life.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

1. Other people always seem to get the breaks.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

1. I wonder why sometimes I feel so bitter about things.

1,Extremely uncharacteristic of me

2,Somewhat uncharacteristic of me

3,Only slightly characteristic of me

4,Somewhat characteristic of me

5,Extremely characteristic of me

***Center for Epidemiological Studies Depression (CES-D)***

The *Center for Epidemiological Studies Depression* (CES-D) questionnaire is a 10-item self-report measure of depressive symptoms over the past week ([Zhang et al., 2012](#_ENREF_29)). Items are rated on a 4-point scale, and total scores range from 0 to 30. Scores of ≥ 4 indicate clinically significant distress.

As you read each statement, ask yourself how many times during THE LAST WEEK you felt that way.

1. During the past week, I was bothered by things that don’t usually bother me.

0,rarely (less than one day)

1,some of the time (1 - 2 days)

2,occasionally (3 - 4 days)

3,most of the time (5 - 7 days)

1. During the past week, I had trouble keeping my mind on what I was doing.

0,rarely (less than one day)

1,some of the time (1 - 2 days)

2,occasionally (3 - 4 days)

3,most of the time (5 - 7 days)

1. During the past week, I felt depressed.

0,rarely (less than one day)

1,some of the time (1 - 2 days)

2,occasionally (3 - 4 days)

3,most of the time (5 - 7 days)

1. During the past week, I felt that everything I did was an effort.

0,rarely (less than one day)

1,some of the time (1 - 2 days)

2,occasionally (3 - 4 days)

3,most of the time (5 - 7 days)

1. During the past week, I felt hopeful about the future.

0,rarely (less than one day)

1,some of the time (1 - 2 days)

2,occasionally (3 - 4 days)

3,most of the time (5 - 7 days)

1. During the past week, I felt fearful.

0,rarely (less than one day)

1,some of the time (1 - 2 days)

2,occasionally (3 - 4 days)

3,most of the time (5 - 7 days)

1. During the past week, my sleep was restless.

0,rarely (less than one day)

1,some of the time (1 - 2 days)

2,occasionally (3 - 4 days)

3,most of the time (5 - 7 days)

1. During the past week, I was happy.

0, rarely (less than one day)

1, some of the time (1 - 2 days)

2, occasionally (3 - 4 days)

3,most of the time (5 - 7 days)

1. During the past week, I felt lonely.

0,rarely (less than one day)

1,some of the time (1 - 2 days)

2,occasionally (3 - 4 days)

3,most of the time (5 - 7 days)

1. During the past week, I could not get "going."

0,rarely (less than one day)

1,some of the time (1 - 2 days)

2,occasionally (3 - 4 days)

3,most of the time (5 - 7 days)

## 

# INTERPERSONAL/INTRAPERSONAL RESOURCES

## *Interpersonal Support Evaluation List*

The *Interpersonal Support Evaluation List* is a 12-item self-report measure of the perceived availability of social support, which contains three subscales ([ISEL-12; Sheldon Cohen & Hoberman, 1983](#_ENREF_6)). The Tangible Support subscale measures the perceived availability of material aid (e.g., able to borrow money if needed), the Belonging subscale measures the perceived availability of others’ with whom one may engage in activities, and the Appraisal subscale measures the perceived availability of others with whom one can talk about problems. Items are rated on a four-point scale, and scores range from 4 to 16 on each subscale. Higher scores indicate greater social support.

The following items ask about your relationships

1. If I wanted to go on a trip for a day (for example, to the country or mountains), I would have a hard time finding someone to go with me.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. I feel that there is no one I can share my most private worries and fears with.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. If I were sick, I could easily find someone to help me with my daily chores.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. There is someone I can turn to for advice about handling problems with my family.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. I don't often get invited to do things with others.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. If I wanted to have lunch with someone, I could easily find someone to join me.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. If I was stranded 10 miles from home, there is someone I could call who could come and get me.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

1. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.

1,Definitely false

2,Probably false

3,Probably true

4,Definitely true

## *Religious Participation*

*Frequency of attendance at religious services* will be measured with 2 items that have been used in previous research studies (e.g., see [McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000](#_ENREF_16); [Nicholson, Rose, & Bobak, 2009](#_ENREF_17)). Individuals indicate the frequency of their attendance based on 8 eight categories that range from “everyday” to “never.”

1. Apart from special occasions such as weddings and funerals, how often do you attend religious services?

1,Everyday

2,More than once a week

3,Once a week

4,2-3 times per month

5,Once a month

6,Several times a year

7,Once or twice a year

8,Less than once a year

9,Never

1. During the past week, on how many days did you attend religious services?

0

1

2

3

4

5

6

7

## *Lubben Social Network Scale – 6*

The Lubben Social Network Scale – 6 (LSNS-6) is a 6-item measure that gauges an individual’s social isolation and perceived support from family and friends. Items are rated on a 6 point scale and higher scores are indicative of higher levels of social support. Scores below 12 are indicative of an extremely limited social network ([Lubben et al., 2006](#_ENREF_15)){Lubben, 2006 #428}.

1. Considering the people to who you are related by birth, marriage, adoption etc, how many relatives do you see or hear from at least once a month?

0,None

1,One

2,Two

3,Three or four

4,Five to eight

5,Nine or more

1. Considering the people to who you are related by birth, marriage, adoption etc, how many relatives do you feel at ease with that you can talk about private matters?

0,None

1,One

2,Two

3,Three or four

4,Five to eight

5,Nine or more

1. Considering the people to who you are related by birth, marriage, adoption etc, how many relatives do you feel close to such that you could call on them for help?

0,None

1,One

2,Two

3,Three or four

4,Five to eight

5,Nine or more

1. Considering all of your friends including those who live in your neighborhood, how many of your friends do you see or hear from at least once a month?

0,None

1,One

2,Two

3,Three or four

4,Five to eight

5,Nine or more

1. Considering all of your friends including those who live in your neighborhood, how many friends do you feel at ease with that you can talk about private matters?

0, None

1, One

2, Two

3,Three or four

4,Five to eight

5,Nine or more

1. Considering all of your friends including those who live in your neighborhood, how many friends do you feel close to such that you could call on them for help?

0,None

1,One

2,Two

3,Three or four

4,Five to eight

5,Nine or more

## ***HOMELESS TIMELINE FOLLOW-BACK (TLFB)***

The Homelessness TMFL is an interviewer assisted measure that will be used to assess the number of homeless nights and nightly sleeping location using landmark holidays and events (e.g., birthdays) at the baseline (past 3 months), 1, 3, and 6 month follow-up visits. This measure will inquire about the time since the last visit for each follow-up visit. This timeline (and the corresponding codes) were obtained from Tsemberis and colleages ([Tsemberis, McHugo, Williams, Hanrahan, & Stefancic, 2007](#_ENREF_27)).

NOTE: If a visit is missed. The Homeless TLFB should be completed for the time period since the last completed visit.

**Please think about the places that you have stayed overnight during the past 3 months. For each day,**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **P**  **A**  **S**  **T**    **M**  **O**  **N**  **T**  **H** | **SUN** | **MON** | **TUES** | | **WED** | **THURS** | **FRI** | **SAT** |
| **Key: L , Location**  **For different locations, use comment box at end to record the address**  **If Treatment provided, use comment box to list agency and contact info** | | | | | | | |
| 1  **L:** | 2  **L:** | | 3  **L:** | 4  **L:** | 5  **L:** | 6  **L:** | 7  **L:** |
| 8  **L:** | 9  **L:** | | 10  **L:** | 11  **L:** | 12  **L:** | 13  **L:** | 14  **L:** |
| 15  **L:** | 16 HOLIDAY  **L:** | | 17  **L:** | 18  **L:** | 19  **L:** | 20  **L:** | 21  **L:** |
| 22  **L:** | 23  **L:** | | 24  **L:** | 25  **L:** | 26  **L:** | 27  **L:** | 28  **L:** |
| 29  **L:** | 30  **L:** | | 31  **L:** |

Codes for nightly location include:

1-All-night theater, subway station, or other public place

2-Subway or bus

3-Abandoned building

4-Car or other private vehicle

5-On the street or in other outdoor place

6-Homeless shelter

7-Hotel/motel

8-Drop-in center

9-Safe haven (low-demand facility, reception center)

10-Detox facility

11-Crisis housing

12-Intermediate care facility

13-Own apartment or house

14-Parent/guardian’s apartment or house (temporary)

15-Parent/guardian’s apartment or house (long-term)

16-Other family member’s apartment or house (temporary)

17-Other family member’s apartment or house (long-term)

18-Someone else’s apartment or house (temporary)

19-Someone else’s apartment or house (long-term)

20-Boarding house or board-and-care

21-Transitional housing program (short-term w/link to long-term)

22-Transitional housing program (short-term w/o link to long-term)

23-Transitional housing program (long-term)

24-Group home

25-Long-term alcohol/drug-free facility

26- Hospital (medical only)

27- Nursing home  
28- Treatment or recovery program

29- Jail or prison

30- Corrections halfway house

31-Psychiatric hospital/facility

## Resource Utilization Questionnaire

The Resource Utilization questionnaire will be used to determine the number and types of resources that participants have received at local shelters. This measure will query about the previous 30 days at the baseline visit and at 1, 3, and 6 month follow-ups.

1. Over the past 30 days, how many days did you receive Mental Health/Behavioral Health Counseling at local shelters? \_\_\_\_\_\_ (0-30 days)
2. Over the past 30 days, how many days did you receive Substance Abuse Counseling at local shelters? \_\_\_\_\_\_ (0-30 days)
3. Over the past 30 days, how many days did you receive Smoking Cessation Counseling at local shelters? \_\_\_\_\_\_ (0-30 days)
4. Over the past 30 days, how many days did you see a doctor for a medical problem at local shelters? \_\_\_\_\_\_ (0-30 days)
5. Over the past 30 days, how many days did you spend the night at a shelter? \_\_\_\_\_\_ (0-30 days)
6. Over the past 30 days, how many days did you receive meals at local shelters? \_\_\_\_\_\_ (0-30 days)
7. Over the past 30 days, how many days did you meet with a case manager at local shelters? \_\_\_\_\_\_ (0-30 days)
8. Over the past 30 days, how many days did you speak over the phone with a case manager from local shelters? \_\_\_\_\_\_ (0-30 days)
9. Over the past 30 days, how many days did you attend group educational meetings at local shelters? \_\_\_\_\_\_ (0-30 days)
10. Over the past 30 days, how many days did you receive employment/job readiness training at local shelters? \_\_\_\_\_\_ (0-30 days)
11. Over the past 30 days, did shelter staff refer you to get services that were not available at the shelter?

1,Yes

0,No (skip to 12)

11b. How often did you use the referrals (For example, visited the provider to which you were referred)?

0,never

1,rarely

2,some of the time

3,occasionally

4,most of the time

1. Over the past 30 days, how many days did you meet with representatives from Legal Aid at local shelters? \_\_\_\_\_\_ (0-30 days)
2. Over the past 30 days, how many days did you receive help with getting vital documents (For example, birth certificates, state identification, social security cards) at local shelters? \_\_\_\_\_\_ (0-30 days)
3. Over the past 30 days, how many days did shelter staff help you to reconnect with family members? \_\_\_\_\_\_ (0-30 days)
4. What types of services would be most helpful to you right now? (select all that apply)
   1. Housing (shelter, transitional housing, rental assistance)
   2. Job training or job search services
   3. Health care services (doctor visit, medication)
   4. Mental health services
   5. Smoking cessation counseling and/or medication
   6. Adult basic education (such as reading and math)
   7. GED program
   8. Educational opportunities (help to get into college, scholarships)
   9. Drug and/or alcohol treatment
   10. Domestic violence program
   11. Access to exercise equipment
   12. Child care
   13. Legal services
   14. Other
   15. None of the above

## Barriers to Phone Based Case Management

This brief questionnaire was created for the purposes of this study to identify barriers to and preferences for phone based case management.

1. I am comfortable with completing case management sessions in my case manager’s office at the Bridge.

5, Strongly agree

4, Agree

3, Neutral

2, Disagree

1, Strongly Disagree

1. I am comfortable with completing case management sessions over the phone.

5, Strongly agree

4, Agree

3, Neutral

2, Disagree

1, Strongly Disagree

1. I am comfortable with completing case management sessions using text messages or a private online chat room.

5, Strongly agree

4, Agree

3, Neutral

2, Disagree

1, Strongly Disagree

1. Which of the following is your most preferred way to speak with your case manager?

1, In person meetings in my case manager’s office

2, Over the phone

3, Text messages or private chat room on the internet

1. Which of the following would keep you from connecting to your case manager over the phone? (select all that apply)

0, I do not have a phone

1, Calls with my case manager would use up too many of my phone minutes

2, I do not have my case manager’s phone number

3, Case managers are not available to speak over the phone

4, I do not want to talk to my case manager over the phone

5, I prefer to meet face to face with my case manager

6, None of the above

# Treatment Quality and Satisfaction Survey

The Treatment Quality and Satisfaction Survey was developed for the purposes of this study. This 18-item measure will assess the opinions and experiences of participants who receive Bridge Homeless Recovery Program Care with or without the Link2Care app..

**We would like your thoughts, feelings, and opinions about the Bridge Homeless Recovery Program and smart phone app you may have received for this study. Please answer the following questions.**

1. How helpful has the Bridge Homeless Recovery Program been to you?

1, Not at all helpful

2, Slightly helpful

3, Moderately helpful

4, Very helpful

5, Extremely helpful

1. How helpful have Bridge Care Managers been to you?

1, Not at all helpful

2, Slightly helpful

3, Moderately helpful

4, Very helpful

5, Extremely helpful

1. +Consider the daily assessments that were prompted by the smart phone application, was the number of assessments:

1, Too high

2, About right

3, Not enough

1. +Did carrying the phone and answering questions make you more aware of your thoughts, feelings, and behavior?

1, Definitely No

2, Mostly No

3, Mostly Yes

4, Definitely Yes

1. \*How often did you use the “Call My Care Manager” feature of the app?

0, I did not use this feature at all (if this item is selected, skip next item)

1, 1 to 3 times a month

2, 1 or 2 times a week

3, 3 or 4 times a week

4, 5 or 6 times a week

5, Everyday

1. \*How helpful was the “Call My Care Manager” feature?

1, Not at all helpful

2, Slightly helpful

3, Moderately helpful

4, Very helpful

5, Extremely helpful

1. \*How often did you use the “Call Bridge Crisis Line” feature of the app?

0, I did not use this feature at all (if this item is selected, skip next item)

1, 1 to 3 times a month

2, 1 or 2 times a week

3, 3 or 4 times a week

4, 5 or 6 times a week

5, Everyday

1. \*How helpful was the “Call Bridge Crisis Line” feature?

1, Not at all helpful

2, Slightly helpful

3, Moderately helpful

4, Very helpful

5, Extremely helpful

1. +Overall, how helpful has the smart phone been in helping you to access resources and other services that help to obtain housing?

1, Not at all useful

2, Slightly useful

3, Moderately useful

4, Very useful

5, Extremely useful

1. +Do you find the smart phone application to be annoying?

1, Not at all

2, Slightly

3, Moderately

4, Very

5, Extremely

1. +How likely would you be to recommend this smart phone app to a friend?

1, Extremely unlikely

2, Unlikely

3, Somewhat unlikely

4, Neither likely nor unlikely

5, Somewhat likely

6, Likely

7, Extremely likely

1. +Would you be interested in using this smart phone app in the future if needed?

1, Not at all interested

2, Slightly interested

3, Moderately interested

4, Very interested

5, Extremely interested

1. +How accurately did you answer the questions on the phone assessments?

1, Not at all accurate

2, Slightly accurate

3, Moderately accurate

4, Very accurate

5, Extremely accurate

1. How often did you handle or use a study smart phone that was assigned to another study participant?

0,Never

1,Almost never

2,Sometimes

3,Fairly often

4,Very often

The next 4 questions should be asked by research staff – not completed on the tablet/computer.

1. \*What do you **like** about the Link2Care smart phone application?
2. \*What do you **not like** about the Link2Care smart phone application?
3. \*How would you **improve** the Link2Care smart phone application?
4. \*What other thoughts and opinions do you have about the Link2Care application?

\* will only be presented to the participants with the Link2Care app. + will be presented to participants who are assigned to a smartphone group.

# Delay Discounting Task

The ***Delay Discounting Task***utilizes 5 questions that will be used to assess the rate that participants discount delayed rewards ([Koffarnus & Bickel, 2014](#_ENREF_13)). Participants are asked items on if they would prefer a smaller sum of hypothetical money available immediately or a larger sum of hypothetical money available at 5 different time points in the future. The options are unique to each individual dependent on their initial answer.

# STAFF PERCEPTIONS OF THE LINK2CARE APP

This brief interview was created for the purposes of this study to assess staff (i.e., case managers and triage/intake specialists [QMHPs]) perceptions of the Link2Care smart phone application. WHEN SHOULD THIS BE ASSESSED?

Instructions: We are interested in your perceptions and opinions of the Link2Care smart phone app.

1. Are you aware of the study at the Bridge that is using smart phones to link Bridge guests to Bridge care managers and QMHPs?

0,No (Skip to end)

1,Yes

1. In your opinion, how useful is the Link2Care smart phone app to Bridge guests?

0, Not at all useful

1, Slightly useful

2, Moderately useful

3, Very useful

4, Extremely useful

1. What do you **like** about the Link2Care smart phone application?
2. What do you **not like** about the Link2Care smart phone application?
3. How would you **improve** the Link2Care smart phone application?
4. What other thoughts and opinions do you have about the Link2Care application?

# *ECOLOGICAL MOMENTARY ASSESSMENT (EMA) MATRIX*

EMA methodology that will be used in the proposed study is similar to that developed by Shiffman, Stone, and colleagues ([Shiffman et al., 1997](#_ENREF_20); [Shiffman, Paty, Gnys, Kassel, & Hickcox, 1996](#_ENREF_21); [Stone et al., 1998](#_ENREF_24)). Similar methodology was used to collect EMA data in Projects ASPRIRE, PREVAIL, PATHS, and Smart-T.

This matrix indicates which EMA items will be assessed during specific assessments.

|  |  |
| --- | --- |
| ***Computer Initiated EMAs*** | |
| **Usual Daily EMA Items** | **Additional Monday Items** |
| **Unique Items (34):** | **Unique Items (17-28):** |
|  |  |
| Affect (13 items) | Victimization (1 item) |
| Sleeping Arrangements (1 item) | Criminal Behavior (1 item) |
| Sleep (3 items) | Arrest (1 item) |
| Social Interactions (2 items) | Witness Crime (1 item) |
| Social Support (1 item) | Emergency Room Visit (1 item) |
| Stressors (2 items) | Hospitalization (1 item) |
| Discrimination (2 items) | Quality of Life (3 items) |
| Medication (1 item) | Sleep (1 item) |
| Cigarettes (2 item) | Alcohol (2 items) |
| Alcohol and Substance Use (4 items) | Employment (1 item) |
| Meals (2 items) | Medication (1 item) |
| Right thing (1 item) | Cigarettes (2 items) |
|  | Behaviors (1-12 items)  Pandemic Stress Index (1-3 items) |
|  |  |
|  | **Usual EMA Items:** |
|  | Yes |
|  |  |

## *Usual Daily EMA Items*

|  |  |  |
| --- | --- | --- |
| **Thanks again for participating in this study. Your input is priceless! dailymessage** | | |
| **Mark the response that most applies to you RIGHT NOW.**  I feel irritated.  I feel happy.  I feel content.  I feel frustrated /angry.  I feel sad.  I feel worried.  I feel miserable.  I feel restless.  I feel stressed.  I feel hostile.  I feel calm.  I feel bored.  I feel depressed. | **From the Circumplex Model of emotion**  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree    **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree  **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree | affect  irritable  happy  content  frustangry  sad  worried  miserable  restless  stressed  hostile  calm  bored  depressed |
| I am tired of always doing the right thing. | **1 2 3 4 5**  Strongly Disagree Neutral Agree Strongly  Disagree Agree | rightthing |
| Where did you sleep last night? | 1, Friend’s or family member’s house or apartment  2, Homeless shelter  3, Jail  4, Abandoned building  5, Outside or on the street  6, Car  7, Hospital  8, My personal apartment or house  9, Hotel or Motel  10, Other location (temporary)  11, Other location (permanent) | lastnight |
| Sometimes people do not fall asleep right away when they go to bed at night. What time did you actually fall asleep last night?  Touch the clock and select the appropriate HOUR and MINUTE. Remember to select AM or PM. | Time dial Response type | sleepyest1 |
| What time did you actually wake up and get out of bed this morning?  Touch the clock and select the appropriate HOUR and MINUTE. Remember to select AM or PM. | Time dial Response type | sleepyest2 |
| How would you rate the quality of your sleep last night? | 1,Very poor  2,Poor  3,Fair  4,Good  5,Very good | sleepyest3 |
| How many total minutes did you spend in meaningful one-on-one conversations with other people yesterday?  How many total minutes did you spend in meaningful group interactions yesterday (for example, going to church, participating in an exercise class, or other social occasions)? | Scroll answer type:  1, 0 minutes  2, 1 to 15 minutes  3, 16-30 minutes  4, 31 minutes to 1 hour  5, 1 hour and 1 minute to 2 hours  6, 2 hours and 1 minute to 3 hours  7, 3 hours and 1 minute to 4 hours  8, More than 4 hours  Scroll answer type:  1, 0 minutes  2, 1 to 15 minutes  3, 16-30 minutes  4, 31 minutes to 1 hour  5, 1 hour and 1 minute to 2 hours  6, 2 hours and 1 minute to 3 hours  7, 3 hours and 1 minute to 4 hours  8, More than 4 hours | social1  social2 |
| Overall, how much social support did you receive from family, friends, and others yesterday? | 1,No support  2,Very little support  3,A moderate amount of support  4,Quite a bit of support  5,Total support | support |
| Yesterday, I experienced or thought about a NEW OR ONGOING stressful issue or problem.  Yesterday, in which of the following areas did you experience a new or ongoing stressor?  Check all that apply. | **1 2 3 4**  Definitely Mostly Mostly Definitely  No No Yes Yes  If ‘Definitely No”, skip next question.  1, Crime and Legal Matters  2, Family Relationships  3, Health or medical problems  4, Housing/Where You Live  5, Money and Financial Matters  6, Other Relationships  7, Work/School  8, Miscellaneous/Other | stressor1  stressor2 |
| Do you believe you experienced discrimination yesterday?  What do you believe was the main reason(s) for the discrimination?  Check all that apply: | **1 2 3 4**  No Yes Yes Yes  Somewhat Mostly Absolutely  Sure Sure Sure  (If No, skip next question)  1, Your Age  2, Your History of Arrest  3, Your Gender  4, Your Race/Ethnicity/Nationality  5, Your Homelessness Status  6, Your Sexual Orientation  7, Your Education/Income  8, Because you smoke  9, Your height/weight/appearance  10, Other/Not Sure | discriminate1  discriminate2 |
| **Did you take medication yesterday for any of the following? (check all that apply)** | 6, Depression  5, Schizophrenia or Schizoaffective Disorder  4, Bipolar Disorder  3, Anxiety Disorder  2, Post Traumatic Stress Disorder (PTSD)  1, Other  0, None of the above | medication |
| How many cigarettes did you smoke yesterday? | **Scroll type** from 0,I did not smoke yesterday (not even a puff) to More than 25 cigarettes | cigsyest1 |
| Did you use an e-cigarette or vaporizer device yesterday? | 0,No  1,Yes | vape |
| **Mark the response that most applies to you.**  Did you drink any alcohol YESTERDAY?  *A standard drink is a 12 ounce beer (a 24 ounce beer , 2 standard drinks), a 5 ounce glass of wine, or a shot of liquor*  How many standard drinks did you have yesterday? | 0,NO  1,YES  (If NO, skip next question)  0, 0  1, 1  2, 2  3, 3  4, 4  5, 5  6, 6  7, 7  8, 8 or more | alcyestmessage  alcyest1  alcstandmessage1  alcyest2 |
| Please select the substances that you used yesterday. (check all that apply)  ***For each substance that was used yesterday ask***  How much money did you spend on \_\_\_\_\_\_ yesterday? | 0, I did not use any of these substances yesterday  1, Cocaine (crack, powder)  2, Meth-amphetamine  3, Marijuana (pot, hash)  4, Opiates (heroin, Oxycontin, morphine)  5, Sedatives (Valium, Xanax)  6, Other  0,I did not use other substances yesterday  1, $0  2, $1 to $10  3, $11 to $20  4, $21 to $40  5, $41 to ,$60  6, $61 to $100  7, More than $100 | druguse1  druguse2 |
| How many meals did you eat yesterday? | 0, 0  1, 1  2, 2  3, 3  4, 4  5, 5 or more | meals1 |
| How many meals did you eat at local shelters yesterday? | 0, 0  1, 1  2, 2  3, 3  4, 4  5, 5 or more | meals2 |

## *Monday EMA Items (Weekly)*

Also ask Usual Daily EMA items What is the best day of the week?

|  |  |  |
| --- | --- | --- |
| Were you a victim of a criminal offense in the past 7 days? | 0,No  1,Yes | victim |
| Did you commit an offense that could have led to your arrest in the past 7 days? | 0,No  1,Yes | crime |
| Were you arrested at any time in the past 7 days? | 0,No  1,Yes | arrest |
| Did you witness any criminal offense in the past 7 days? | 0,No  1,Yes | witnesscrime |
| Did you go to the hospital emergency room for care in the past 7 days? | 0,No  1,Yes | emergency |
| Did you stay overnight at the hospital for treatment in the past 7 days? | 0,No  1,Yes | hospitalization |
| How many days during the past 7 days was your physical health not good? | 0, 0  1, 1  2, 2  3, 3  4, 4  5, 5  6, 6  7, 7 | qualitylife1 |
| How many days during the past 7 days was your mental health not good (include stress, depression, and problems with emotions)? | 0, 0  1, 1  2, 2  3, 3  4, 4  5, 5  6, 6  7, 7 | qualitylife2 |
| During the past 7 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? | 0, 0  1, 1  2, 2  3, 3  4, 4  5, 5  6, 6  7, 7 | qualitylife3 |
| In the past 7 days, how many days did you get enough restful sleep? | 0, 0  1, 1  2, 2  3, 3  4, 4  5, 5  6, 6  7, 7 | sleepweek1 |
| In the past 7 days, how many days did you drink alcohol? | 0, 0 (skip next alcohol item)  1, 1  2, 2  3, 3  4, 4  5, 5  6, 6  7, 7 | alcweek1 |
| *A standard drink is a 12 ounce beer (a 24 ounce beer , 2 standard drinks), a 5 ounce glass of wine, or a shot of liquor.*  In the past 7 days, how many days did you have 5 or more standard drinks in 1 day? | 0, 0  1, 1  2, 2  3, 3  4, 4  5, 5  6, 6  7, 7 | alcmessage  alcweek2 |
| How many days in the past 7 days did you work for money? | 0, 0  1, 1  2, 2  3, 3  4, 4  5, 5  6, 6  7, 7 | employment |
| In the past 7 days, which of the following types of medication have you taken: (check all that apply) | 1, Heart Disease  2, Lung or Pulmonary Disease  3, High Blood Pressure  4, Diabetes  5, Hepatitis  6, HIV or AIDS  7, HIV prevention  8, I am not taking medications for any of these | medsweek |
| In the past 7 days, how many days did you use illegal drugs? | 0, 0  1, 1  2, 2  3, 3  4, 4  5, 5  6, 6  7, 7 | drugs1 |
| In the past 7 days, how many days did you smoke 1 or more cigarettes? | 0, 0 (skip RTQ1 if ,0)  1, 1  2, 2  3, 3  4, 4  5, 5  6, 6  7, 7 | cigsweek1 |
| Below are some thoughts that smokers have about quitting. Please select the option that shows what you currently think about quitting. Please read all 11 options carefully before answering. | **Multiple Choice**  11, I have never been a smoker.  10,I have quit smoking.  9,I have quit smoking, but I still worry about slipping back, so I need to keep working on living smoke free.  8,I still smoke, but I have begun to change, like cutting back on the number of cigarettes I smoke. I am ready to set a quit date.  7,I definitely plan to quit smoking in the next 30 days.  6,I definitely plan to quit smoking in the next 6 months.  5,I often think about quitting smoking, but I have no plans to quit.  4,I sometimes think about quitting smoking, but I have no plans to quit.  3,I rarely think about quitting smoking, and I have no plans to quit.  2,I never think about quitting smoking, and I have no plans to quit.  1,I have decided not to quit smoking for my lifetime. I have no interest in quitting. | RTQ1 |
| Which of the following apply to you? (Check all that apply)  You said that you (insert behavior here). How ready are you to stop having unsafe sex, drink less alcohol, eat more fruit and vegetables, lose weight, exercise more, stop using illegal drugs? | 1,I have unsafe or unprotected sex  2,I drink too much alcohol  3,I don’t eat enough fruit and vegetables  4,I am unhappy with my weight  5,I do not get enough physical activity  6,I do not get enough sleep  8,I use illegal drugs  7,None of these apply to me  For each item selected ask **Slider type** question:  Description: Slide your finger from left to right to select your level of readiness to change this behavior.  (note: weight item has this description: Slide your finger from left to right to select your level of readiness to change your eating habits.  1 -----------------------------------------10  Not ready Ready | hb1  hb2-hb6  (sleep not included here) |
| Which of the follow services have you received in the past 7 days? (check all that apply)  Which of the following services have you received in the past 7 days? (check all that apply) | 1, Case management session  2, Crisis management session  3, Meals at a shelter  4, Spent the night at a shelter  5, Mental health counseling or medications  6, Substance abuse counseling  13, None of the above  7, Smoking cessation counseling or medications  8, Help with obtaining vital documents  9, Job readiness training  10, Legal aid  11, Help with reconnecting with family  12, Other  13, None of the above | resources1  resources2 |
| Over the past week, how much has the COVID-19 (coronavirus) pandemic impacted your day-to-day life? | 1, Not at all  2, A little  3, Much  4, Very Much  5, Extremely | psi1 |
| Have you or anyone you personally know tested positive for COVID-19 (coronavirus)? (Check all that apply) | 0, No  1, Yes, I have tested positive for COVID-19  2, Yes, someone I personally know has tested positive for COVID-19 (If Q2 = 2, ask Q3) | psi2 |
| You reported that someone you personally know has tested positive for COVID-19 (coronavirus). How many people that you personally know have tested positive for COVID-19? | Dropdown 0 to 20 or more | psi3 |

References

Adler, N., & Stewart, J. (2007). The MacAthrur Scale of Subjective Social Status. *Research Network on SES & Health.* Retrieved March 1, 2011, from <http://www.macses.ucsf.edu/Research/Psychosocial/subjective.php>

Arozullah, A. M., Yarnold, P. R., Bennett, C. L., Soltysik, R. C., Wolf, M. S., Ferreira, R. M., . . . Davis, T. (2007). Development and validation of a short-form, rapid estimate of adult literacy in medicine. *Medical Care, 45*(11), 1026-1033.

Bryant, F. B., & Smith, B. D. (2001). Refining the architecture of aggression: A measurement model for the Buss-Perry Aggression Questionnaire. *Journal of Research in Personality, 35*(2), 138-167.

CDC. (2011). Behavioral Risk Factor Surveillance System Questionnaire, 2011 *Module 7: Inadequate Sleep* (pp. 42-43).

Centers for Disease Control and Prevention. (2009). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services.

Cohen, S., & Hoberman, H. M. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology, 13*(2), 99-125.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24*(4), 385-396.

Cottler, L. B., Compton, W. M., Ben-Abdallah, A., Horne, M., & Claverie, D. (1996). Achieving a 96.6 percent follow-up rate in a longitudinal study of drug abusers. *Drug and Alcohol Dependence, 41*(3), 209-217.

Folstein, M. F., Folstein, S. E., & McHugh, P. R. (1975). "Mini-mental state". A practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research, 12*(3), 189-198.

Foundation, J. D. a. K. T. M. (2008). Detroit Area Study Assessment of Day-to-Day Discrimination *Research Network on SES & Health.* Retrieved February 10, 2011, from <http://www.macses.ucsf.edu/research/psychosocial/detroit.php>

Harkness, Audrey. (2020). The Pandemic Stress Index.

Hughes, M. E., Waite, L. J., Hawkley, L. C., & Cacioppo, J. T. (2004). A short scale for measuring loneliness in large surveys: Results from two population-based studies. *Research on Aging, 26*(6), 655-672.

Jaffee, K. D., Liu, G. C., Canty-Mitchell, J., Qi, R. A., Austin, J., & Swigonski, N. (2005). Race, urban community stressors, and behavioral and emotional problems of children with special health care needs. *Psychiatric Services, 56*(1), 63-69.

Koffarnus, M. N., & Bickel, W. K. (2014). A 5-trial adjusting delay discounting task: accurate discount rates in less than one minute. *Experimental and Clinical Psychopharmacology, 22*(3), 222-228. doi: 10.1037/a0035973

Kozlowski, L. T., Porter, C. Q., Orleans, C. T., Pope, M. A., & Heatherton, T. (1994). Predicting smoking cessation with self-reported measures of nicotine dependence: FTQ, FTND, and HSI. *Drug and Alcohol Dependence, 34*(3), 211-216.

Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *The Gerontologist, 46*(4), 503-513.

McCullough, M. E., Hoyt, W. T., Larson, D. B., Koenig, H. G., & Thoresen, C. (2000). Religious involvement and mortality: A meta-analytic review. *Health Psychology, 19*(3), 211-222.

Nicholson, A., Rose, R., & Bobak, M. (2009). Association between attendance at religious services and self-reported health in 22 European countries. *Social Science and Medicine, 69*(4), 519-528.

Room, R. (1990). Measuring alcohol consumption in the United States: Methods and rationales. In L. T. Kozlowski, H. M. Annis, H. D. Cappell, F. B. Glaser, M. S. Goodstadt, Y. Israel, H. Kalant, E. M. Sellers & E. R. Vingilis (Eds.), *Research Advances in Alcohol and Drug Problems* (Vol. 10, pp. 39-80). New York: Plenum Press.

Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science, 277*(5328), 918-924.

Shiffman, S., Hickcox, M., Paty, J. A., Gnys, M., Richards, T., & Kassel, J. D. (1997). Individual differences in the context of smoking lapse episodes. *Addictive Behaviors, 22*(6), 797-811. doi: 10.1016/s0306-4603(97)00063-4

Shiffman, S., Paty, J. A., Gnys, M., Kassel, J. A., & Hickcox, M. (1996). First Lapses to Smoking: Within-Subjects Analysis of Real-Time Reports. *Journal of Consulting and Clinical Psychology, 64*(2), 366-379.

Sobell, L. C., & Sobell, M. B. (1996). Timeline Followback user’s guide: A calendar method for assessing alcohol and drug use. *Toronto: Addiction Research Foundation*.

Spitzer, R. L., Kroenke, K., & Williams, J. B. W. (1999). Validation and utility of a self-report version of PRIME-MD: The PHQ Primary Care Study. *Journal of the American Medical Association, 282*(18), 1737-1744.

Stone, A. A., Schwartz, J. E., Neale, J. M., Shiffman, S., Marco, C. A., Hickcox, M., . . . Cruise, L. J. (1998). A Comparison of Coping Assessed by Ecological Momentary Assessment and Retrospective Recall. *Journal of Personality and Social Psychology, 74*(6), 1670-1680.

Stuber, J., Galea, S., & Link, B. G. (2008). Smoking and the emergence of a stigmatized social status. *Social Science and Medicine, 67*(3), 420-430.

Stuss, D. T., Meiran, N., Guzman, D. A., Lafleche, G., & Willmer, J. (1996). Do long tests yield a more accurate diagnosis of dementia than short tests? A comparison of 5 neuropsychological tests. *Archives of Neurology, 53*(10), 1033-1039.

Tsemberis, S., McHugo, G., Williams, V., Hanrahan, P., & Stefancic, A. (2007). Measuring homelessness and residential stability: The residential time‐line follow‐back inventory. *Journal of Community Psychology, 35*(1), 29-42.

Ware Jr, J. E., Kosinski, M., & Keller, S. D. (1996). A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Medical Care, 34*(3), 220-233.

Zhang, W., O’Brien, N., Forrest, J. I., Salters, K. A., Patterson, T. L., Montaner, J. S. G., . . . Lima, V. D. (2012). Validating a Shortened Depression Scale (10 Item CES-D) among HIV-Positive People in British Columbia, Canada. *PloS One, 7*(7), e40793. doi: 10.1371/journal.pone.0040793