

# **JCOIN Common Measure Specifications**

## **Baseline Measures:**

**Feedback from hubs on modifications to baseline to integrate  
into follow-up specification**

Revised 6/24/2021

## JCOIN COMMON MEASURE SPECIFICATION – revised 5/21/2020

*This document provides the specifications for core and optional JCOIN measures. Optional questions are highlighted in yellow; the rest are considered core items. Note that this document is a collection of measures; it is not a survey or an instrument. JCOIN Research Hubs should integrate these measures into the other data collection processes for their study protocols. **The specifications for the baseline participant measure and the baseline/follow-up version of the staff measures are in separate documents.***

This document contains two sections:

- I. Record and Linkage Variables
- II. Baseline Client-level Items

A separate document will be created with core/optional follow-up measures for clients and staff.

### I. Record and Linkage Variables

| Time**                              | Section/<br>Variable(s) | Question stem  |
|-------------------------------------|-------------------------|--|
| Baseline and 3/6/12-month follow-up | XHub.                   | Code for hub   |
| Baseline and 3/6/12-month follow-up | XHSITE                  | Code for site unique within hub  |
| Baseline and 3/6/12-month follow-up | XSID                    | Code for staff id unique within hub – should be de-identified from any actual id   |
| Baseline and 3/6/12-month follow-up | XPID                    | Code for participant id unique within hub – should be de-identified from any actual id   |
| Baseline and 3/6/12-month follow-up | XZIP                    | Zip code where participant is currently living; Other variables for hub to linking to individual death, justice, treatment and community data (MAARC to recommend)   |
| Baseline and 3/6/12-month follow-up | XENDT                   | Ending date of interview period (e.g., today)  |
| Baseline and 3/6/12-month follow-up | XBGDT                   | Begin date of interview period (e.g., today – 30 days, today – 60 days etc). Above used to control for variation in periods (e.g., 30, 60, 90 days, 6 months, since last assessment etc.)  |
| Baseline                            | XPEINDT                 | Ending date of pre-incarceration interview period (e.g., date of incarceration)  |
| Baseline                            | XPBINDT                 | Begin date of pre-incarceration interview period (e.g., today – 30 days, today – 60 days etc). Above used to control for variation in periods (e.g., 30, 60, 90 days, 6 months, since last assessment etc.) Above baseline only. |

## II. Baseline Client-level Items

RECOMMENDED: RESEARCH STAFF SHOULD REMIND RESPONDENTS AS NECESSARY THAT THE INTERVIEW/ASSESSMENT MAY CONTAIN SOME SENSITIVE QUESTIONS, AND THEY ALWAYS HAVE THE OPTION OF NOT RESPONDING TO ANY PARTICULAR ITEM. ANY SUCH REMINDERS SHOULD BE CONSISTENT WITH THE HUB CONSENT FORMS.

### Demographics

|  |  |   |
|--|--|---|
| <b>D1</b>  | What is your birth date?                                     | SPECIFY DATE ____ / ____ / ____   |
| <b>D1a.</b>  | About how old are you?                                       | SPECIFY AGE ____  |
| <b>D2.</b>   | Are you of Hispanic, Latino, or Spanish origin?              | [0] No<br>[1] Yes   |
| <b>D3.</b>   | What is your race? SELECT ALL THAT APPLY                     | [1] White<br>[2] Black/African American<br>[3] American Indian or Alaska Native (SPECIFY principal tribe or community)<br>[4] Asian<br>[5] Native Hawaiian or Other Pacific Islander<br>[6] Some other race (SPECIFY)   |
| <b>NOTE: For gender/orientation/identity, use items O1-O2 if possible, otherwise use D4a-D4c. [Must use one or the other.]</b> |  |   |
| <b>O1.</b>   | What sex was originally listed on your birth certificate?    | [01] Male<br>[02] Female<br>[03] Decline to answer<br>[99] Something else (specify) _____   |
| <b>O2.</b>   | <b>Gender Identity.</b><br>Do you think of yourself as . . . | [01] Male<br>[02] Female<br>[03] Transgender man/trans man/female-to-male (FTM)<br>[04] Transgender woman/ trans woman/male-to-female (MTF)<br>[05] Genderqueer/Gender nonconforming/neither exclusively male nor female<br>[06] Non-binary<br>[07] Additional gender category (or other) (SPECIFY _____) |
| <b>D4a.</b>  | What was your sex at birth?                                  | [1] Male<br>[2] Female<br>[99] Something else (specify) _____   |
| <b>D4b.</b>  | What is your gender identity?                                | [1] Male  |

|   |  |   |
|---|--|---|
|   |  | [2] Female<br>[3] Transgender<br>[4] Gender nonconforming<br>[99] Something else (specify) _____  |
| <b>D4c.</b>   | <b>Sexual Orientation.</b><br>Do you think of yourself as . . .  | [01] Straight or heterosexual<br>[02] Lesbian or gay<br>[03] Bisexual<br>[04] Queer, pansexual, and/or questioning<br>[99] Something else (SPECIFY _____)   |
| <b>D4d.</b>   | Have you ever been pregnant?   | [1] Never been pregnant<br>[2] Currently pregnant<br>[3] Previously pregnant, had a child<br>[4] Previously pregnant, did not have a child<br>[5] Not applicable<br>[6] Don't know  |
| <b>D5.</b>  | What is your marital status?   | [1] Married [GO TO D6]<br>[2] Widowed<br>[3] Divorced<br>[4] Separated<br>[5] Never married   |
| <b>D5a.</b>   | Are you currently living as married with a romantic partner?   | [1] Yes, I am living as married with partner<br>[2] No, I am not living as married with partner   |
| <b>D6.</b>  | What is the highest grade or level of school you have completed or the highest degree you have received? | [1] Did not complete high school. HIGHEST GRADE COMPLETED ____<br>[2] GED or equivalent<br>[3] Regular high school diploma<br>[4] Some college credit, but less than 1 year of college credit<br>[5] 1 or more years of college credit, but no degree<br>[6] Associate's Degree (e.g., AA or AS)<br>[7] Bachelor's Degree (e.g., BA or BS)<br>[8] Graduate degree (MSW, MA, MS, JD, MD, DSW, EdD, Ph.D, etc.)<br>[99] Other (specify) |
| The next few questions are about your <b>household</b> in the [past 90 days] / [90 days prior to entering jail]. Your household includes people you live with, and with whom you share your income and expenses – husband, wife, children, relatives, and others. |  |   |
| <b>D7a.</b>   | How many people, including yourself, are there in your household?  | __ __  People   |
| <b>D7b.</b>   | How many of the people in your household are under the age of 18?  | __ __  People   |

The next question is about the income of everyone in your household together. We do not need an exact number. You can give your answer to the nearest hundreds or thousands of dollars if that is easier.

|              |  |   |
|--------------|--|---|
| <b>D7c.</b>  | During the past 90 days (prior to entering jail or prison/ since your last assessment), what was the total income of everyone in your household together that provided you with support?   | \$ _____, _____   |
| <b>D7d.</b>  | During the past 12 months, which of the following is the category that your <u>total household income from legal sources</u> would be in?  | [1] Less than \$12,500<br>[2] \$12,500 - \$20,000<br>[3] \$20,001 - \$30,000<br>[4] \$30,001 - \$40,000<br>[5] \$40,001 - \$50,000<br>[6] \$50,001 - \$100,000<br>[7] More than \$100,000 |
| <b>D7d1.</b> | During the past 12 months (since last assessment), did your household receive any public assistance like unemployment, food stamps / TANF, subsidized housing, or supplemental security income?  | [0] No [GO TO D7e1]<br>[1] Yes  |
| <b>D7d2.</b> | During the past 12 months (since last assessment), approximately how much money has your household all together received from public assistance sources like unemployment, food stamps (TANF), subsidized housing, supplemental security income? | \$ _ _ _ _ , _ _ _ _  |
| <b>D7e1.</b> | During the past 12 months (since last assessment), did your household receive any other non-employment income sources like retirement, pension, alimony, child support, or interest?   | [0] No [GO TO D7f1]<br>[1] Yes  |
| <b>D7e2.</b> | During the past 12 months (since last assessment), approximately how much money has your household all together received from other non-employment sources like retirement, pension, alimony, child support, interest?                           | \$ _ _ _ _ , _ _ _ _  |
| <b>D7f1.</b> | During the past 12 months (since last assessment), outside of employment described above, did you receive any other income from activities that might get you into trouble or be against the law, like dealing, gambling, or theft?              | [0] No [GO TO D8]<br>[1] Yes<br>[-98] Refuse to answer  |
| <b>D7f2.</b> | During the past 3 months (since last assessment), outside of employment described above, how much money did you  | \$ _ _ _ _ , _ _ _ _  |

|              |   |   |
|--------------|---|---|
|              | earn from activities that might get you into trouble or be against the law, like dealing, gambling, or theft?   |   |
| <b>D8.</b>   | <p>Which one of the following statements best describes your work or school situation (prior to entering jail or prison / currently)? (CLARIFY AND CODE)</p> <p>[For D8, include work under the table but not any other illegal work or income]</p> | <p>[1] Working full-time, 35 hours or more a week</p> <p>[2] Working part-time, less than 35 hours a week</p> <p>[3] Have a job where you are paid one day at a time (day labor).</p> <p>[4] Have a job, but not at work because of treatment, extended illness, maternity leave, furlough or strike</p> <p>[5] Have a job but not at work because it is seasonal work</p> <p>[6] Unemployed or laid off and looking for work</p> <p>[7] Unemployed or laid off and not looking for work</p> <p>[8] Full-time homemaker (keeping house)</p> <p>[9] In school or training</p> <p>[10] In school or training, but not currently going to classes</p> <p>[11] Retired</p> <p>[12] In jail, prison or detention</p> <p>[13] Too disabled for work (Please describe disability)</p> <p>[14] In the military</p> <p>[15] Doing volunteer work</p> <p>[99] Some other work situation (PLEASE DESCRIBE _____)</p> |
| <b>D8a.</b>  | During the 90 days (prior to entering jail or prison / since your last assessment), on how many days have you worked?   | ____ days [If 0, GO to D9]  |
| <b>D8b.</b>  | During the 90 days (prior to entering jail or prison / since your last assessment), how many days per week do you typically work?   | <p>[0] I don't typically work at all</p> <p>[1] 1 day a week</p> <p>[2] 2 days a week</p> <p>[3] 3 days a week</p> <p>[4] 4 days a week</p> <p>[5] 5 days a week</p> <p>[6] 6 days a week</p> <p>[7] I typically work every day of the week</p>   |
| <b>D8b1.</b> | During the 90 days (prior to entering jail or prison / since your last assessment), how many hours per week do you usually work?  | _____ hours   |
| <b>D8c.</b>  | During the 90 days (prior to entering jail or prison / since your last assessment), approximately how much do you make per  | \$_____ per hour  |

|             |  |   |                          |                          |
|-------------|--|---|--------------------------|--------------------------|
|             | hour? [If someone is working multiple jobs, take the average amount per hour across the job]   |   |                          |                          |
| <b>D8d.</b> | Do any of the places that you work offer you the following benefits? (MARK ALL THAT APPLY)   | Yes   | No                       | Don't know               |
|             | Health Insurance   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|             | Paid time off  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|             | Defined benefit plan or pension  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|             | An arrangement such as a 401(k) or 403(b) plan, under which your employer contributes money towards your retirement every pay period   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>D8e.</b> | What is your occupation?   | SPECIFY _____   |                          |                          |
| <b>D9.</b>  | Are you currently (or prior to entering jail or prison were you) covered by health insurance or some other kind of health care plan?   | [0] No [SKIP TO D10]<br>[1] Yes   |                          |                          |
| <b>D9a.</b> | What kind of health insurance or health care coverage (did/do) you have? Include those that pay for only one type of service (such as nursing home care, accidents, or dental care). Exclude private plans that only provide extra cash while hospitalized. If you have more than one kind of health insurance, tell me all plans that you have. [MARK ALL THAT APPLY] | [1] Private health insurance<br>[2] Medicare<br>[3] Medigap<br>[4] Medicaid ({If Available, Display State Plan Name})<br>[5] SCHIP (CHIP/Children's Health Insurance Program)<br>[6] Military Health Care (Tricare/VA/CHAMP-VA)<br>[7] Indian Health Service<br>[8] State-Sponsored Health Plan ({If Available, Display State Plan Name})<br>[9] Other government program<br>[10] Single service plan (e.g., dental, vision, prescriptions)<br>[-99] Don't know |                          |                          |
| <b>D10.</b> | During the 90 days (prior to entering jail or prison / since your last assessment), on how many days were you uninsured?   | _ _  Days   |                          |                          |

|              |   |              |
|--------------|---|--------------|
| <b>D11.</b>  | During the 90 days (prior to entering jail or prison / since your last assessment), on how many days have you . . . [NOTE: MAX DAYS = 90] |              |
| <b>D11a.</b> | Been to self-help group meetings (such as AA, NA, CA, or SMART Recovery) for your alcohol or other drug use?                              | ___ ___ days |
| <b>D11b.</b> | Been in other structured activities where no one was using alcohol or drugs?  | ___ ___ days |
| <b>D11c.</b> | Been homeless or had to stay with someone else to avoid being homeless?   | ___ ___ days |

|   |  |   |
|---|--|---|
| <b>D11d.</b>  | Lived in a homeless shelter or emergency housing?  | ___ ___ days  |
| <b>D11e.</b>  | Lived where other people were using alcohol?   | ___ ___ days  |
| <b>D11f.</b>  | Lived where other people were using drugs?   | ___ ___ days  |
| <b>D11g.</b>  | Been to formal activities where people were using alcohol or drugs?  | ___ ___ days  |
| <b>D11h.</b>  | Gotten into trouble at home or with your family for any reason?  | ___ ___ days  |
| <b>D11i.</b>  | Had an argument in which you swore, cursed, threatened <b>another person</b> , threw something, or pushed or hit <b>another person</b> in any way?   | ___ ___ days  |
| <b>D11j.</b>  | Been attacked with a weapon, beaten, sexually abused or emotionally abused?  | ___ ___ days  |
| <p><i>If respondent was in jail/prison during the past 3 months but not currently, ask:</i></p> |  |   |
| <b>O3.</b>  | At your most recent release from [jail/prison], did you receive a Naloxone rescue kit ("Narcan kit") to save yourself or someone else in the event of an opioid overdose?<br><br>[Overdose definition = use enough of the drug to cause a life-threatening reaction that requires medical attention] | [0] No <b>GO TO P1a</b><br>[1] Yes<br>[9] n/a not recently incarcerated |
| <b>O3a.</b>   | Have you had to use it?  | [0] No <b>[skip O3b]</b><br>[1] Yes                                     |
| <b>O3b.</b>   | Have you obtained a refill/replacement kit?  | [0] No<br>[1] Yes   |

## PROMIS 29+2/ PROPr (All required for QOL / QALY)

This next set of questions is about your quality of life in the past week.

| <b>P1 Physical Function</b>            |  |                                  |                                    |                                 |                                 |                                 |
|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------|---------------------------------|
| In the past 7 days I was able to . . . |  |                                  |                                    |                                 |                                 |                                 |
|  |  | [1]<br>Without any<br>difficulty | [2]<br>With a little<br>difficulty | [3]<br>With some<br>difficulty  | [4]<br>With much<br>difficulty  | [5]<br>Unable to do             |
| <b>P1a</b>                             | ... do chores such as sweeping, mopping, janitorial work or other <b>house cleaning</b> work | <input type="checkbox"/><br>[1]  | <input type="checkbox"/><br>[2]    | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |



|            |   |                                 |                                 |                                 |                                 |                                 |
|------------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>P1b</b> | ...go up and down stairs at a normal pace | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P1c</b> | ...walk around for at least 15 minutes    | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P1d</b> | ... get from place to place               | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |

| <b>P2 Ability to Participate in Social Roles and Activities</b> |   |                                 |                                 |                                 |                                 |                                 |
|---|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| In the past 7 days...   |   |                                 |                                 |                                 |                                 |                                 |
|   |   | [1]<br>Never                    | [2]<br>Rarely                   | [3]<br>Sometimes                | [4]<br>Often                    | [5]<br>Always                   |
| <b>P2a</b>  | ...I had trouble doing all of my regular leisure activities with others     | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P2b</b>  | ...I had trouble doing all of the family activities that I want to do       | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P2c</b>  | ...I had trouble doing all of my usual work (include work at home)          | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P2d</b>  | ...I had trouble doing all of the activities with friends that I want to do | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P3 Anxiety</b>   |   |                                 |                                 |                                 |                                 |                                 |
| In the past 7 days...   |   |                                 |                                 |                                 |                                 |                                 |
|   |   | [1]<br>Never                    | [2]<br>Rarely                   | [3]<br>Sometimes                | [4]<br>Often                    | [5]<br>Always                   |
| <b>P3a</b>  | ...I felt fearful   | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P3b</b>  | ...I found it hard to focus on anything other than my anxiety               | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P3c</b>  | ...My worries overwhelmed me  | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P3d</b>  | ...I felt uneasy  | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P4 Depression</b>  |   |                                 |                                 |                                 |                                 |                                 |
| In the past 7 days...   |   |                                 |                                 |                                 |                                 |                                 |
|   |   | [1]<br>Never                    | [2]<br>Rarely                   | [3]<br>Sometimes                | [4]<br>Often                    | [5]<br>Always                   |
| <b>P4a</b>  | ...I felt worthless   | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P4b</b>  | ...I felt helpless  | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P4c</b>  | ...I felt depressed   | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P4d</b>  | ...I felt hopeless  | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |

| <b>P5 Fatigue</b>                      |  |                                 |                                 |                                 |                                 |                                 |
|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| In the past 7 days...                  |  |                                 |                                 |                                 |                                 |                                 |
|  |  | [1]<br>Not at all               | [2]<br>A little bit             | [3]<br>Somewhat                 | [4]<br>Quite a bit              | [5]<br>Very much                |
| <b>P5a</b>                             | ...I felt fatigued   | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P5b</b>                             | ...I had trouble starting things because I was tired                                       | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P5c</b>                             | ...how run-down did you feel on average?   | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P5d</b>                             | ...how fatigued were you on average?   | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P6 Sleep Disturbance</b>            |  |                                 |                                 |                                 |                                 |                                 |
| In the past 7 days...                  |  |                                 |                                 |                                 |                                 |                                 |
| <b>P6a</b>                             | ...my sleep quality was  | [1]<br>Very poor                | [2]<br>Poor                     | [3]<br>Fair                     | [4]<br>Good                     | [5]<br>Very good                |
| <b>P6b</b>                             | ...my sleep was refreshing   | [1]<br>Not at all               | [2]<br>A little bit             | [3]<br>Somewhat                 | [4]<br>Quite a bit              | [5]<br>Very much                |
| <b>P6c</b>                             | ...I had problems with my sleep  | [1]<br>Not at all               | [2]<br>A little bit             | [3]<br>Somewhat                 | [4]<br>Quite a bit              | [5]<br>Very much                |
| <b>P6d</b>                             | ...I had difficulty falling asleep   | [1]<br>Not at all               | [2]<br>A little bit             | [3]<br>Somewhat                 | [4]<br>Quite a bit              | [5]<br>Very much                |
| <b>P7 Cognitive Function Abilities</b> |  |                                 |                                 |                                 |                                 |                                 |
| In the past 7 days...                  |  |                                 |                                 |                                 |                                 |                                 |
|  |  | [1]<br>Not at all               | [2]<br>A little bit             | [3]<br>Somewhat                 | [4]<br>Quite a bit              | [5]<br>Very much                |
| <b>P7a</b>                             | ...I have been able to concentrate   | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P7b</b>                             | ...I have been able to remember to do things, like take medicine or buy something I needed | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |

**P8 Pain Interference**

In the past 7 days...

|            |   | [1]<br>Not at all               | [2]<br>A little bit             | [3]<br>Somewhat                 | [4]<br>Quite a bit              | [5]<br>Very much                |
|------------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>P8a</b> | ...How much did pain interfere with your day to day activities?                       | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P8b</b> | ...How much did pain interfere with work around the home?                             | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P8c</b> | ...How much did pain interfere with your ability to participate in social activities? | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>P8d</b> | ...How much did pain interfere with your household chores?                            | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |

**P9 Pain Intensity**

For the next question, please responds on scale from 0 being no pain to 10 being the worst pain imaginable.

P9. In the past 7 days, how would you rate your pain on average?

|             |   |   |   |   |   |   |   |   |   |                   |
|-------------|---|---|---|---|---|---|---|---|---|-------------------|
| 0           | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10                |
| No          |   |   |   |   |   |   |   |   |   | Worst Pain        |
| <b>Pain</b> |   |   |   |   |   |   |   |   |   | <b>Imaginable</b> |

## Risk of Harm and Consequences

RECOMMENDED: BEFORE SENSITIVE ITEMS SUCH AS THIS REMIND RESPONDENT ABOUT CONFIDENTIALITY OF INTERVIEW AND SECURITY PROCEDURES TO PROTECT DATA AND THAT THERE ARE NO ADVERSE CONSEQUENCES FOR PARTICIPATION IN SURVEY/INTERVIEW (CONSISTENT WITH HUB CONSENT FORMS)

|            |  | [0]<br>Never                    | [1]<br>More<br>than a<br>year ago | [2]<br>4 to 12<br>months<br>ago | [3]<br>2 to 3<br>months<br>ago  | [4]<br>Past<br>month            |
|------------|--|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>R1</b>  | <b>When was the last time you . . .</b>  |                                 |                                   |                                 |                                 |                                 |
| <b>R1a</b> | ...had two or more sex partners during the same time period?   | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1]   | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>R1b</b> | ...had sex without using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy?   | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1]   | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>R1c</b> | ...had sex while you or your partner was intoxicated from alcohol or other drugs?  | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1]   | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>R1d</b> | ...used a needle to inject drugs like heroin, cocaine or amphetamines?   | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1]   | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>R1g</b> | ...were attacked with a weapon, including a gun, knife, stick, bottle or other weapon?   | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1]   | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>R1h</b> | ...were physically abused, to the point that you had bruises, cuts or broken bones?  | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1]   | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>R1j</b> | ...were sexually abused, where someone pressured or forced you to participate in sexual acts against your will, including your regular sex partner, a family member or friend? | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1]   | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |

|            |   |                                 |                                 |                                 |                                 |                                 |
|------------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>R1K</b> | ...were emotionally abused, where someone did or said things to make you feel very bad about yourself or your life? | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>R1m</b> | ...were physically, sexual or emotionally abused several times or over a long period of time?                       | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>R1n</b> | ...were afraid for your life or that you might be seriously injured by the abuse?                                   | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>R2</b>  | <b>When was the last time you. . .</b>  |                                 |                                 |                                 |                                 |                                 |
| <b>R2a</b> | ...became very distressed and upset when something reminded you of the past?  | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>R2b</b> | ...thought about ending your life or dying by suicide?  | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |

RECOMMENDED: BEFORE SENSITIVE ITEMS SUCH AS R3 TO REMIND RESPONDENTS ABOUT CONFIDENTIALITY OF INTERVIEW/ASSESSMENT AND SECURITY PROCEDURES TO PROTECT DATA AND THAT THERE ARE NO CONSEQUENCES FOR PARTICIPATION (CONSISTENT WITH HUB CONSENT FORMS)

| <b>R3</b>  | <b>Were you ever told by a doctor or nurse that you had...</b> | <b>If yes, when were you <b>FIRST</b> diagnosed?</b> |                                 |                                 |                                 |                                 |                                   |
|------------|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|
|            |  | <b>Yes/No/<br/>Don't<br/>Recall</b>                  | [1]<br>More than<br>a year ago  | [2]<br>4 to 12<br>months<br>ago | [3]<br>2 to 3<br>months<br>ago  | [4]<br>Past<br>month            | [-99]<br>Don't<br>know            |
| <b>R3a</b> | Human Immunodeficiency Virus, HIV or AIDS?                     | Yes/No/<br>Don't<br>Recall                           | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[-99] |
| <b>R3b</b> | Hepatitis C?   | Yes/No/<br>Don't<br>Recall                           | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[-99] |
| <b>R3c</b> | Hepatitis B?   | Yes/No/<br>Don't<br>Recall                           | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[-99] |

|            |  |                         |                                 |                                 |                                 |                                 |                                   |
|------------|--|-------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| <b>R3d</b> | Other sexually transmitted diseases or infections, such as syphilis. | Yes/No/<br>Don't Recall | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[-99] |
| <b>R3e</b> | Tuberculosis or TB?  | Yes/No/<br>Don't Recall | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[-99] |
| <b>R3f</b> | Coronavirus 19 or COVID19?   | Yes/No/<br>Don't Recall | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[-99] |

## Substance Use

|            |   | [0]<br>Never                    | [1]<br>More than a year ago     | [2]<br>4 to 12 months ago       | [3]<br>2 to 3 months ago        | [4]<br>Within the last month    |
|------------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>S1</b>  | <b>When was the last time ...</b>   |                                 |                                 |                                 |                                 |                                 |
| <b>S1a</b> | ...you used alcohol or other drugs weekly or more often?  | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>S1b</b> | ...you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (feeling sick)?  | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>S1c</b> | ...you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?  | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>S1d</b> | ...your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?  | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |
| <b>S1e</b> | ...you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? | <input type="checkbox"/><br>[0] | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] |

|     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| S2  | When was the last time you ...   |   |   |   |   |   |
| S2a | ...used any kind of heroin, fentanyl or other opioid? (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine, Vicodin, Zohydro)? | <div><input type="checkbox"/><br/>[0]</div> | <div><input type="checkbox"/><br/>[1]</div> | <div><input type="checkbox"/><br/>[2]</div> | <div><input type="checkbox"/><br/>[3]</div> | <div><input type="checkbox"/><br/>[4]</div> |
| S2b | ...had an opioid overdose? [used enough of the drug that it produced a life-threatening reaction that required medical attention]  | <div><input type="checkbox"/><br/>[0]</div> | <div><input type="checkbox"/><br/>[1]</div> | <div><input type="checkbox"/><br/>[2]</div> | <div><input type="checkbox"/><br/>[3]</div> | <div><input type="checkbox"/><br/>[4]</div> |
| S2c | ...went to any kind of medication assisted treatment for opioid use disorder?  | <div><input type="checkbox"/><br/>[0]</div> | <div><input type="checkbox"/><br/>[1]</div> | <div><input type="checkbox"/><br/>[2]</div> | <div><input type="checkbox"/><br/>[3]</div> | <div><input type="checkbox"/><br/>[4]</div> |

|            |  |   |
|------------|--|---|
| <b>S3</b>  | <b>During the past 90 days [prior to entering jail or prison/since your last assessment], how many times did you (CAN CODE 0 IF NEVER ON S2b). . .</b>                         |   |
| <b>S3a</b> | ...overdose on heroin, fentanyl or other opioids? [Overdose means that you took enough of the drug that it caused a life-threatening reaction that required medical attention] | ___ ___ times (IF 0, GO TO S4)  |
| <b>S3b</b> | ...receive naloxone (Evzio or Narcan) to reverse your overdose?  | ___ ___ times (IF 0, GO TO S4)  |
| <b>S3c</b> | Who administered the naloxone or Narcan? (SELECT ALL THAT APPLY)   | [1] Paramedic / Ambulance<br>[2] Firefighter<br>[3] Police<br>[4] Emergency room doctor<br>[5] Spouse/significant other<br>[6] Running partner<br>[7] Parent<br>[8] Friend<br>[9] Stranger<br>[10] Self<br>[99] Other (please describe) |
| <b>S3d</b> | What drugs had you taken in the 4 hours before you overdosed? (SELECT ALL THAT APPLY)  | [1] Heroin<br>[2] Fentanyl<br>[3] Other opioids<br>[4] Crack or other forms of cocaine<br>[5] Methamphetamines, amphetamines or other forms of speed<br>[6] Xanax, benzodiazepines, or other anti-anxiety drugs or tranquilizers        |



|            |   |  |
|------------|---|--|
|            |   | [7] Marijuana<br>[8] Alcohol<br>[99] Other (PLEASE DESCRIBE) |
| <b>S3e</b> | How many of these times did you receive emergency medical service following an overdose?                                  | ___ ___ times  |
| <b>S3f</b> | How many of these times did you go to the emergency department following an overdose?                                     | ___ ___ times  |
| <b>S3g</b> | How many of these times did you get admitted to the hospital following an overdose?                                       | ___ ___ times  |
| <b>S3h</b> | How many of these times did you receive a referral to substance use treatment from the police, EMS, ED or hospital staff? | ___ ___ times  |

|            |  |              |
|------------|--|--------------|
| <b>S4</b>  | <b>During the 90 days (prior to entering jail or prison/since your last assessment), on how many days did you. . . [Write 0 days if no use]</b>  |              |
| <b>S4a</b> | ...use any heroin, fentanyl, opioids, alcohol, marijuana or other illicit drugs?   | ___ ___ days |
| <b>S4b</b> | ...drink any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)?   | ___ ___ days |
| <b>S4c</b> | ...have 5 or more drinks?  | ___ ___ days |
| <b>S4d</b> | ...use medical marijuana that was obtained from a dispensary with your own recommendation card or prescription?  | ___ ___ days |
| <b>S4e</b> | ... use other marijuana, including hashish, edibles, tinctures or concentrated drops, blunts or other forms of THC (cannabis, herb, pot, reefer, weed), or medical marijuana that was not your own?  | ___ ___ days |
| <b>S4f</b> | ...use heroin (alone or mixed with other drugs)?   | ___ ___ days |
| <b>S4g</b> | ...use fentanyl (alone or mixed with other drugs)?   | ___ ___ days |
| <b>S4h</b> | ...use nonprescription or street methadone?  | ___ ___ days |
| <b>S4j</b> | ...use nonprescription or street Suboxone?   | ___ ___ days |
| <b>S4k</b> | ...use other opioids, opiates, painkillers, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine, Vicodin, Zohydro)? | ___ ___ days |
| <b>S4m</b> | ...use crack, smoked rock, freebase, or other forms of cocaine?  | ___ ___ days |

|            |  |              |
|------------|--|--------------|
| <b>S4n</b> | ...use any methamphetamines, amphetamines, or other forms of speed?  | ___ ___ days |
| <b>S4p</b> | ...use any benzodiazepines, anti-anxiety drugs or tranquilizers (such as Ativan, Equanil, Dalmane, Deprol, Diazepam, Klonopin, Librium, Lortab, Meprobamate, Miltown, Prosom, Serax, Traxene, Valium, Verseed, Xanax)?   | ___ ___ days |
| <b>S4z</b> | ...use any other drug that has not been mentioned (such as hallucinogens, downers)? (PLEASE DESCRIBE)  | ___ ___ days |
| <b>S5</b>  | <b>During the 90 days (prior to entering jail or prison/ since your last assessment),</b> on how many days have you been in a jail, hospital or other place where you could not use heroin, fentanyl, other opioids, alcohol, marijuana or other drugs? (USE 0 FOR NONE) | ___ ___ days |

## Utilization of Services

| During the past 90 days (since last assessment), how many . . . [Write 0 days if you have not had this experience] |  |                                   |
|--|--|-----------------------------------|
| <b>U1</b>  | ...times have you had to go to an emergency room without being admitted to the hospital?   | ___ ___ times                     |
| <b>U2</b>  | ...nights were you in a hospital detoxification program for your alcohol and other drug use? (across all episodes)                 | ___ ___ nights                    |
| <b>U3</b>  | ...nights were you in a hospital for any other reason than detoxification?   | ___ ___ nights                    |
| <b>U4</b>  | ...nights were you in a non-hospital or social detoxification program from alcohol or other drugs? (also called residential detox) | ___ ___ nights                    |
| <b>U5a</b>   | ...nights were you in a residential treatment program for alcohol or drug use?   | ___ ___ nights                    |
| <b>U5b</b>   | ...nights were you in a residential treatment program for mental health?   | ___ ___ nights                    |
| <b>U5c</b>   | ...nights were you in a residential, nursing home or other rehabilitation facility for your physical health?                       | ___ ___ nights                    |
| <b>U6</b>  | ...times have you visited a primary care provider (physician, nurse, nurse practitioner, or physician assistant)?                  | ___ ___ times<br>[IF 0, GO TO U7] |
| <b>Why did you visit a primary care provider? (ADD SKIP LOGIC)</b>   |  |                                   |
| <b>U6a</b>   | Alcohol or other drug use  | [0] No<br>[1] Yes                 |
| <b>U6b</b>   | Mental health  | [0] No<br>[1] Yes                 |
| <b>U6c</b>   | Physical health  | [0] No<br>[1] Yes                 |
| <b>U6d</b>   | Some other reason (SPECIFY) _____  | [0] No<br>[1] Yes                 |
| <b>Other than times you already mentioned above, during the past 3 months (since last assessment), how many...</b> |  |                                   |
| <b>U7</b>  | ...days did you participate in any other outpatient treatment program specializing in alcohol or substance use? (OTHER THAN U1-6)  | ___ ___ days [IF 0, GO TO U8]     |
| <b>How many of these days...</b>   |  |                                   |
| <b>U7a</b>   | ...did you physically visit the program?   | ___ ___ days                      |
| <b>U7b</b>   | ...did you participate on-line (e.g., smart phone, computer or tablet)?  | ___ ___ days                      |
| <b>U7c</b>   | ...did you see a doctor?   | ___ ___ days                      |

|           |  |   |                                 |
|-----------|--|---|---------------------------------|
|           | <b>U7d</b>   | ...did you only participate in individual or group therapy? | ___ ___ days                    |
|           | <b>U7e</b>   | ...were for medication management only?                     | ___ ___ days                    |
| <b>U8</b> | ...times have you see a psychiatrist (MD) or psychologist (Ph.D., PsyD.)               |   | ___ ___ days [IF 0, GO TO U 9]  |
|           | <b>How many of these times ...</b>   |   |                                 |
|           | <b>U8a</b>   | ...did you physically visit the program?                    | ___ ___ times                   |
|           | <b>U8b</b>   | ...did you participate on-line (phone, computer or tablet)? | ___ ___ times                   |
| <b>U9</b> | ...times have you seen any other kind of counselor or social worker? (OTHER THAN U1-8) |   | ___ ___ times [IF 0, GO TO U13] |
|           | <b>How many of these times ...</b>   |   |                                 |
|           | <b>U9a</b>   | ...did you physically visit the program?                    | ___ ___ times                   |
|           | <b>U9b</b>   | ...did you participate on-line (phone, computer or tablet)? | ___ ___ times                   |

|            |  |                  |
|------------|--|------------------|
| <b>U13</b> | In the past 90 days (since your last assessment), how much money have you spent on all healthcare (e.g., copayments or prescriptions)? | \$___ __, ___ __ |
|------------|--|------------------|

|   |   |                                   |                                 |                                 |                                 |                                      |
|---|---|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|
| <b>U14</b>  | Have you received any substance use treatment in the past 90 days (since last assessment)? (CAN FILL IN BASED ON ABOVE) |                                   |                                 |                                 |                                 | [0] No<br>[1] Yes                    |
| Considering the substance use treatment from your most recent substance abuse treatment provider in the past 90 days (since your last assessment), please indicate how much you agree with each of the following statements |   |                                   |                                 |                                 |                                 |                                      |
|   |   | <b>[1]<br/>Strongly<br/>Agree</b> | <b>[2]</b>                      | <b>[3]</b>                      | <b>[4]</b>                      | <b>[5]<br/>Strongly<br/>Disagree</b> |
| <b>U14a</b>   | The provider is organized and well-run  | <input type="checkbox"/><br>[1]   | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5]      |
| <b>U14b</b>   | You are satisfied with this provider  | <input type="checkbox"/><br>[1]   | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5]      |
| <b>U14c</b>   | The staff are efficient at doing their job  | <input type="checkbox"/><br>[1]   | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5]      |

|             |   |                                 |                                 |                                 |                                 |                                 |
|-------------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>U14d</b> | You can get plenty of personal counseling at this provider                  | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |
| <b>U14e</b> | You can get plenty of medication assistance for opioid use at this provider | <input type="checkbox"/><br>[1] | <input type="checkbox"/><br>[2] | <input type="checkbox"/><br>[3] | <input type="checkbox"/><br>[4] | <input type="checkbox"/><br>[5] |

## MOUD LIFETIME/PAST MONTH USE (BASELINE ONLY)

### TO BE ANSWERED BY INTERVIEWER:

|  |  |
|--|--|
| U14f. Interview conducted with participant during incarceration? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO [GO TO U15 AND SKIP ALL U15_2 AND U15_3 ITEMS (the PTI items)] |
|--|--|

### TO BE ANSWERED BY PARTICIPANT:

|  |              |
|--|--------------|
| U14g. During the past xx/30 days how many days have you been incarcerated? | SPECIFY DAYS |
|--|--------------|

**INTERVIEWER INSTRUCTIONS:** In U14g above, if [number of days] is less than 30/xx days, replace 30/xx days with actual number of days participant has been incarcerated for all **U15\_4** and **U15\_5** questions below. [CORE NOTE: 30 days can be replaced with 90 days or other period – but common data set will actually be converted to the past 90 days. EACH hub will use only the ones that make sense for their study design and depending on location of recruitment (e.g., in jail/prison, after, or from community supervision).]

|              |   |                              |
|--------------|---|------------------------------|
| <b>U15.</b>  | Have you <b>ever</b> been prescribed and taken medication to treat opioid use disorder? [illicit use should be excluded]                      | [0] No [GO TO J1]<br>[1] Yes |
| <b>U15a.</b> | <b>Buprenorphine-naloxone or buprenorphine daily sublingual (e.g. Suboxone® film or tablet, generic films or tablets, or Subutex tablets)</b> |                              |
| <b>U15a1</b> | Lifetime months   | SPECIFY MONTHS               |
| <b>U15a2</b> | Past 30/xx days Prior to Incarceration (PTI) days   | SPECIFY DAYS                 |
| <b>U15a3</b> | Past 30/xx days PTI dose/day  | SPECIFY DOSAGE               |
| <b>U15a4</b> | Past 30/xx days   | SPECIFY DAYS                 |
| <b>U15a5</b> | Past 30/xx days dose/day  | SPECIFY DOSAGE               |
| <b>U15b.</b> | <b>Buprenorphine injection (SUBLOCADE®)</b>   |                              |
| <b>U15b1</b> | Lifetime months   | SPECIFY MONTHS               |
| <b>U15b2</b> | Past 30/xx days PTI days  | SPECIFY DAYS                 |
| <b>U15b3</b> | Past 30/xx days PTI dose/day  | SPECIFY DOSAGE               |
| <b>U15b4</b> | Past 30/xx days   | SPECIFY DAYS                 |
| <b>U15b5</b> | Past 30/xx days dose/day  | SPECIFY DOSAGE               |

|              |  |                |
|--------------|--|----------------|
| <b>U15c.</b> | <b>Buprenorphine weekly injection (BRIXADI®)</b>   |                |
| <b>U15c1</b> | Lifetime months                                    | SPECIFY MONTHS |
| <b>U15c2</b> | Past 30/xx days PTI days                           | SPECIFY DAYS   |
| <b>U15c3</b> | Past 30/xx days PTI dose/day                       | SPECIFY DOSAGE |
| <b>U15c4</b> | Past 30/xx days                                    | SPECIFY DAYS   |
| <b>U15c5</b> | Past 30/xx days dose/day                           | SPECIFY DOSAGE |
| <b>U15d.</b> | <b>Buprenorphine monthly injection (BRIXADI®)</b>  |                |
| <b>U15d1</b> | Lifetime months                                    | SPECIFY MONTHS |
| <b>U15d2</b> | Past 30/xx days PTI days                           | SPECIFY DAYS   |
| <b>U15d3</b> | Past 30/xx days PTI dose/day                       | SPECIFY DOSAGE |
| <b>U15d4</b> | Past 30/xx days                                    | SPECIFY DAYS   |
| <b>U15d5</b> | Past 30/xx days dose/day                           | SPECIFY DOSAGE |
| <b>U15e.</b> | <b>Buprenorphine 6-month implant (Probuphine®)</b> |                |
| <b>U15e1</b> | Lifetime months                                    | SPECIFY MONTHS |
| <b>U15e2</b> | Past 30/xx days PTI days                           | SPECIFY DAYS   |
| <b>U15e3</b> | Past 30/xx days PTI dose/day                       | SPECIFY DOSAGE |
| <b>U15e4</b> | Past 30/xx days                                    | SPECIFY DAYS   |
| <b>U15e5</b> | Past 30/xx days dose/day                           | SPECIFY DOSAGE |
| <b>U15f.</b> | <b>Naltrexone daily (oral)</b>                     |                |
| <b>U15f1</b> | Lifetime months                                    | SPECIFY MONTHS |
| <b>U15f2</b> | Past 30/xx days PTI days                           | SPECIFY DAYS   |
| <b>U15f3</b> | Past 30/xx days PTI dose/day                       | SPECIFY DOSAGE |
| <b>U15f4</b> | Past 30/xx days                                    | SPECIFY DAYS   |
| <b>U15f5</b> | Past 30/xx days dose/day                           | SPECIFY DOSAGE |
| <b>U15g.</b> | <b>Naltrexone monthly injection (Vivitrol®)</b>    |                |
| <b>U15g1</b> | Lifetime months                                    | SPECIFY MONTHS |
| <b>U15g2</b> | Past 30/xx days PTI days                           | SPECIFY DAYS   |
| <b>U15g3</b> | Past 30/xx days PTI dose/day                       | SPECIFY DOSAGE |
| <b>U15g4</b> | Past 30/xx days                                    | SPECIFY DAYS   |
| <b>U15g5</b> | Past 30/xx days dose/day                           | SPECIFY DOSAGE |
| <b>U15h.</b> | <b>Methadone daily</b>                             |                |
| <b>U15h1</b> | Lifetime months                                    | SPECIFY MONTHS |
| <b>U15h2</b> | Past 30/xx days PTI days                           | SPECIFY DAYS   |
| <b>U15h3</b> | Past 30/xx days PTI dose/day                       | SPECIFY DOSAGE |
| <b>U15h4</b> | Past 30/xx days                                    | SPECIFY DAYS   |
| <b>U15h5</b> | Past 30/xx days dose/day                           | SPECIFY DOSAGE |

<sup>1</sup>PTI = Prior to incarceration

<sup>2</sup>Dose/day is the dose taken most often during the 30 days PTI or past 30 days

## Treatment Preferences

**INTERVIEWER INSTRUCTIONS:** Please read the statement below to the participant first:

*We are interested in the type of opioid use disorder treatment you would most prefer if all options were available to you now. The questions below ask in more detail about your most preferred treatment type. (Please note: the treatment types below are not necessarily offered in this study).*

|  |  |
|--|--|
| <b>M1. If respondent is not a candidate for OUD treatment, mark here and skip this set of items:</b>   | _____ N/A not a candidate for OUD treatment  |
| <b>M2.</b> Which type of opioid use disorder (OUD) treatment would you most prefer to receive if it were available to you now? (CHECK ALL THAT APPLY)<br><br><b>[SKIP LOGIC: If M2=1, ask M3, otherwise go to next set of questions]</b> | [1] OUD medication (e.g. methadone, buprenorphine/Suboxone, naltrexone/Vivitrol) <b>[Ask M3]</b><br><br>[2] Detox<br>[3] Outpatient counseling<br>[4] Intensive outpatient<br>[5] Residential treatment<br>[6] Other (specify): _____<br>[7] No treatment<br>[8] Don't know / No preference                                  |
| <b>M3.</b> Which OUD medication treatment type would you most prefer to receive if it were available to you now? (SELECT ONLY ONE)<br><br><b>[SKIP LOGIC: If M3=2, ask M4. If M3=3, ask M5. Otherwise go to next set of questions.]</b>  | [1] Methadone<br>[2] Buprenorphine/Suboxone <b>(ASK M4)</b><br>[3] Naltrexone/Vivitrol <b>(ASK M5)</b><br>[4] Don't Know / No Preference   |
| <b>M4.</b> Which type of buprenorphine? [SELECT ONLY ONE and go to next set of questions]  | [1] I would prefer to receive daily buprenorphine-naloxone sublingual tablets or films (Suboxone®)<br><br>[2] I would prefer to receive monthly or weekly buprenorphine injections (e.g., Sublocade®, Brixadi®)<br><br>[3] I would prefer to receive the 6-month buprenorphine implant<br><br>[4] Don't Know / No Preference |
| <b>M5.</b> Which type of naltrexone? (SELECT ONLY ONE)   | [1] I would prefer to receive daily naltrexone oral (Revia®)<br>[2] I would prefer to receive monthly naltrexone injections (Vivitrol®)<br>[3] Don't Know / No Preference  |

Comments:

## Justice Involvement

RECOMMENDED: BEFORE SENSITIVE ITEMS SUCH AS THIS REMIND RESPONDENT ABOUT CONFIDENTIALITY OF INTERVIEW/ASSESSMENT AND SECURITY PROCEDURES TO PROTECT DATA AND NO CONSEQUENCES FOR PARTICIPATION (CONSISTENT WITH HUB CONSENT FORMS)

|              |   |                                  |
|--------------|---|----------------------------------|
| <b>J.</b>    | <b>Justice</b>  |                                  |
| <b>J1</b>    | During the 90 days (prior to entering jail or prison/ since your last assessment), on how many days were you involved in any activities that might get you into trouble or be against the law besides drug use? | ___ ___ days<br>[IF 0, GO TO J2] |
| <b>J1a.</b>  | <b>During the past 90 days (since your last assessment), how many times have you...</b>   |                                  |
| <b>J1a1</b>  | ...been in possession of small amounts of drugs? (drug possession)  | ___ ___ times                    |
| <b>J1a2</b>  | ...been drunk or high in public? (drunkenness or other liquor law violations)   | ___ ___ times                    |
| <b>J1a3</b>  | ...driven a vehicle while under the influence of alcohol or drugs? (driving under the influence or while intoxicated)   | ___ ___ times                    |
| <b>J1a4</b>  | ...sold, distributed or helped to make illegal drugs? (possession, dealing, distribution or sale of drugs)  | ___ ___ times                    |
| <b>J1a5</b>  | ...purposely damaged or destroyed property that did not belong to you? (vandalism or property destruction)  | ___ ___ times                    |
| <b>J1a6</b>  | ...bought, received, possessed or sold any stolen goods? (receiving, possessing or selling stolen goods)  | ___ ___ times                    |
| <b>J1a7</b>  | ...passed bad checks, forged or altered a prescription, or took money illegally from an employer? (forgery, fraud or embezzlement)  | ___ ___ times                    |
| <b>J1a8</b>  | ...taken something from a store without paying for it? (shoplifting)  | ___ ___ times                    |
| <b>J1a9</b>  | ...other than from a store, taken money or property that didn't belong to you? (larceny or theft)   | ___ ___ times                    |
| <b>J1a10</b> | ...broken into a house or building to steal something or just to look around? (burglary or breaking and entering)   | ___ ___ times                    |
| <b>J1a11</b> | ...taken a car without people in it that didn't belong to you? (motor vehicle theft)  | ___ ___ times                    |
| <b>J1a12</b> | ...taken a car from someone who was in it? (carjacking)   | ___ ___ times                    |



|              |   |                                  |
|--------------|---|----------------------------------|
| <b>J1a13</b> | ...hit someone or gotten into a physical fight? (simple assault or battery)   | ___ __ times                     |
| <b>J1a14</b> | ...used a weapon, force, or strong-arm methods to get money or things from a person? (robbery)  | ___ __ times                     |
| <b>J1a15</b> | ...hurt someone badly enough they needed bandages or a doctor? (aggravated assault or battery)  | ___ __ times                     |
| <b>J1a16</b> | ...made someone have sex with you by force when they did not want to have sex? (forcible rape)  | ___ __ times                     |
| <b>J1a17</b> | ...been involved in the death or murder of another person, including accidents? (murder, homicide or no-negligent manslaughter)   | ___ __ times                     |
| <b>J1a18</b> | ...intentionally set a building, car or other property on fire? (arson)   | ___ __ times                     |
| <b>J1a19</b> | ...traded sex for food, drugs or money? (prostitution, pimping or commercialized sex)   | ___ __ times                     |
| <b>J1a99</b> | ...done something else that would have gotten you into trouble with the police if they had known about it? (carrying a weapon, gang involvement, domestic violence, trespass, gambling, disturbing the peace, disorderly conduct, paraphernalia, runaway, curfew, truancy, ) (PLEASE DESCRIBE _____ ) | ___ __ times                     |
| <b>J2</b>    | <b>During the 90 days (prior to entering jail or prison/ since your last assessment), how many times were you arrested and charged?</b>   | ___ __ times<br>[IF 0, GO TO J3] |
| <b>J2a</b>   | Number of arrests for drug possession (including for small amounts)   | ___ __ arrests                   |
| <b>J2b</b>   | Number of arrests for drunkenness or other liquor law violations  | ___ __ arrests                   |
| <b>J2c</b>   | Number of arrests for driving under the influence or while intoxicated  | ___ __ arrests                   |
| <b>J2d</b>   | Number of arrests for possession, dealing, distribution or sale of drugs  | ___ __ arrests                   |
| <b>J2e</b>   | Number of arrests for vandalism or property destruction   | ___ __ arrests                   |
| <b>J2f</b>   | Number of arrests for receiving, possessing or selling stolen goods   | ___ __ arrests                   |
| <b>J2g</b>   | Number of arrests for forgery, fraud or embezzlement  | ___ __ arrests                   |
| <b>Jh</b>    | Number of arrests for shoplifting   | ___ __ arrests                   |
| <b>J2i</b>   | Number of arrests for larceny or theft  | ___ __ arrests                   |
| <b>J2j</b>   | Number of arrests for burglary or breaking and entering   | ___ __ arrests                   |
| <b>J2k</b>   | Number of arrests for motor vehicle theft   | ___ __ arrests                   |
| <b>J2l</b>   | Number of arrests for car jacking   | ___ __ arrests                   |
| <b>J2m</b>   | Number of arrests for simple assault or battery   | ___ __ arrests                   |
| <b>J2n</b>   | Number of arrests for robbery   | ___ __ arrests                   |

|            |   |                               |
|------------|---|-------------------------------|
| <b>J2o</b> | Number of arrests for aggravated assault or battery   | ___ __ arrests                |
| <b>J2p</b> | Number of arrests for forcible rape   | ___ __ arrests                |
| <b>J2q</b> | Number of arrests for murder, homicide or non-negligent manslaughter  | ___ __ arrests                |
| <b>J2r</b> | Number of arrests for arson   | ___ __ arrests                |
| <b>J2s</b> | Number of arrests for prostitution, pimping or commercialized sex   | ___ __ arrests                |
| <b>J2t</b> | Number of arrests for other charges (carrying a weapon, gang involvement, domestic violence, trespass, gambling, disturbing the peace, disorderly conduct, paraphernalia, runaway, curfew, truancy) | ___ __ arrests                |
| <b>J3</b>  | <b>During the past 90 days (since your last assessment), how many days have you been ...</b>  |                               |
| <b>J3a</b> | ...on electronic monitoring?  | ___ __ days                   |
| <b>J3b</b> | ...on house arrest?   | ___ __ days                   |
| <b>J3c</b> | ...in jail?   | ___ __ days                   |
| <b>J3d</b> | ...in prison?   | ___ __ days                   |
| <b>J3e</b> | <b>Are you currently in jail or prison? (CAN MARK IF OBVIOUS)</b>   | [0] No [GO TO J4]<br>[1] Yes  |
| <b>J3f</b> | How long have you been in jail or prison? (just this episode)   | ___ __ days                   |
| <b>J4</b>  | <b>During the past 90 days (since your last assessment), how many days have you...</b>  |                               |
| <b>J4a</b> | ...been on parole?  | ___ __ days                   |
| <b>J4b</b> | ...been on probation?   | ___ __ days                   |
| <b>J4c</b> | ...been on any other kind of community supervision?   | ___ __ days                   |
| <b>J4d</b> | ...met with your probation or parole officer?   | ___ __ days                   |
| <b>J4e</b> | ...been in trouble with your probation or parole officer?   | ___ __ days                   |
| <b>J5</b>  | <b>During your lifetime...</b>  |                               |
| <b>J5a</b> | How many times in your life have you been arrested including as a juvenile?   | ___ __ times                  |
| <b>J5b</b> | How old were you the first time you were arrested?  | ___ __ years old              |
| <b>J5c</b> | How much total time have you spent in detention, jail or prison during your lifetime?   | ___ __ years<br>___ __ months |
| <b>J5d</b> | How many times have you been found guilty and sentenced (including adjudications as a youth or convictions as an adult)?  | ___ __ times                  |

|            |  |                   |
|------------|--|-------------------|
| <b>J5e</b> | How old were you the first time you were adjudicated or convicted? | ___ ___ years old |
|------------|--|-------------------|

## Administration Meta Data (FOR HUB STAFF USE ONLY)

|             |   |   |
|-------------|---|---|
| <b>AM1</b>  | How were the questions administered?  | [a] Self-administered<br>[b] Orally administered by staff<br>[c] Orally administered by others<br>[z] Other (PLEASE DESCRIBE<br>v _____)  |
| <b>AM2</b>  | What was the mode of administration?  | [a.] Pen & paper<br>[b.] On a computer or tablet<br>[z.] Other (PLEASE DESCRIBE<br>v _____)   |
| <b>AM3</b>  | What was the primary language in which it was conducted?  | [a.] English<br>[b.] Spanish<br>[z.] Other (PLEASE DESCRIBE<br>v _____)   |
| <b>AM8</b>  | What problems prevented a quiet and private environment?  | [a.] noise or other frequent distractions.<br>[b.] frequent interruptions<br>[c.] other people within ear shot<br>[d.] police, guards, probation/parole officers, social workers or other officials present<br>[e.] possible speaker or telephone monitoring of interview<br>[z.] other (PLEASE DESCRIBE,<br>v _____) |
| <b>AM10</b> | What was the interview duration (time on task) in minutes?  | ___ ___ minutes   |
| <b>AM11</b> | Over how many different days was the interview conducted?   | ___ ___ days  |
| <b>AM99</b> | Do you have any additional comments about the administration of the assessment that should be considered when interpreting this assessment? | SPECIFY COMMENTS: v _____   |