

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/ 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

D1	What is your birth date?	SPECIFY DATE ____ / ____ / ____
D1a.	About how old are you?	SPECIFY AGE _____
D2.	Are you of Hispanic, Latino, or Spanish origin?	[0] No [1] Yes
D3.	What is your race? SELECT ALL THAT APPLY	[1] White [2] Black/African American [3] American Indian or Alaska Native (SPECIFY principal tribe or community) [4] Asian [5] Native Hawaiian or Other Pacific Islander [6] Some other race (SPECIFY)

NOTE: For gender/orientation/identity, use items O1-O2 if possible, otherwise use D4a-D4c. [Must use one or the other.]

O1.	What sex was originally listed on your birth certificate?	[01] Male [02] Female [03] Decline to answer [99] Something else (specify) _____
O2.	Gender Identity. Do you think of yourself as . . .	[01] Male [02] Female [03] Transgender man/trans man/female-to-male (FTM) [04] Transgender woman/ trans woman/male-to-female (MTF) [05] Genderqueer/Gender nonconforming/neither exclusively male nor female [06] Non-binary [07] Additional gender category (or other) (SPECIFY _____)
D4a.	What was your sex at birth?	[1] Male 2] Female [99] Something else (specify) _____
D4b.	What is your gender identity?	[1] Male

		[2] Female [3] Transgender [4] Gender nonconforming [99] Something else (specify) _____
D4c.	Sexual Orientation. Do you think of yourself as . . .	[01] Straight or heterosexual [02] Lesbian or gay [03] Bisexual [04] Queer, pansexual, and/or questioning [99] Something else (SPECIFY _____)
D4d.	Have you ever been pregnant?	[1] Never been pregnant [2] Currently pregnant [3] Previously pregnant, had a child [4] Previously pregnant, did not have a child [5] Not applicable [6] Don't know
D5.	What is your marital status?	[1] Married [GO TO D6] [2] Widowed [3] Divorced [4] Separated [5] Never married
D5a.	Are you currently living as married with a romantic partner?	[1] Yes, I am living as married with partner [2] No, I am not living as married with partner
D6.	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 _____ [2] GED or equivalent [3] Regular high school diploma [4] Some college credit, but less than 1 year of college credit [5] 1 or more years of college credit, but no degree [6] Associate's Degree (e.g., AA or AS) [7] Bachelor's Degree (e.g., BA or BS) [8] Graduate degree (MSW, MA, MS, JD, MD, DSW, EdD, Ph.D, etc.) [99] Other (specify)
<p>The next few questions are about your household 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.</p>		
D7a.	How many people, including yourself, are there in your household?	__ __ People
D7b.	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.

D7c.	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?	\$_____, _____
D7d.	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?	<ul style="list-style-type: none"> [1] Less than \$12,500 [2] \$12,500 - \$20,000 [3] \$20,001 - \$30,000 [4] \$30,001 - \$40,000 [5] \$40,001 - \$50,000 [6] \$50,001 - \$100,000 [7] More than \$100,000
D7d1.	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?	<ul style="list-style-type: none"> [0] No [GO TO D7e1] [1] Yes
D7d2.	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?	\$ _ _ _ _ , _ _ _ _
D7e1.	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?	<ul style="list-style-type: none"> [0] No [GO TO D7f1] [1] Yes
D7e2.	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?	\$ _ _ _ _ , _ _ _ _
D7f1.	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?	<ul style="list-style-type: none"> [0] No [GO TO D8] [1] Yes [-98] Refuse to answer
D7f2.	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?	
D8.	<p>Which one of the following statements best describes your work or school situation (prior to entering jail or prison / currently)? (CLARIFY AND CODE) [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 [2] Working part-time, less than 35 hours a week [3] Have a job where you are paid one day at a time (day labor). [4] Have a job, but not at work because of treatment, extended illness, maternity leave, furlough or strike [5] Have a job but not at work because it is seasonal work [6] Unemployed or laid off and looking for work [7] Unemployed or laid off and not looking for work [8] Full-time homemaker (keeping house) [9] In school or training [10] In school or training, but not currently going to classes [11] Retired [12] In jail, prison or detention [13] Too disabled for work (Please describe disability) [14] In the military [15] Doing volunteer work [99] Some other work situation (PLEASE DESCRIBE _____)</p>
D8a.	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]
D8b.	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 [1] 1 day a week [2] 2 days a week [3] 3 days a week [4] 4 days a week [5] 5 days a week [6] 6 days a week [7] I typically work every day of the week</p>
D8b1.	During the 90 days (prior to entering jail or prison / since your last assessment), how many hours per week do you usually work?	____ hours
D8c.	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]			
D8d.	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"/>
D8e.	What is your occupation?	SPECIFY _____		
D9.	Are you currently (or prior to entering jail or prison were you) covered by health insurance or some other kind of health care plan?	<p>[0] No [SKIP TO D10]</p> <p>[1] Yes</p>		
D9a.	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]	<p>[1] Private health insurance</p> <p>[2] Medicare</p> <p>[3] Medigap</p> <p>[4] Medicaid ({If Available, Display State Plan Name})</p> <p>[5] SCHIP (CHIP/Children's Health Insurance Program)</p> <p>[6] Military Health Care (Tricare/VA/CHAMP-VA)</p> <p>[7] Indian Health Service</p> <p>[8] State-Sponsored Health Plan ({If Available, Display State Plan Name})</p> <p>[9] Other government program</p> <p>[10] Single service plan (e.g., dental, vision, prescriptions)</p> <p>[-99] Don't know</p>		
D10.	During the 90 days (prior to entering jail or prison / since your last assessment), on how many days were you uninsured?	__ __ Days		

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

D11d.	Lived in a homeless shelter or emergency housing?	____ days
D11e.	Lived where other people were using alcohol?	____ days
D11f.	Lived where other people were using drugs?	____ days
D11g.	Been to formal activities where people were using alcohol or drugs?	____ days
D11h.	Gotten into trouble at home or with your family for any reason?	____ days
D11i.	Had an argument in which you swore, cursed, threatened another person , threw something, or pushed or hit another person in any way?	____ days
D11j.	Been attacked with a weapon, beaten, sexually abused or emotionally abused?	____ days

If respondent was in jail/prison during the past 3 months but not currently, ask:

O3.	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? [Overdose definition = use enough of the drug to cause a life-threatening reaction that requires medical attention]	[0] No GO TO P1a] [1] Yes [9] n/a not recently incarcerated
O3a.	Have you had to use it?	[0] No [skip O3b] [1] Yes
O3b.	Have you obtained a refill/replacement kit?	[0] No [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.

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

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

P2 Ability to Participate in Social Roles and Activities

In the past 7 days...

		[1] Never	[2] Rarely	[3] Sometimes	[4] Often	[5] Always
P2a	...I had trouble doing all of my regular leisure activities with others	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P2b	...I had trouble doing all of the family activities that I want to do	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P2c	...I had trouble doing all of my usual work (include work at home)	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P2d	...I had trouble doing all of the activities with friends that I want to do	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]

P3 Anxiety

In the past 7 days...

		[1] Never	[2] Rarely	[3] Sometimes	[4] Often	[5] Always
P3a	...I felt fearful	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P3b	...I found it hard to focus on anything other than my anxiety	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P3c	...My worries overwhelmed me	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P3d	...I felt uneasy	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]

P4 Depression

In the past 7 days...

		[1] Never	[2] Rarely	[3] Sometimes	[4] Often	[5] Always
P4a	...I felt worthless	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P4b	...I felt helpless	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P4c	...I felt depressed	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P4d	...I felt hopeless	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]

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

P8 Pain Interference						
In the past 7 days...						
		[1] Not at all	[2] A little bit	[3] Somewhat	[4] Quite a bit	[5] Very much
P8a	...How much did pain interfere with your day to day activities?	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P8b	...How much did pain interfere with work around the home?	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P8c	...How much did pain interfere with your ability to participate in social activities?	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P8d	...How much did pain interfere with your household chores?	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P9 Pain Intensity						
For the next question, please respond 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
No		7	8	9	10	Worst Pain
Pain		Imaginable				

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] Never	[1] More than a year ago	[2] 4 to 12 months ago	[3] 2 to 3 months ago	[4] Past month
R1	When was the last time you . . .					
R1a	...had two or more sex partners during the same time period?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
R1b	...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"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
R1c	...had sex while you or your partner was intoxicated from alcohol or other drugs?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
R1d	...used a needle to inject drugs like heroin, cocaine or amphetamines?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
R1g	...were attacked with a weapon, including a gun, knife, stick, bottle or other weapon?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
R1h	...were physically abused, to the point that you had bruises, cuts or broken bones?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
R1j	...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"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]

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

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

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

Substance Use

		[0] Never	[1] More than a year ago	[2] 4 to 12 months ago	[3] 2 to 3 months ago	[4] Within the last month
S1	When was the last time ...					
S1a	...you used alcohol or other drugs weekly or more often?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
S1b	...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"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
S1c	...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"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
S1d	...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"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
S1e	...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"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [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)?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	
S2b	...had an opioid overdose? [used enough of the drug that it produced a life-threatening reaction that required medical attention]	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	
S2c	...went to any kind of medication assisted treatment for opioid use disorder?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	

S3	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)...	
S3a	...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)
S3b	...receive naloxone (Evzio or Narcan) to reverse your overdose?	_____ times (IF 0, GO TO S4)
S3c	Who administered the naloxone or Narcan? (SELECT ALL THAT APPLY)	<ul style="list-style-type: none"> [1] Paramedic / Ambulance [2] Firefighter [3] Police [4] Emergency room doctor [5] Spouse/significant other [6] Running partner [7] Parent [8] Friend [9] Stranger [10] Self [99] Other (please describe)
S3d	What drugs had you taken in the 4 hours before you overdosed? (SELECT ALL THAT APPLY)	<ul style="list-style-type: none"> [1] Heroin [2] Fentanyl [3] Other opioids [4] Crack or other forms of cocaine [5] Methamphetamines, amphetamines or other forms of speed [6] Xanax, benzodiazepines, or other anti-anxiety drugs or tranquilizers

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

S4	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]	
S4a	...use any heroin, fentanyl, opioids, alcohol, marijuana or other illicit drugs?	____ days
S4b	...drink any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)?	____ days
S4c	...have 5 or more drinks?	____ days
S4d	...use medical marijuana that was obtained from a dispensary with your own recommendation card or prescription?	____ days
S4e	...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
S4f	...use heroin (alone or mixed with other drugs)?	____ days
S4g	...use fentanyl (alone or mixed with other drugs)?	____ days
S4h	...use nonprescription or street methadone?	____ days
S4j	...use nonprescription or street Suboxone?	____ days
S4k	...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
S4m	...use crack, smoked rock, freebase, or other forms of cocaine?	____ days

S4n	...use any methamphetamines, amphetamines, or other forms of speed?	____ days
S4p	...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
S4z	...use any other drug that has not been mentioned (such as hallucinogens, downers)? (PLEASE DESCRIBE)	____ days
S5	During the 90 days (prior to entering jail or prison/ since your last assessment), 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]		
U1	...times have you had to go to an emergency room without being admitted to the hospital?	____ times
U2	...nights were you in a hospital detoxification program for your alcohol and other drug use? (across all episodes)	____ nights
U3	...nights were you in a hospital for any other reason than detoxification?	____ nights
U4	...nights were you in a non-hospital or social detoxification program from alcohol or other drugs? (also called residential detox)	____ nights
U5a	...nights were you in a residential treatment program for alcohol or drug use?	____ nights
U5b	...nights were you in a residential treatment program for mental health?	____ nights
U5c	...nights were you in a residential, nursing home or other rehabilitation facility for your physical health?	____ nights
U6	...times have you visited a primary care provider (physician, nurse, nurse practitioner, or physician assistant)?	____ times [IF 0, GO TO U7]
Why did you visit a primary care provider? (ADD SKIP LOGIC)		
U6a	Alcohol or other drug use	[0] No [1] Yes
U6b	Mental health	[0] No [1] Yes
U6c	Physical health	[0] No [1] Yes
U6d	Some other reason (SPECIFY) _____	[0] No [1] Yes
Other than times you already mentioned above, during the past 3 months (since last assessment), how many...		
U7	...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]
How many of these days...		
U7a	...did you physically visit the program?	____ days
U7b	...did you participate on-line (e.g., smart phone, computer or tablet)?	____ days
U7c	...did you see a doctor?	____ days

	U7ddid you only participate in individual or group therapy?	____ days
	U7e	...were for medication management only?	____ days
U8	...times have you seen a psychiatrist (MD) or psychologist (Ph.D., PsyD.)		
	____ days [IF 0, GO TO U 9]		
	How many of these times ...		
	U8a	...did you physically visit the program?	____ times
	U8b	...did you participate on-line (phone, computer or tablet)?	____ times
U9	...times have you seen any other kind of counselor or social worker? (OTHER THAN U1-8)		
	____ times [IF 0, GO TO U13]		
	How many of these times ...		
	U9a	...did you physically visit the program?	____ times
	U9b	...did you participate on-line (phone, computer or tablet)?	____ times

U13	In the past 90 days (since your last assessment), how much money have you spent on all healthcare (e.g., copayments or prescriptions)?	\$_____, _____
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U14	Have you received any substance use treatment in the past 90 days (since last assessment)? (CAN FILL IN BASED ON ABOVE)			[0] No [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			
		[1] Strongly Agree	[2]	[3]
U14a	The provider is organized and well-run	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]
U14b	You are satisfied with this provider	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]
U14c	The staff are efficient at doing their job	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]
			[4]	[5] Strongly Disagree
			<input type="checkbox"/> [4]	<input type="checkbox"/> [5]

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

MOUD LIFETIME/PAST MONTH USE (BASELINE ONLY)

TO BE ANSWERED BY INTERVIEWER:

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

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

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

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

¹PTI = Prior to incarceration

²Dose/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).

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

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

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

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

J5e	How old were you the first time you were adjudicated or convicted?	____ years old
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Administration Meta Data (FOR HUB STAFF USE ONLY)

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