

JCOIN Common Measure Specifications

Follow-up Measures

Last revised 8/2/2021

JCOIN COMMON MEASURE SPECIFICATION (FOLLOW-UP ITEMS)

This document provides the specifications for core and optional JCOIN measures to be administered at study follow-up intervals. 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.

(Text in red font represents changes to the original follow-up specifications document.)

This document contains three sections:

- I. Record and Linkage Variables
- II. Follow-up Client-level Items

I. Record and Linkage Variables (Follow-Up)

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. Follow-Up 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.

FOLLOW-UP REFERENCE PERIOD: Most items will reference “the past xx days (since last assessment).” The reference period should be the lesser of 90 days or the actual number of days since the subject was last asked these questions. (So: if it has been 6 months since last assessment, use 90 days. If it has been 30 days since last assessment, use 30 days. Max days = 90.)

Demographics

The next few questions are about your HOUSEHOLD in the **past xx days (since last assessment/interview/contact/visit)**. Your household includes people you live with, and with whom you share your income and expenses – husband, wife, children, relatives, and others.

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 xx days (since 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?	[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 xx days (since last assessment)	[0] No [GO TO D7e1] [1] Yes

	assessment), did your household receive any public assistance like unemployment, food stamps / TANF, subsidized housing, or supplemental security income?	
D7d2.	During the past xx days (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 xx days (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] [1] Yes
D7e2.	During the past xx days (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 xx days (since last assessment), outside of employment described above, did	[0] No [GO TO D8] [1] Yes [-98] Refuse to answer

	you receive any other income from activities that might get you into trouble or be against the law, like dealing, gambling, or theft?	
D7f2.	During the past xx days (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.	Which one of the following statements best describes your work or school situation currently? (CLARIFY AND CODE) [For D8, include work under the table but not any other illegal work or income]	<ul style="list-style-type: none"> [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 _____)
D8a.	During the past xx days (since last assessment), on how many days have you worked?	____ days [If 0, GO to D9]
D8b.	During the past xx days (since last assessment), how	<ul style="list-style-type: none"> [0] I don't typically work at all [1] 1 day a week [2] 2 days a week

	many days per week do you typically work?	[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		
D8b1.	During the past xx days (since last assessment), How many hours per week do you usually work?	_____ hours		
D8c.	During the past xx days (since last assessment), approximately how much do you make per hour? [If someone is working multiple jobs, take the average amount per hour across the job]	\$_____ per hour		
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 covered by health insurance or some other kind of health care plan?	[0] No [SKIP TO D10] [1] Yes		
D9a.	What kind of health insurance or health care coverage do you	[1] Private health insurance [2] Medicare [3] Medigap		

	<p>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>	<p>[4] Medicaid ({If Available, Display State Plan Name}) [5] SCHIP (CHIP/Children's Health Insurance Program) [6] Military Health Care (Tricare/VA/CHAMP-VA) [7] Indian Health Service [8] State-Sponsored Health Plan ({If Available, Display State Plan Name}) [9] Other government program [10] Single service plan (e.g., dental, vision, prescriptions) [-99] Don't know</p>
D10.	During the past xx days (since last assessment), on how many days were you uninsured?	__ __ Days

D11.	During the past xx days (since 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
<i>If respondent was in jail/prison during the past 3 months but not currently, ask:</i>		
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?	<p>[0] No GO TO P1a [1] Yes</p>

	[Overdose definition = use enough of the drug to cause a life-threatening reaction that requires medical attention]	[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 a 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 Pain										Worst 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 RESPONDENT 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]
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]
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]

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 THAT THERE ARE NO CONSEQUENCES FOR PARTICIPATION (CONSISTENT WITH HUB CONSENT FORMS)

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	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]

	life-threatening reaction that required medical attention]					
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 xx days (since 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
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S4	During the past xx days (since 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 past xx days (since 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

<p>During the past xx days (since last assessment), how many . . . [Write 0 days if you have not had this experience]</p>		
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's assistant)?	____ times [IF 0, GO TO U7]
<p>Why did you visit a primary care provider? (ADD SKIP LOGIC)</p>		
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
<p>Other than times you already mentioned above, during the past 3 months (since last assessment), how many...</p>		
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]
<p>How many of these days...</p>		
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.)		
	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)		
	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 xx days (since 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 xx 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 xx days (since last assessment), please indicate how much you agree with each of the following statements	
		[1] Strongly agree [2] [3] [4] [5] Do not agree at all
U14a	The provider is organized and well-run	<input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5]
U14b	You are satisfied with this provider	<input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5]
U14c	The staff are efficient at doing their job	<input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <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 Treatment History (Follow-Up Version)

When did the participant last complete this form?

____ / ____ / _____

<p>1. Since your last assessment on <date recorded above>, have you been prescribed and taken medication to treat opioid use disorder? [Illicit use should be excluded]</p> <p>NOTE: The assessment period = <date recorded above> to <yesterday's date (day before this survey date)></p>							<p>[0] No [GO TO XX] [1] Yes</p>	
Medication	A. Non-Study medication treatment received during this period?	B. Dose/Day ("usual dose")	C. Treatment Days during this period?	D. Currently taking?	E. Did you stop taking medication during this period?	F. Reason for Stopping Treatment (SELECT ALL THAT APPLY))	G. Overall Satisfaction with Medication Treatment?	H. Overall Satisfaction with Treatment Program/Provider?
<p>2. Buprenorphine-naloxone or buprenorphine daily sublingual (e.g. Suboxone®, Zubsolv tablet or film, Bunavail film, generic films or tablets, or Subutex tablets)</p>	<p>[0] NO [GO TO 3] [1] YES</p>	<p>__ mg/day</p>	<p>___ days</p>	<p>[0] No [1] Yes</p>	<p>[0] No [GO TO G] [1] Yes</p>	<p>1. You transferred to another program 2. You completed the planned course of treatment 3. You were incarcerated 4. You left because of dissatisfaction with medication, counselor or treatment 5. You left because you did not have insurance or ability to pay for medication or treatment 6. You left because of other logistical problems or challenges (clinic hours, transportation, childcare) 7. You left because of lack of support from family or friends for being in treatment 8. You were asked to leave or administratively discharged from program. (e.g. repeated positive tests, non-attendance)) 9. Other describe:</p>	<p>1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied Good 5. Very Satisfied</p>	<p>1. Very unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied Good 5. Very Satisfied</p>

Medication	A. Non-Study medication	B. Dose/Day ("usual")	C. Treatment Days	D. Currently taking?	E. Did you stop taking	F. Reason for Stopping Treatment	G. Overall Satisfaction	H. Overall Satisfaction with
3. Buprenorphine monthly injection (SUBLOCADE [®])	[0] NO [GO TO 4] [1] YES	100mg/mo 300mg/mo	___ days [1 injection = 28 days]	[0] No [1] Yes [GO TO H.]	[0] No [GO TO G.] [1] Yes	↓ (#1-9 options above will be SELECT ALL THAT APPLY checkboxes for EACH ROW 2-9)	↓ (#1-5 options above will be SELECT ALL THAT APPLY)	↓ (#1-5 options above will be SELECT ALL THAT APPLY)
4. Buprenorphine weekly injection (BRIXADI [®])	[0] NO [GO TO 5] [1] YES	8mg/week 16mg/week 24mg/week 32mg/week	___ days [1 injection = 7 days]	[0] No [1] Yes [GO TO H.]	[0] No [GO TO G.] [1] Yes			
5. Buprenorphine monthly injection (BRIXADI [®])	[0] NO [GO TO 6] [1] YES	64 mg/month 96mg/month 128mg/month	___ days [1 injection = 28 days]	[0] No [1] Yes [GO TO H.]	[0] No [GO TO G.] [1] Yes			
6. Buprenorphine 6- month implant (Probuphine [®])	[0] NO [GO TO 7] [1] YES	80mg/implant	___ days [1 day w/implant = 1 treatment day]	[0] No [1] Yes [GO TO H.]	[0] No [GO TO G.] [1] Yes			
7. Naltrexone (oral)	[0] NO [GO TO 8] [1] YES	___ mg/day	___ days	[0] No [1] Yes [GO TO H.]	[0] No [GO TO G.] [1] Yes			
8. Naltrexone monthly injection (Vivitrol) Vivitrol [®])	[0] NO [GO TO 9] [1] YES	380mg/mo	___ days [1 injection = 28 days]s	[0] No [1] Yes [GO TO H.]	[0] No [GO TO G.] [1] Yes			
9. Methadone daily	[0] NO [GO TO NEXT FORM] [1] YES	___ mg/day	___ days	[0] No [1] Yes [GO TO H.]	[0] No [GO TO G.] [1] Yes			

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®)

	<p>[2] I would prefer to receive monthly or weekly buprenorphine injections (e.g., Sublocade®, Brixadi®)</p> <p>[3] I would prefer to receive the 6-month buprenorphine implant</p> <p>[4] Don't Know / No Preference</p>
M5. Which type of naltrexone? (SELECT ONLY ONE)	<p>[1] I would prefer to receive daily naltrexone oral (Revia®)</p> <p>[2] I would prefer to receive monthly naltrexone injections (Vivitrol®)</p> <p>[3] Don't Know / No Preference</p>
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 past xx days (since 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 xx days (since last assessment), how many times have you... (common charge names associated with behavior for reference only)	
J1a1	...been in possession of small amounts of drugs? (drug possession)	____ times

J1a2	...been drunk or high in public? (drunkenness or other liquor law violations)	_____ times
J1a3	...driven a vehicle while under the influence of alcohol or drugs ? (driving under the influence or while intoxicated)	_____ times
J1a4	...sold, distributed or helped to make illegal drugs? (possession, dealing, distribution or sale of drugs)	_____ times
J1a5	...purposely damaged or destroyed property that did not belong to you? (vandalism or property destruction)	_____ times
J1a6	...bought, received, possessed or sold any stolen goods? (receiving, possessing or selling stolen goods)	_____ times
J1a7	...passed bad checks, forged or altered a prescription, or took money illegally from an employer? (forgery, fraud or embezzlement)	_____ times
J1a8	...taken something from a store without paying for it? (shoplifting)	_____ times
J1a9	...other than from a store, taken money or property that didn't belong to you? (larceny or theft)	_____ times
J1a10	...broken into a house or building to steal something or just to look around? (burglary or breaking and entering)	_____ times
J1a11	...taken a car without people in it that didn't belong to you? (motor vehicle theft)	_____ times
J1a12	...taken a car from someone who was in it? (carjacking)	_____ times
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, distributing the peace, disorderly conduct, paraphernalia, runaway, curfew, truancy,) (PLEASE DESCRIBE _____)	____ times
J2	During the past xx days (since last assessment), how many times were you arrested and charged?	____ times [IF 0, GO TO J3]
J2a	Number of arrests for drug possession (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
J2h	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 xx days (since 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)	<input type="checkbox"/> [0] No [GO TO J4] <input type="checkbox"/> [1] Yes
J3f	How long have you been in jail or prison? (just this episode)	____ days
J4	During the past xx days (since 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