**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:

1. Record and Linkage Variables
2. 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 total household income from legal sources 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), did your household receive any public assistance like unemployment, food stamps / TANF, subsidized housing, or supplemental security income? | [0] No [GO TO D7e1] [1] Yes | | |
| **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 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] [1] Yes  [-98] Refuse to answer | | |
| **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] | 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).   1. Have a job, but not at work because   of treatment, extended illness,  maternity leave, furlough or strike   1. Have a job but not at work because it   is seasonal work   1. Unemployed or laid off and looking   for work   1. Unemployed or laid off and not looking for work 2. Full-time homemaker (keeping house) 3. In school or training 4. In school or training, but not currently going to classes 5. Retired 6. In jail, prison or detention 7. Too disabled for work (Please   describe disability)   1. In the military 2. 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 many days per week do you typically work? | [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 | | |
| **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 |  |  |  |
|  | Paid time off |  |  |  |
|  | Defined benefit plan or pension |  |  |  |
|  | An arrangement such as a 401(k) or 403(b) plan, under which your employer contributes money towards your retirement every pay period |  |  |  |
| **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 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 2. Medicare 3. Medigap 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 | | |
| **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 |
| *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 | [1] | [2] | [3] | [4] | [5] |
| **P1b** | ...go up and down stairs at a normal pace | [1] | [2] | [3] | [4] | [5] |
| **P1c** | ...walk around for at least 15 minutes | [1] | [2] | [3] | [4] | [5] |
| **P1d** | ... get from place to place | [1] | [2] | [3] | [4] | [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 | | | [1] | | | [2] | | | [3] | | | [4] | [5] | |
| **P2b** | ...I had trouble doing all of the family activities that I want to do | | | [1] | | | [2] | | | [3] | | | [4] | [5] | |
| **P2c** | ...I had trouble doing all of my usual work (include work at home) | | | [1] | | | [2] | | | [3] | | | [4] | [5] | |
| **P2d** | ...I had trouble doing all of the activities with friends that I want to do | | | [1] | | | [2] | | | [3] | | | [4] | [5] | |
| P3 Anxiety | | | | | | | | | | | | | | | |
| In the past 7 days… | | | | | | | | | | | | | | | |
|  | | | [1]  Never | | | [2]  Rarely | | | [3]  Sometimes | | | [4]  Often | | [5] Always | |
| **P3a** | | ...I felt fearful | [1] | | | [2] | | | [3] | | | [4] | | [5] | |
| **P3b** | | ...I found it hard to focus on anything other than my anxiety | [1] | | | [2] | | | [3] | | | [4] | | [5] | |
| **P3c** | | ...My worries overwhelmed me | [1] | | | [2] | | | [3] | | | [4] | | [5] | |
| **P3d** | | ...I felt uneasy | [1] | | | [2] | | | [3] | | | [4] | | [5] | |
|  | | | | | | | | | | | | | | | |
| P4 Depression | | | | | | | | | | | | | | | |
| In the past 7 days… | | | | | | | | | | | | | | | |
|  | | | [1]  Never | | | [2]  Rarely | | | [3]  Sometimes | | | [4]  Often | | [5] Always | |
| **P4a** | | ...I felt worthless | [1] | | | [2] | | | [3] | | | [4] | | [5] | |
| **P4b** | | ...I felt helpless | [1] | | | [2] | | | [3] | | | [4] | | [5] | |
| **P4c** | | ...I felt depressed | [1] | | | [2] | | | [3] | | | [4] | | [5] | |
| **P4d** | | ...I felt hopeless | [1] | | | [2] | | | [3] | | | [4] | | [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 | [1] | | | [2] | | | [3] | | | [4] | | [5] | |
| **P5b** | | ...I had trouble starting things because I was tired | [1] | | | [2] | | | [3] | | | [4] | | [5] | |
| **P5c** | | …how run-down did you feel on average? | [1] | | | [2] | | | [3] | | | [4] | | [5] | |
| **P5d** | | …how fatigued were you on average? | [1] | | | [2] | | | [3] | | | [4] | | [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 | [1] | | [2] | | | [3] | | | [4] | | | | [5] |
| **P7b** | | ...I have been able to remember to do things, like take medicine or buy something I needed | [1] | | [2] | | | [3] | | | [4] | | | | [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? | [1] | [2] | [3] | [4] | [5] |
| **P8b** | ...How much did pain interfere with work around the home? | [1] | [2] | [3] | [4] | [5] |
| **P8c** | ...How much did pain interfere with your ability to participate in social activities? | [1] | [2] | [3] | [4] | [5] |
| **P8d** | ...How much did pain interfere with your household chores? | [1] | [2] | [3] | [4] | [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 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? | [0] | [1] | [2] | [3] | [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? | [0] | [1] | [2] | [3] | [4] |
| **R1c** | …had sex while you or your partner was intoxicated from alcohol or other drugs? | [0] | [1] | [2] | [3] | [4] |
| **R1d** | …used a needle to inject drugs like heroin, cocaine or amphetamines? | [0] | [1] | [2] | [3] | [4] |
| **R1g** | …were attacked with a weapon, including a gun, knife, stick, bottle or other weapon? | [0] | [1] | [2] | [3] | [4] |
| **R1h** | …were physically abused, to the point that you had bruises, cuts or broken bones? | [0] | [1] | [2] | [3] | [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? | [0] | [1] | [2] | [3] | [4] |
| **R1K** | …were emotionally abused, where someone did or said things to make you feel very bad about yourself or your life? | [0] | [1] | [2] | [3] | [4] |
| **R1m** | …were physically, sexual or emotionally abused several times or over a long period of time? | [0] | [1] | [2] | [3] | [4] |
| **R1n** | …were afraid for your life or that you might be seriously injured by the abuse? | [0] | [1] | [2] | [3] | [4] |
| **R2** | **When was the last time you. . .** | | | | | | |
| **R2a** | …became very distressed and upset when something reminded you of the past? | [0] | [1] | [2] | [3] | [4] |
| **R2b** | …thought about ending your life or dying by suicide? | [0] | [1] | [2] | [3] | [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 …** | | **If yes, when were you FIRST diagnosed?** | | | | |
|  |  | Yes/No/Don’t Recall | [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 | [1] | [2] | [3] | [4] | [-99] |
| **R3b** | Hepatitis C? | Yes/No/ Don’t Recall | [1] | [2] | [3] | [4] | [-99] |
| **R3c** | Hepatitis B? | Yes/No/ Don’t Recall | [1] | [2] | [3] | [4] | [-99] |
| **R3a** | Human Immunodeficiency Virus, HIV or AIDS? | Yes/No/ Don’t Recall | [1] | [2] | [3] | [4] | [-99] |
| **R3d** | Other sexually transmitted diseases or infections, such as syphilis. | Yes/No/ Don’t Recall | [1] | [2] | [3] | [4] | [-99] |
| **R3e** | Tuberculosis or TB? | Yes/No/ Don’t Recall | [1] | [2] | [3] | [4] | [-99] |
| **R3f** | Coronavirus 19 or COVID19? | Yes/No/ Don’t Recall | [1] | [2] | [3] | [4] | [-99] |

RECOMMENDED: BEFORE SENSITIVE ITEMS SUCH AS THIS 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)

# 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? | [0] | [1] | [2] | [3] | [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)? | [0] | [1] | [2] | [3] | [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? | [0] | [1] | [2] | [3] | [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? | [0] | [1] | [2] | [3] | [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? | [0] | [1] | [2] | [3] | [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)? | [0] | [1] | [2] | [3] | [4] | |
| **S2b** | …had an opioid overdose? [used enough of the drug that it produced a life-threatening reaction that required medical attention] | [0] | [1] | [2] | [3] | [4] | |
| **S2c** | ...went to any kind of medication assisted treatment for opioid use disorder? | [0] | [1] | [2] | [3] | [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) | [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) | [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 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

|  |  |  |  |
| --- | --- | --- | --- |
| **During the past xx 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’s 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 |
|  | **U7d** | ….did you only participate in individual or group therapy? | \_\_\_ \_\_\_\_ days |
|  | **U7e** | …were for medication management only? | \_\_\_ \_\_\_\_ days |
| **U8** | …times have you see 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 xx days** (since last assessment), how much money have you spent on all healthcare (e.g., copayments or prescriptions)? | $\_\_\_ \_\_\_, \_\_\_\_ \_\_\_ \_\_\_ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | [1] | [2] | [3] | | [4] | [5] |
| **U14b** | You are satisfied with this provider | [1] | [2] | [3] | | [4] | [5] |
| **U14c** | The staff are efficient at doing their job | [1] | [2] | [3] | | [4] | [5] |
| **U14d** | You can get plenty of personal counseling at this provider | [1] | [2] | [3] | | [4] | [5] |
| **U14e** | You can get plenty of medication assistance for opioid use at this provider | [1] | [2] | [3] | | [4] | [5] |

# MOUD Treatment History (Follow-Up Version)

**When did the participant last complete this form? \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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]  **NOTE: The assessment period = <date recorded above> to <yesterday’s date (day before this survey date)>** | | | | | | | | | [0] No [GO TO XX] [1] Yes | | |
| **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?** |
| **2.** Buprenorphine-naloxone or buprenorphine daily sublingual  (e.g. Suboxone©, Zubsolvtablet or film, Bunavail film, generic films or tablets, or Subutex tablets) | [0] NO [GO TO 3]  [1] YES | \_ \_ mg/day | \_ \_ \_ days | [0] No  [1] Yes | | [0] No [GO TO G.] [1] Yes | 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:\_\_\_\_\_\_\_\_\_\_\_ | 1. Very unsatsfied  2. Unsatisfied  3. Neutral  4. Satisfied Good  5. Very Satisfied | | 1. Very unsatsfied  2. Unsatisfied  3. Neutral  4. Satisfied Good  5. Very Satisfied |
| **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?** |
| **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®)  [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 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)** | [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 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 |