TMG Brief Natural History Interview

Youth Version

The Measurement Group
Culver City, CA

SPNS SITE:			***PROVIDER (Optional):***			***STAFF CODE:***		

RESPONDENT ID CODE (Use as many of the boxes as necessary, starting from the left):

DATE: ________/________/________
Month Day Year

INTERVIEW SESSION: 1❑Initial assessment

INTERVIEW LANGUAGE: 1❑English 2❑Spanish 3❑Other (Specify: ______________________)

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The following 2 pages contain a sample consent form. Be sure to get consent from the client before conducting this interview. You may use this consent form or one of your choice.

[Interviewer: Read the consent form on the following page to the participant while he/she reads a copy. Answer any questions about conditions of participation and obtain signature on 2 copies of consent form. Keep one copy, separate from the interview, and participant keeps one copy.]

Be sure to detach the consent form from this interview.

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CONSENT TO PARTICIPATE: ADOLESCENT SPNS

In this interview, I am going to ask you some questions about yourself. I would like to ask you about your experience using different services and social programs. Our program is collecting this information to help find out how well we are meeting the needs of people like you. Your answers are very important in helping us find out if we are responding to your problems.

Taking part in the study is voluntary. You may refuse to participate or withdraw from the study at any time and still receive services from this program. Your name will not be given to anyone. Your name will not be on the interview papers and your records will remain confidential. The staff will use every reasonable effort to protect and keep confidential all information you choose to provide.

Some of the questions may make you feel anxious or embarrassed. If you have any questions or concerns at the time of the interview or later, staff will answer your questions and talk about your concerns with you. If you have any questions related to the study, you can call ____, who may be reached at

______________________________.

****

Staff has explained this consent form to me and I have had a chance to ask them questions. I acknowledge that I agree to participate in the study as described.

______________________________ ______________________________

Signature Date

______________________________ ______________________________

Interviewer Signature Date

REMOVE THIS PAGE FROM THE INTERVIEW FORM

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CONSENT TO PARTICIPATE: ADOLESCENT SPNS

In this interview, I am going to ask you some questions about yourself. I would like to ask you about your experience using different services and social programs. Our program is collecting this information to help find out how well we are meeting the needs of people like you. Your answers are very important in helping us find out if we are responding to your problems.

Taking part in the study is voluntary. You may refuse to participate or withdraw from the study at any time and still receive services from this program. Your name will not be given to anyone. Your name will not be on the interview papers and your records will remain confidential. The staff will use every reasonable effort to protect and keep confidential all information you choose to provide.

Some of the questions may make you feel anxious or embarrassed. If you have any questions or concerns at the time of the interview or later, staff will answer your questions and talk about your concerns with you. If you have any questions related to the study, you can call ____, who may be reached at

______________________________.

****

Staff has explained this consent form to me and I have had a chance to ask them questions. I acknowledge that I agree to participate in the study as described.

____________________________ ____________________________

Signature Date

____________________________ ____________________________

Interviewer Signature Date

REMOVE THIS PAGE FROM THE INTERVIEW FORM

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SECTION I:
BACKGROUND INFORMATION

Interviewer: Read the following questions and mark the respondent's answers where indicated.

1. What is your birth date? ______/______/______
month day year

2. What is your ethnic background?
(Interviewer: Check as many as apply. Code how the respondent identifies him/herself.)
1❑African-American
1❑Asian/Pacific Islander
1❑Caucasian
1❑Hispanic/Latino ➔***if checked, ask question 2a***
1❑Native American (American Indian) or Alaskan Native
1❑Other (Specify: ____)
1❑Don't Know/Refused

Interviewer: If the respondent is not Hispanic or Latino, skip the next question and go to #3.

2a. ***(Interviewer: If the respondent is Hispanic or Latino, ask:)***
Are you...
1❑Cuban?
1❑Mexican American/Chicano?
1❑Mexican?
1❑Dominican Republican?
1❑Puerto Rican?
1❑Central or South American? ➔ (Specify Country Name: _________________________________)
1❑Other? (Specify: ____)

3. Are you currently in school or working on a GED? ***(Check as many as apply)***
1❑No 1❑Yes, in school 1❑Yes, GED 1❑Don't Know/Refused

3a. What is the last grade of school you've completed?
(Interviewer: Do not read the list. Probe to clarify, if necessary.)
00❑Grades 1-6
01❑Grade 7
02❑Grade 8
03❑Grade 9
04❑Grade 10
05❑Grade 11
06❑Grade 12 (graduation)
07❑A GED (high school equivalency)
08❑Trade or technical training
09❑Some College
10❑College graduation

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4. Are you now...
(Interviewer: Read the list and check only one answer.)

01❑Single (not married now)?
02❑Married?
03❑Separated?
04❑Divorced?
05❑Other? (Specify: ____________________)

5. Are you currently living with your family? *(Check one answer)* 1❑ Yes 0❑ No 7❑ DK/ Refused
(Note: this means the person's family of origin or who they grew up with.)
(Interviewer: If no, ask question #5a. If yes or don't know or refused, skip to question #6.)

5a. Do you think you will go back to live with your family? *(Check one answer)*
1❑ Yes 0❑ No 7❑ DK/Refused 6❑ N/A

6. Altogether, how many years have you lived with your family? _______ years
(Interviewer: If respondent has always lived with his/her family, enter his/her age.)
(Interviewer: Enter "777" if don't know or refused.)

7. Many young people leave or are asked to leave their homes. Did you ever leave your family for more than 2 days in a situation like this? 1❑ Yes 0❑ No 7❑ Don't Know/Refused

Interviewer: If no or don't know/refused, skip to question #8. If yes, ask 7a through 7c.

7a. How many times have you done this? _______ times
(Interviewer: Enter "777" if don't know or refused.)

7b. How long has it been since the last time you left? ______ days ______ months ______ years
(Interviewer: Enter "777" in the space for days if don't know or refused.)

7c. Why did you leave any of those times? Were there any other reasons? *(Read each item; check all that apply)*

1❑ To be with friends
1❑ To go to school or take a job
1❑ Was unhappy
1❑ In trouble at school
1❑ Afraid I was pregnant
1❑ In trouble with the law
1❑ A divorce/separation of parents
1❑ Violence between adults in the family
1❑ Being abused physically
1❑ Being abused sexually
1❑ Being abused verbally
1❑ Was "kicked out"
1❑ Problems with my parents
1❑ Removed by an agency (court, social services, etc.)
1❑ Other reason (What? ______________________)

8. How many children do you have, whether they are living with you or not? ___________
(Interviewer: If no children, enter "0" and skip to question 9.)
(Interviewer: Enter "777" if don't know or refused.)

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8a. How many of those children live with you? ____________
(Interviewer: Enter "777" if don't know or refused.)

9. Where have you lived in the last six months?
(Interviewer: Read the list and check as many answers as apply.)

- 1❑ Your own house or apartment
- 1❑ Your parent or relative's home
- 1❑ Your boyfriend/girlfriend/lover's home
- 1❑ Another friend's home
- 1❑ On the street, in a car, in a park, or on the beach
- 1❑ Jail, detention, or juvenile hall
- 1❑ Squat or abandoned building
- 1❑ In a foster or group home
- 1❑ In a shelter or mission
- 1❑ In a halfway house or treatment program
- 1❑ In a motel
- 1❑ Somewhere else (Specify: ___________)

10. Are you now living with...
(Interviewer: Read this list and check a response for each item, part A-H.)

A	**No other person, alone?** ➔ *If "yes," do not ask B-H. Go to question 11.*	0❑ No	1❑ Yes	7❑ DK/Refused
B	**A spouse (legally married or living as married)?**	0❑ No	1❑ Yes	7❑ DK/Refused
C	**A sexual partner (not spouse) of opposite sex?**	0❑ No	1❑ Yes	7❑ DK/Refused
D	**A sexual partner (not spouse) of same sex?**	0❑ No	1❑ Yes	7❑ DK/Refused
E	**Adult family members or friends?**	0❑ No	1❑ Yes	7❑ DK/Refused
F	**People under the age of 18?**	0❑ No	1❑ Yes	7❑ DK/Refused
G	**Any other adults?**	0❑ No	1❑ Yes	7❑ DK/Refused
H	**Other? (Specify: ____________________________)**	0❑ No	1❑ Yes	7❑ DK/Refused

11. Do you consider yourself to be homeless? 0❑ No 1❑ Yes 7❑ DK/Refused

12. Gender
(*Interviewer: Check the client's gender here. Ask if necessary.*)
1❑ Male 2❑ Female

13. Do you consider yourself to be...
(Interviewer: Read the list and check only one answer.)

- 1❑ Heterosexual (straight)?
- 2❑ Gay?
- 3❑ Lesbian?
- 4❑ Bisexual?
- 5❑ Other? (specify: ____)

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6❑ Have not decided
7❑ Don't Know/Unsure/Refused

14. Do you consider yourself to be transgender? 0❑No 1❑Yes 7❑DK/Refused

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SECTION II:
WORK AND INCOME

[Interviewer, read:] "Now, I have some questions about your work history and income."

1. Are you currently employed (working in a job)? 0❑No 1❑Yes 7❑Don't Know/Refused
If no, skip to question #2

1a. About how many hours did you work in the last 7 days? ________ hours
(Enter "777" if don't know or refused.)

1b. How long have you been working steadily? *(Enter "777" in the space for days if don't know or refused)*
_______ days _______ months _______ years

2. In the last 30 days, where did you get money from?
(Interviewer: Read this list and check a response for each item.)

A.	**Paid job, salary, or business**	0❑No	1❑Yes	7❑DK/Refused
B.	**Welfare, public assistance, AFDC, food stamps**	0❑No	1❑Yes	7❑DK/Refused
C.	**Social Security, Disability, Worker's Compensation**	0❑No	1❑Yes	7❑DK/Refused
D.	**Unemployment compensation**	0❑No	1❑Yes	7❑DK/Refused
E.	**Boyfriend/girlfriend, spouse, family, or friend**	0❑No	1❑Yes	7❑DK/Refused
F.	**Sell or trade goods, barter**	0❑No	1❑Yes	7❑DK/Refused
G.	**Alimony or child support**	0❑No	1❑Yes	7❑DK/Refused
H.	**Activities like drug dealing, panhandling, stealing, selling stolen goods, sex for money**	0❑No	1❑Yes	7❑DK/Refused
I.	**Other? (Specify: _____________________________)**	0❑No	1❑Yes	7❑DK/Refused

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3. ***In the last 30 days*, how much money did you get altogether? Include all the money you "brought home" from all sources, including things like selling drugs or sex for money.**
(Interviewer: Read this list and check only one answer.)
(Note: This question asks for all the money the person made; do not adjust for money that might have been withheld from a paycheck; the answer should include all the money the person got from any sources.)

1❑Less than $500
2❑$500 - $999
3❑$1,000 - $1,499
4❑$1,500 - $1,999
5❑$2,000 - $2,999
6❑$3,000 or more

4. **Do you belong to a medical plan like insurance or a pre-paid doctor (or HMO)?**
(Give examples if necessary.) 0❑No 1❑Yes 7❑Don't Know/Refused
****If no or don't know/refused, skip to the next section***

4a. Is this through your parents or on your own? ***(choose one)***
1❑Parents' policy 2❑Youth's policy 3❑Other (_____________) 7❑Don't Know/Refused

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SECTION IIIa:
MOOD

[Interviewer, read:] "Now I am going to read a list of the ways you might feel. Please tell me how often you have felt this way during the past week."

Instructions to Interviewer: Show respondent Card A. Check the number for each item corresponding to the category stated by the respondent.

Note: This is a standardized measure. Read the items exactly as they are written.

DURING THE PAST WEEK:				
1. I was bothered by things that usually don't bother me.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
2. I did not feel like eating; my appetite was poor.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
3. I felt that I could not shake off the blues even with help from my family or friends.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
4. I felt that I was just as good as other people.	3❑ Rarely or None of the Time	2❑ Some or a Little of the Time	1❑ Occasionally or a Moderate Amount of the Time	0❑ Most or All of the Time
5. I had trouble keeping my mind on what I was doing.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
6. I felt depressed.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
7. I felt that everything I did was an effort.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
8. I felt hopeful about the future.	3❑ Rarely or None of the Time	2❑ Some or a Little of the Time	1❑ Occasionally or a Moderate Amount of the Time	0❑ Most or All of the Time
9. I thought my life had been a failure.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
10. I felt fearful.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
11. My sleep was restless.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
12. I was happy.	3❑ Rarely or None of the Time	2❑ Some or a Little of the Time	1❑ Occasionally or a Moderate Amount of the Time	0❑ Most or All of the Time
13. I talked less than usual.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
14. I felt lonely.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
15. People were unfriendly.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
16. I enjoyed life.	3❑ Rarely or None of the Time	2❑ Some or a Little of the Time	1❑ Occasionally or a Moderate Amount of the Time	0❑ Most or All of the Time
17. I had crying spells.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
18. I felt sad.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
19. I felt that people dislike me.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
20. I could not get "going."	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
21. I felt out of control.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
22. I felt panicked or scared.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time

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SECTION IIIb:
SHORT MOOD SCALE

[Interviewer, read:] "Now I am going to read a list of the ways you might feel. Please tell me how often you have felt this way during the past week."

Instructions to Interviewer: Show respondent Card A. Check the number for each item corresponding to the category stated by the respondent.

Note: This is a standardized measure. Read the items exactly as they are written.

DURING THE PAST WEEK:				
1. I felt that I could not shake off the blues even with help from my family or friends.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
2. I felt depressed.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
3. I thought my life had been a failure.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
4. I felt fearful.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
5. My sleep was restless.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
6. I felt lonely.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
7. I had crying spells.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
8. I felt sad.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
9. I felt out of control.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time
10. I felt panicked or scared.	0❑ Rarely or None of the Time	1❑ Some or a Little of the Time	2❑ Occasionally or a Moderate Amount of the Time	3❑ Most or All of the Time

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SECTION IV:
SERVICE UTILIZATION HISTORY

[Interviewer, read:] "Now I am going to ask you some questions about different kinds of services that you might want or need. Think about when you have wanted or needed help for medical, drug abuse, or other problems."

Interviewer: For each service (row in the table below), ask questions a-c. If your project is not using the questions in column c, ask the questions in columns a-b.

Be sure to provide information for each part of the question, whether or not the respondent actually has received the service in the last 6 months. Read the instructions for each question carefully.

If there is nothing listed under "c. Other questions for this area," go to the next question.

Services *(Note: give examples of local providers for each service)*	**a. In the last 6 months have you needed ________?** *Note: this means the person felt s/he needed the service, or someone told her/him s/he needed the service, whether or not s/he actually received it.*	**b. In the last 6 months, have you been in or received ________?** *Note: this means the person actually received the service. S/he could get it from your agency or from somewhere else.*	**c. Other questions for this area**
1. Counseling (talking to a professional counselor about your problems).	1❑ Yes 0❑ No 7❑ DK/Refused ***Now ask the questions in the next box to the right➔***	1❑ Yes ***If Yes, go to the box to the right.➔*** 0❑ No 7❑ DK/Refused ***If No or DK/Refused, go to the beginning of the next line below***	In the last 6 months, about how many times have you seen a counselor? _____ Don't Know/Refused=777 ***Now go to the beginning of the next line below***
2. Visits to a health care provider for infections, aches and pains, STDs, and similar problems. This might be at a doctor's office or clinic, but not at a hospital Emergency Room or while staying overnight in the hospital.	1❑ Yes 0❑ No 7❑ DK/Refused ***Now ask the questions in the next box to the right➔***	1❑ Yes ***If Yes, go to the box to the right.➔*** 0❑ No 7❑ DK/Refused ***If No or DK/Refused, go to the beginning of the next line below***	In the last 6 months, about how many times have you seen a health care provider? _____ Don't Know/Refused=777 Did you see a... *(Check all that apply)* 1❑doctor 1❑nurse 1❑some other professional Do you usually have an appointment, or do you just show up and wait to be seen? *(Check all that apply)* 1❑scheduled appointment 1❑drop-in ***Now go to the beginning of the next line below***

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Services *(Note: give examples of local providers for each service)*	a. In the last 6 months have you needed _____? *Note: this means the person felt s/he needed the service, or someone told her/him s/he needed the service, whether or not s/he actually received it.*	b. In the last 6 months, have you been in or received ________? *Note: this means the person actually received the service. S/he could get it from your agency or from somewhere else.*	c. Other questions for this area
3. Help for medical problems or illness at a hospital Emergency Room.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many times have you been to the emergency room? _____ Don't Know/Refused=777 Did you see a... *(Check all that apply)* 1❑doctor 1❑nurse 1❑some other professional Do you usually go to the Emergency Room for routine medical care? *(Check one)* 1❑Yes 0❑No 7❑DK/Refused *Now go to the beginning of the next line below*
4. An overnight stay in a hospital for an illness.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many times have you been in the hospital for one night or more? _____ Don't Know/Refused=777 Did you see a... *(Check all that apply)* 1❑doctor 1❑nurse 1❑some other professional *Now go to the beginning of the next line below*
5. Drugs from a drug store, pharmacy, hospital, or doctor for a medical condition.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes 0❑ No 7❑ DK/Refused **Regardless of the person's answer to this question, go to the box to the right.➔*	In the last 6 months, about how many times have you been prescribed medication? Give the number of different prescriptions. _____ None = 0 Don't Know/Refused = 777 Do you take medication for a medical illness every day? 0❑No 1❑Yes 7❑DK/Refused Do you take medication for a mental illness? 0❑No 1❑Yes 7❑DK/Refused *Now go to the beginning of the next line below*

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Services *(Note: give examples of local providers for each service)*	a. In the last 6 months have you needed _____? *Note: this means the person felt s/he needed the service, or someone told her/him s/he needed the service, whether or not s/he actually received it.*	b. In the last 6 months, have you been in or received ________? *Note: this means the person actually received the service. S/he could get it from your agency or from somewhere else.*	c. Other questions for this area
6. Alternative health care services (such as acupuncture, herbals, Chinese medicine, etc.)	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many times have you used alternative health care services? _____ Don't Know/Refused = 777 *Now go to the beginning of the next line below*
7. Help getting food and clothing you could not afford on your own (not including help from your parents, family, or friends).	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many times have you gone to a soup kitchen or a place like that to get food and clothing? _____ Don't Know/Refused = 777 *Now go to the beginning of the next line below*
8. Long-term housing for a month or more (a program that helps you find or gives you a place to live for a month or more). This does not include treatment programs where you stay overnight.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many days have you used long-term housing services? _____ Don't Know/Refused = 777 *Now go to the beginning of the next line below*
9. Overnight shelter or short-term housing for up to a month. This does not include treatment programs where you stay overnight.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many days have you used a shelter? _____ Don't Know/Refused = 777 *Now go to the beginning of the next line below*
10. Vocational training or help in getting a job. This means talking with a counselor about jobs or careers, or participating in a training program or class.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many times have you used vocational training services? _____ Don't Know/Refused = 777 *Now go to the beginning of the next line below*

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Services *(Note: give examples of local providers for each service)*	a. In the last 6 months have you needed _____? *Note: this means the person felt s/he needed the service, or someone told her/him s/he needed the service, whether or not s/he actually received it.*	b. In the last 6 months, have you been in or received ________? *Note: this means the person actually received the service. S/he could get it from your agency or from somewhere else.*	c. Other questions for this area
11. Family counseling (counseling for you and family members) at the office of a family counselor, psychologist, psychiatrist, social worker, or nurse.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many times have you been to family counseling? _____ Don't Know/Refused = 777 Who do you usually go with? *(Check all that apply)* 1❑mother 1❑father 1❑sister 1❑brother 1❑other family member *Now go to the beginning of the next line below*
12. Individual or group mental health treatment or psychotherapy from a psychologist, psychiatrist, social worker, or nurse while you were an outpatient (not in the hospital).	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many times have you seen this kind of counselor? _____ Don't Know/Refused = 777 Did you see a... *(Check all that apply)* 1❑doctor, psychiatrist, or psychologist 1❑nurse 1❑a social worker 1❑a counselor 1❑someone else *Now go to the beginning of the next line below*
13. Inpatient (overnight) mental health treatment from a hospital.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many nights have you spent in a mental hospital or a home for people with mental illness? _____ Don't Know/Refused = 777 *Now go to the beginning of the next line below*
14. Residential treatment for alcohol or drug abuse. This is a treatment program where you are allowed to stay overnight.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many nights did you "sleep" in a drug treatment program? ______ Don't Know/Refused = 777 *Now go to the beginning of the next line below*

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Services *(Note: give examples of local providers for each service)*	**a. In the last 6 months have you needed _____?** *Note: this means the person felt s/he needed the service, or someone told her/him s/he needed the service, whether or not s/he actually received it.*	**b. In the last 6 months, have you been in or received ________?** *Note: this means the person actually received the service. S/he could get it from your agency or from somewhere else.*	**c. Other questions for this area**
15. Outpatient treatment for alcohol or drug abuse. This is a treatment program where you go during the day, but you do not "live" there.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many days did you go into an outpatient program for a therapy session with a counselor? _____ Don't Know/Refused = 777 *Now go to the beginning of the next line below*
16. Self-help or 12-step groups like AA, NA, CA, or an HIV support group.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the beginning of the next line below*	In the last 6 months, about how many days did you go to a support group? _____ Don't Know/Refused = 777 *(Check all support groups the respondent says s/he has attended in the last 6 months:)* 1❑ AA 1❑ NA 1❑ CA 1❑ family support group 1❑ HIV support group *Now go to the beginning of the next line below*
17. Case management or general assistance in getting services from somebody "in the system." This person might be called a case worker. He or she helps coordinate different services you might get.	1❑ Yes 0❑ No 7❑ DK/Refused *Now ask the questions in the next box to the right➔*	1❑ Yes *If Yes, go to the box to the right.➔* 0❑ No 7❑ DK/Refused *If No or DK/Refused, go to the next section of the interview*	In the last 6 months, about how many times did you see a case manager or case worker? _____ Don't Know/Refused = 777 How many different people helped you get services? _____ Don't Know/Refused = 777 Do you have a case manager who is a..... *(Check all that apply)* 1❑ nurse 1❑ social worker 1❑ probation officer 1❑ drug abuse counselor 1❑ other person 1❑ don't know *Now go to the next section of the interview.*

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SECTION V:
SOCIAL SUPPORT

[Interviewer, read:] "Now I want to ask you some questions about your friends and relationships."

1. Think of the people (including relatives) that you feel are really good friends — that is, people you feel free to talk with about personal things — would you say that you have *many, a few,* or *no friends* like that? *(Check one answer)*

2❑Many 1❑A few 0❑No friends

2. Do you feel that you have as many good friends as you want, or would you like to have more? *(Check one answer)*

0❑No, would like to have more good friends
1❑Yes, has as many good friends as she/he wants
7❑Don't Know/Refused

3. How many people (including relatives) in the places where you hang out are your friends? Do you think of *none, a few, many,* or *nearly everyone* as your friends? *(Check one answer)*

0❑None 1❑A few 2❑Many 3❑Nearly everyone

4. Are you part of a relationship with someone you would call your partner, lover, spouse, boyfriend or girlfriend? *(Check one answer)*

0❑No 1❑Yes 7❑Don't Know/Refused

➔*If no, skip to question 5.*

4a. Compared to most other couples you know, how well would you say that the two of you get along? Do you get along *very well, fairly well,* or *not well at all?* *(Check one answer)*	2❑Very well	1❑Fairly well	0❑Not well at all
4b. Does your partner make any difference in how you feel when you are stressed out? *(Check one answer; if "sometimes," answer "Yes")*	0❑No	1❑Yes	7❑Don't Know/Refused
4c. Does your partner help you feel better when you feel stressed out? *(Check one answer; if "sometimes," answer "Yes")*	0❑No	1❑Yes	7❑Don't Know/Refused
4d. Does your partner cause you problems or make you feel worse when you are feeling stressed out? *(Check one answer; if "sometimes," answer "Yes")*	0❑No	1❑Yes	7❑Don't Know/Refused

5. Do you have a very close female or male friend -- someone that you think of as your best friend (not your partner, lover, spouse, boyfriend, girlfriend)? *(Check one answer)*

0❑No 1❑Yes 7❑Don't Know/Refused

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SECTION VI:
PERSONAL HISTORY

[Interviewer, read:] "Next I am going to ask you some questions about different kinds of services you might have received."

Interviewer: Ask the questions below for each row in the grid that follows. Be sure to ask anything included under "d. Other questions."

	EXAMPLE
1a.	**Has this ever happened?** ➔ *If YES, ask parts b-d.* ➔ *If NO or DK/REFUSED, skip parts b-d and ask the question in the next row.*
1b.	**Has _____ happened in the last 6 months?** (*If No or DK/Refused, skip "c" and ask the questions under "d."*)
1c.	**Has _____ happened in the last 30 days?**
1d.	**Other questions. Ask the questions in this part if you did not skip out of the question already.**

	a. Ever?	**b. In the last 6 months?**	**c. In the last 30 days?**	**d. Other questions**
1. Have you been in foster care or a group home?	0❑No 7❑ DK/Refused 1❑Yes ➔ *If yes, go across this row*	0❑No 7❑ DK/Refused 1❑Yes ➔	0❑No 7❑ DK/Refused 1❑Yes	*Now go to the questions on the next line*

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	a. Ever?	b. In the last 6 months?	c. In the last 30 days?	d. Other questions
2. Have you been tested for HIV?	0❑No 7❑ DK/Refused 1❑Yes ➔ ***If yes, go across this row***	0❑No 7❑ DK/Refused 1❑Yes ➔ ***If not yes, skip to part d***	0❑No 7❑ DK/Refused 1❑Yes ***Now ask the questions in part d***	**a) About how many times have you been tested for HIV? _____** **b) The first time you were tested for HIV, did you understand what was happening?** 0❑No 1❑Yes 7❑DK/Refused **c) Did you get any counseling <u>before</u> your first HIV test *(before you had the blood test)*?** 0❑No 1❑Yes 7❑DK/Refused **d) Did you get any counseling <u>after</u> your first HIV test *(after you got your results)*?** 0❑No 1❑Yes 7❑DK/Refused 6❑Currently awaiting results ***➔If tested only 1 time, go to next section.*** ***➔If tested more than 1 time, ask remaining questions here.*** **e) Did you get any counseling <u>before</u> your most recent HIV test *(before you had the blood test)*?** 0❑No 1❑Yes 7❑DK/Refused **f) Did you get any counseling <u>after</u> your most recent HIV test *(after you got your results)*?** 0❑No 1❑Yes 7❑DK/Refused 6❑Currently awaiting results

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SECTION VII:
PERSONAL HISTORY II

[Interviewer, read:] "Here are just a few more questions about different kinds of services you might have received."

Interviewer: Ask the questions below for each row in the grid that follows. Be sure to ask anything included under "d. Other questions."

	EXAMPLE	
1a.	**Has this ever happened?**	➔ *If YES, ask parts b-d.* ➔ *If NO or DK/REFUSED, skip parts b-d and ask the question in the next row.*
1b.	**Has _____ happened in the last 6 months?** (*If No or DK/Refused, skip "c" and ask the questions under "d."*)	
1c.	**Has _____ happened in the last 30 days?**	
1d.	**Other questions.**	

	a. Ever?	b. In the last 6 months?	c. In the last 30 days?	d. Other questions
1. Have you been in substance abuse treatment?	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*	0❑No 7❑DK/Refused 1❑Yes ➔ *If not yes, skip to part d*	0❑No 7❑DK/Refused 1❑Yes *Now ask the questions in part d*	**a) About how many times in your life have you been in substance abuse treatment or counseling? ____** **b) Are you currently in substance abuse treatment?** 0❑ No 1❑ Yes 7❑ DK/Refused **c) If not currently in treatment, how long has it been since you were in substance abuse treatment or counseling?** *(enter "0"s if currently in treatment)* ____ years ____ months ____ days
2. Have you been arrested and charged/ booked with a criminal offense or violation?	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*	0❑No 7❑DK/Refused 1❑Yes ➔ *If not yes, skip to part d*	0❑No 7❑DK/Refused 1❑Yes *Now ask the questions in part d*	**a) About how many times in your life have you been arrested? _____** **b) How long has it been since you were arrested and charged/booked with a criminal offense?** ____ years ____ months ____ days **c) Do you currently have a probation officer?** 0❑ No 1❑ Yes 7❑ DK/Refused **d) Is there currently a warrant for your arrest?** 0❑ No 1❑ Yes 7❑ DK/Refused
3. Have you been in jail, prison, juvenile hall, or detention?	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*	0❑No 7❑DK/Refused 1❑Yes ➔ *If not yes, skip to part d*	0❑No 7❑DK/Refused 1❑Yes *Now ask the questions in part d*	**a) About how many times in your life have you been in jail or prison? _____** **b) Are you currently in jail or prison?** 0❑ No 1❑ Yes 7❑ DK/Refused **c) If not currently in jail or prison, how long has it been since you were last in jail or prison?** ____ years ____ months ____ days
4. Have you been treated for mental illness?	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*	0❑No 7❑DK/Refused 1❑Yes ➔ *If not yes, skip to part d*	0❑No 7❑DK/Refused 1❑Yes *Now ask the questions in part d*	**a) Have you ever been in a hospital for mental illness?** 0❑ No 1❑ Yes 7❑ DK/Refused **b) Have you ever gotten medication for a psychiatric or mental illness?** 0❑ No 1❑ Yes 7❑ DK/Refused **c) Are you currently being treated for mental illness?** 0❑ No 1❑ Yes 7❑ DK/Refused

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SECTION VIII:
DRUG USE

[Interviewer, read:] "Next I am going to ask you some questions about your drug use: types of drugs used, age of first use, and frequency of use. Remember that I will keep your answers to these questions confidential, and that you may refuse to answer specific questions."

Interviewer: Ask the questions in the box below for each drug listed in the grid that follows. For example, ask questions 1a through 1e for alcohol. Fill in the answers in the first row of the grid where indicated. Then ask questions 2a through 2e for marijuana, writing the answers in the second (shaded) row of the grid. Ask all of the questions that apply for every drug in the grid.

EXAMPLE

1a. **Have you ever used _____?** ➔ *If YES, ask parts b-e.*
➔ *If NO or DK/REFUSED, skip parts b-e. Ask if respondent has ever used the next drug listed.*

1b. **How old were you the first time you used _____?**
1c. **Have you ever injected _____ (including skin popping)?**
1d. **Have you used ______ in the last 6 months?**
1e. **How many days have you used _____ in the last 30 days?**

	a. Ever Used? *(check one for each drug)*	**b. Age at First Use?**	**c. Ever Injected?*** *(check one for each drug)*	**d. Used in the Last 6 Months?** *(check one for each drug)*	**e. Days Used in Last 30 Days?**
1. Alcohol	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*		0❑No 7❑DK/Ref. 1❑Yes	0❑No 7❑DK/Ref. 1❑Yes	Number: ________ *(If Don't Know/ Unsure/ Refused enter 777)*
2. Marijuana, hashish (weed, grass, reefer)	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*		0❑No 7❑DK/Ref. 1❑Yes	0❑No 7❑DK/Ref. 1❑Yes	Number: ________ *(If Don't Know/ Unsure/ Refused enter 777)*
3. Crack	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*		0❑No 7❑DK/Ref. 1❑Yes	0❑No 7❑DK/Ref. 1❑Yes	Number: ________ *(If Don't Know/ Unsure/ Refused enter 777)*
4. Cocaine (coke) **by itself** (other than crack) **that you injected or snorted**	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*		0❑No 7❑DK/Ref. 1❑Yes	0❑No 7❑DK/Ref. 1❑Yes	Number: ________ *(If Don't Know/ Unsure/ Refused enter 777)*
5. Heroin by itself	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*		0❑No 7❑DK/Ref. 1❑Yes	0❑No 7❑DK/Ref. 1❑Yes	Number: ________ *(If Don't Know/ Unsure/ Refused enter 777)*
6. Heroin & cocaine or heroin & speed mixed together (e.g., speedball or goofballs)	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*		0❑No 7❑DK/Ref. 1❑Yes	0❑No 7❑DK/Ref. 1❑Yes	Number: ________ *(If Don't Know/ Unsure/ Refused enter 777)*
7. Amphetamines (e.g., speed, uppers, bennies)	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*		0❑No 7❑DK/Ref. 1❑Yes	0❑No 7❑DK/Ref. 1❑Yes	Number: ________ *(If Don't Know/ Unsure/ Refused enter 777)*
8. Other drugs (Drug used most recently; Specify only one drug.) (Specify: __________________)	0❑No 7❑DK/Refused 1❑Yes ➔ *If yes, go across this row*		0❑No 7❑DK/Ref. 1❑Yes	0❑No 7❑DK/Ref. 1❑Yes	Number: ________ *(If Don't Know/ Unsure/ Refused enter 777)*

****Interviewer: injecting drugs includes skin popping.***

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Interviewer: Verify if the respondent has ever injected drugs by looking at column c in the grid on the previous page. If the respondent has ever injected any drug, ask the next set of questions. If he or she has never injected drugs, skip to the next section.

9. **How many times (number of injections) did you inject in the last 30 days?** *(enter the number of times in the space below)*

_____ _____ _____ Don't Know/Unsure/Refused=777 None=000
(If "000", skip to question 10)

9a. **In the last 30 days, how many times (number of injections) did you inject, using works (needles/syringes) that you know had been used by someone else?** *(enter the number of times in the space below)*

_____ _____ _____ Don't Know/Unsure/Refused=777 None=000
(If "000", skip to question 10)

9b. **How many of those times that you used someone else's works (needles/syringes), did you clean the works with bleach and water before you shot up?** *(enter the number of times in the space below)*

_____ _____ _____ Don't Know/Unsure/Refused=777 None=000

10. **If it was available, would you use a needle exchange?** 0❑No 1❑Yes 7❑Don't Know/Refused

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SECTION IX:
SEXUAL ACTIVITY

[Interviewer, read:] "Now, we are going to talk about your sexual practices. We are also talking about all types of partners: main partners, partners for money, drugs, or whatever. Remember that I will keep your answers to these questions confidential, and that you may refuse to answer specific questions."

	a. Ever? *(If No or DK/Refused, skip to the next row)*	**b. In the last 6 months?** *(If No or DK/Refused, skip to the next row)*	**c. About how many times has this happened in the last 6 months?** *(Check one)*	**d. About how many people have you done this with in the last 6 months?** *(Check one)*	**e. Have you done this <u>without</u> a condom or other latex protection in the last 6 months?** *(Check one)*
1. Have you had vaginal sex... ***(Interviewer: Explain what this means)***	0❑ No *If this is checked, skip to item 2* 7❑ Don't Know /Refused *If this is checked, skip to item 2* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to item 2* 7❑ Don't Know /Refused *If this is checked, skip to item 2* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑0 times 1❑1-2 times 2❑3-10 times 3❑11-25 times 4❑ more than 25 times 7❑Don't know /Refused ➔ *Now ask the questions to the right*	Number: _______ *(If Don't Know/ Unsure/Refused enter 777)* ➔ *Now ask the question to the right*	0❑ No 7❑ Don't Know /Refused 1❑ Yes *Now go to item 2 on the next row*
2. Have you performed oral sex on a male partner... ***(Interviewer: Explain what this means)***	0❑ No *If this is checked, skip to item 3* 7❑ Don't Know /Refused *If this is checked, skip to item 3* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to item 3* 7❑ Don't Know /Refused *If this is checked, skip to item 3* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑0 times 1❑1-2 times 2❑3-10 times 3❑11-25 times 4❑ more than 25 times 7❑Don't know /Refused ➔ *Now ask the questions to the right*	Number: _______ *(If Don't Know/ Unsure/Refused enter 777)* ➔ *Now ask the question to the right*	0❑ No 7❑ Don't Know /Refused 1❑ Yes *Now go to item 3 on the next row*
3. Have you performed oral sex on a female partner... ***(Interviewer: Explain what this means)***	0❑ No *If this is checked, skip to item 4* 7❑ Don't Know /Refused *If this is checked, skip to item 4* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to item 4* 7❑ Don't Know /Refused *If this is checked, skip to item 4* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑0 times 1❑1-2 times 2❑3-10 times 3❑11-25 times 4❑ more than 25 times 7❑Don't know /Refused ➔ *Now ask the questions to the right*	Number: _______ *(If Don't Know/ Unsure/Refused enter 777)* ➔ *Now ask the question to the right*	0❑ No 7❑ Don't Know /Refused 1❑ Yes *Now go to item 4 on the next row*

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	a. Ever? *(If No or DK/Refused, skip to the next row)*	**b. In the last 6 months?** *(If No or DK/Refused, skip to the next row)*	**c. About how many times has this happened in the last 6 months?** *(Check one)*	**d. About how many people have you done this with in the last 6 months?** *(Check one)*	**e. Have you done this without a condom or other latex protection in the last 6 months?** *(Check one)*
4. Has a male partner performed oral sex on you... ***(Interviewer: Explain what this means)***	0❑ No *If this is checked, skip to item 5* 7❑ Don't Know /Refused *If this is checked, skip to item 5* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to item 5* 7❑ Don't Know /Refused *If this is checked, skip to item 5* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑0 times 1❑1-2 times 2❑3-10 times 3❑11-25 times 4❑ more than 25 times 7❑Don't know /Refused ➔ *Now ask the questions to the right*	Number: ______ *(If Don't Know/ Unsure/Refused enter 777)* ➔ *Now ask the question to the right*	0❑ No 7❑ Don't Know /Refused 1❑ Yes *Now go to item 5 on the next row*
5. Has a female partner performed oral sex on you... ***(Interviewer: Explain what this means)***	0❑ No *If this is checked, skip to item 6* 7❑ Don't Know /Refused *If this is checked, skip to item 6* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to item 6* 7❑ Don't Know /Refused *If this is checked, skip to item 6* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑0 times 1❑1-2 times 2❑3-10 times 3❑11-25 times 4❑ more than 25 times 7❑Don't know /Refused ➔ *Now ask the questions to the right*	Number: ______ *(If Don't Know/ Unsure/Refused enter 777)* ➔ *Now ask the question to the right*	0❑ No 7❑ Don't Know /Refused 1❑ Yes *Now go to item 6 on the next row*
6. Has a partner performed anal sex on you... ***(Interviewer: Explain what this means)***	0❑ No *If this is checked, skip to item 7* 7❑ Don't Know /Refused *If this is checked, skip to item 7* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to item 7* 7❑ Don't Know /Refused *If this is checked, skip to item 7* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑0 times 1❑1-2 times 2❑3-10 times 3❑11-25 times 4❑ more than 25 times 7❑Don't know /Refused ➔ *Now ask the questions to the right*	Number: ______ *(If Don't Know/ Unsure/Refused enter 777)* ➔ *Now ask the question to the right*	0❑ No 7❑ Don't Know /Refused 1❑ Yes *Now go to item 7 on the next row*
7. Have you had sex with someone you think is a drug injector or shooter... ***(Interviewer: Explain what this means)***	0❑ No *If this is checked, skip to item 8* 7❑ Don't Know /Refused *If this is checked, skip to item 8* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to item 8* 7❑ Don't Know /Refused *If this is checked, skip to item 8* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑0 times 1❑1-2 times 2❑3-10 times 3❑11-25 times 4❑ more than 25 times 7❑Don't know /Refused ➔ *Now ask the questions to the right*	Number: ______ *(If Don't Know/ Unsure/Refused enter 777)* ➔ *Now ask the question to the right*	0❑ No 7❑ Don't Know /Refused 1❑ Yes ***IF MALE, go to item 8 on the next row*** ***IF FEMALE, go to question 10 on page 9-4***

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	a. Ever? *(If No or DK/Refused, skip to the next row)*	b. In the last 6 months? *(If No or DK/Refused, skip to the next row)*	c. About how many times has this happened in the last 6 months? *(Check one)*	d. About how many people have you done this with in the last 6 months? *(Check one)*	e. Have you done this <u>without</u> a condom or other latex protection in the last 6 months? *(Check one)*
8. MALES ONLY: Have you performed anal sex on a male partner... ***(Interviewer: Explain what this means)***	0❑ No *If this is checked, skip to item 9* 7❑ Don't Know /Refused *If this is checked, skip to item 9* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to item 9* 7❑ Don't Know /Refused *If this is checked, skip to item 9* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑0 times 1❑1-2 times 2❑3-10 times 3❑11-25 times 4❑ more than 25 times 7❑Don't know /Refused ➔ *Now ask the questions to the right*	Number: ______ *(If Don't Know/ Unsure/Refused enter 777)* ➔ *Now ask the question to the right*	0❑ No 7❑ Don't Know /Refused 1❑ Yes *Now go to item 9 on the next row*
9. MALES ONLY: Have you performed anal sex on a female partner... ***(Interviewer: Explain what this means)***	0❑ No *If this is checked, skip to item 10* 7❑ Don't Know /Refused *If this is checked, skip to item 10* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to item 10* 7❑ Don't Know /Refused *If this is checked, skip to item 10* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑0 times 1❑1-2 times 2❑3-10 times 3❑11-25 times 4❑ more than 25 times 7❑Don't know /Refused ➔ *Now ask the questions to the right*	Number: ______ *(If Don't Know/ Unsure/Refused enter 777)* ➔ *Now ask the question to the right*	0❑ No 7❑ Don't Know /Refused 1❑ Yes *Now go to question 10 on the next page*

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(ASK OF MALES AND FEMALES)

10. Do you have someone you consider your main sexual partner?

1❑Yes 0❑No 7❑Don't Know/Refused

If yes, ask questions 10a and 10b. If no or don't know/refused, go to question 11.

10a. How long have you been together?

________ Years ________ Months ________ Days

10b. How often do you use condoms, dental dams, or other latex protection (such as latex glove or saran wrap) when you have sex with your main sexual partner?

1❑Never
2❑Less than 25% of the time
3❑Between 25 and 50% of the time
4❑Between 50 and 75% of the time
5❑Between 75 and 99% of the time
6❑Always (100% of the time)

11.	**a. Ever?** *(If yes, ask the question in the next box)*	**b. In the last 6 months?** *(If yes, ask the question in the next box)*	**c. In the last 30 days?** *(If yes, ask the question in the next box)*	**d. In the last 7 days?**
A lot of people have found that they needed to exchange sex to get *food, a place to stay (shelter), money, or drugs*. Have you done that?	0❑ No *If this is checked, skip to next section* 7❑ Don't Know /Refused *If this is checked, skip to next section* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to next section* 7❑ Don't Know /Refused *If this is checked, skip to next section* 1❑ Yes➔ *If this is checked, ask the questions to the right*	0❑ No *If this is checked, skip to next section* 7❑ Don't Know /Refused *If this is checked, skip to next section* 1❑ Yes➔ *If this is checked, ask the question to the right*	0❑No 7❑DK/ Refused 1❑Yes

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SECTION X:
SEXUAL HISTORY II

[Interviewer, read:] "Next, I am going to ask you some things that might be difficult to talk about. Remember that I will keep your answers to these questions confidential. But, remember that if you feel uncomfortable talking about any of these things, we can skip the question."

1. **Have you ever been forced to have sex with a family member?**
   1❑Yes   0❑No   7❑Don't Know/Refused

2. **Have you ever been forced to have sex with a sex partner or lover when you did not want to?**
   1❑Yes   0❑No   7❑Don't Know/Refused

3. **Have you ever been forced to have sex with a stranger?**
   1❑Yes   0❑No   7❑Don't Know/Refused

4. **Has any sex partner (including tricks) ever threatened to physically hurt you? *(This could be any sex partner, including people you had sex with for money; did they threaten you any time, not just during sex.)***
   1❑Yes   0❑No   7❑Don't Know/Refused

5. **Has a sex partner (including tricks) ever physically hurt you (beaten you, burned you, slashed you, etc.)? *(This could be any sex partner, including people you had sex with for money; did they hurt you any time, not just during sex.)***
   1❑Yes   0❑No   7❑Don't Know/Refused

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SECTION XI:
MEDICAL HISTORY

[Interviewer, read:] "In this next set of questions, I am going to ask you about different medical problems and illnesses you have had. Please ask me if you are not sure what the medical problem is."

1. In general, how would you rate your health overall; would you say that it is ________? *(check one answer)*
1❑Excellent 2❑Good 3❑Fair 4❑Poor 5❑Don't Know/Refused

2. Do you know your CD4 count? (Also called T cell, T-helper, or T4 count)
❑ Yes ❑ No

If yes, **NUMBER _________________ Date last checked (Month/Year) _____/_____**

A. ILLNESSES

[Interviewer, read:] "I am going to list some infections and ask if you have ever had them."

3. PCP (Pneumocystis carinii pneumonia)? 1❑ Yes 0❑ No 7❑ Don't Know/Refused
If yes, ask (a) and (b):

(a) Was it a first or repeat episode(s) and when did it occur?
1❑ First episode Date _____/_____/_____
2❑ Repeat episode(s)
How many total? ____________ Date(s) ______/______/______

(b) Were you taking medicine like Bactrim, pentamidine, or dapsone to <u>prevent</u> PCP at the time?
1❑ Yes (specify what drug: 1❑ Bactrim 2❑ pentamidine 3❑ dapsone 4❑ other)
0❑ No
7❑ Don't Know/Refused

4. MAI (Mycobacterium avium intracellulare, a TB-like or related illness)?
1❑ Yes 0❑ No 7❑ Don't Know/Refused
If yes, ask (a):

(a) Were you taking medicine like Rifabutin, Azithromycin, Mycobutin, or Clarithoromycin to <u>prevent</u> MAI at the time of diagnosis?
1❑ Yes 0❑ No 7❑ Don't Know/Refused

5. Recurrent pneumonia? (2 or more episodes within 1 year)
1❑ Yes 0❑ No 7❑ Don't Know/Refused

6. Have you ever been told you have, or have had, active TB infection (not just been told you have a positive TB test)?
1❑ Yes 0❑ No 7❑ Don't Know/Refused

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7. **Have you had a TB test in the past year? (also called a PPD test or bubble test on your lower arm that is checked 2-3 days later)**
   1❑ Yes   0❑ No   7❑ Don't Know/Refused
   If yes, ask (a):

   (a) What was the result?
   1❑ Positive   0❑ Negative   7❑ Don't Know/Refused

8. **Have you ever had hepatitis?**
   1❑ Yes   0❑ No   7❑ Don't Know/Refused
   If yes, ask (a):

   (a) Have you had hepatitis in the last 6 months?
   1❑ Yes   0❑ No   7❑ Don't Know/Refused

B. REVIEW OF SYSTEMS

Have you ever had any of the following?		***If yes,* in past 6 months?**	***If yes,* in past 30 days?**
9. <u>Chronic</u> (2 or more months) symptoms of:			
a. fevers	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes	skip
b. night sweats	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes	skip
c. weight loss	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes	skip
d. fatigue	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes	skip
e. enlarged lymph nodes (swollen glands)	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes	skip
10. Problems with head/eyes/mouth/throat:			
a. headaches	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
b. sinus infections	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
c. changes in vision, or eye problems	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
d. mouth or lip sores	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
e. thrush (a white, patchy/plaquey yeast infection in the mouth)	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
f. pain with swallowing, or esophagitis (more than an ordinary sore throat)	0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes

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Have you ever had any of the following?				*If yes,* in past 6 months?	*If yes,* in past 30 days?
11. STDs and urinary infections:					
a. gonorrhea (GC, "the clap")	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
b. chlamydia (often causes painful urination)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
c. syphilis ("syph"; ever have a positive RPR test)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
d. UTI (urinary tract infection)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
e. genital herpes or herpes	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
f. genital warts or human papilloma virus (HPV)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
g. yeast infection	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
12. Lung or breathing problem:					
a. persistent cough (more than 1 month)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes	skip
b. trouble breathing	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
13. Stomach/bowel problem:					
a. pain in stomach or abdomen	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
b. chronic (more than 1 month) or recurrent (2 or more episodes in 2 months) diarrhea	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes	skip
14. Nerve or muscle problem:					
a. tingling or pain in arms or legs	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
b. weakness of arms or legs	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
c. myalgia (muscle soreness)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
15. Skin problems:					
a. molluscum (viral infection causing tiny white lumps on the skin surface)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
b. seborrheic dermatitis (red, scaly, itchy rash on the face, scalp, chest, and back)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
c. other skin problems (specify) ______________________	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes

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C. TREATMENT

	If yes, in past 6 months?	*If yes,* in past 30 days?
16. Have you ever taken:		
a. AZT (ZDV (zidovudine), Retrovir) 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
b. ddI (Videx) 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
c. ddC (HIVID) 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
17. Have you ever taken medicine on a regular basis to prevent the following infections:		
PCP (Pneumocystis carinii pneumonia):		
a. Trimethoprim/ sulfamethoxazole (Bactrim) 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
b. pentamidine (inhalation or IV) 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
c. dapsone 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
MAI (Mycobacterium avium intracellulare):		
a. rifabutin (Mycobutin) 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
Recurrent herpes:		
a. acyclovir (Zovirax) 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
Candida (yeast infections):		
a. any over-the-counter medication for yeast infection? 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
b. any prescription medication for yeast infection? 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
Bacterial infections:		
a. IVIG (intravenous immunoglobulin) 0❑ No 7❑ DK/Refused 1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes

18. Other medications? (specify) ____

19. Have you been or are you on any treatment protocols (has a medical professional put you on medication or told you to do certain things for a health problem)? (Specify)

____

Interviewer: Go to the next page for females; for males, skip to the next section.

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ASK THIS PAGE OF FEMALES ONLY; FOR MALES, SKIP TO THE NEXT SECTION

Have you ever had any of the following?				*If yes,* in past 6 months?	*If yes,* in past 30 days?
20. bacterial vaginosis (BV), or gardnerella (vaginitis-inflammation of the vagina)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
21. trichomonas ("trich"; type of vaginal infection)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
22. PID (pelvic inflammatory disease; infection of the internal female reproductive organs)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes
23. abnormal Pap smear (abnormal results from a cervical smear test)	0❑ No	7❑ DK/Refused	1❑ Yes➔	0❑ No 1❑ Yes➔	0❑ No 1❑ Yes

24. Have you ever been pregnant? *(check one answer)*
1❑Yes 0❑No 7❑Don't Know/Refused
➔***If not yes, skip to the next section***

24a. How many times have you ever been pregnant? ________ TIMES 77=Don't Know/Refused
(if currently pregnant, include in total number of times)

24b. Are you currently pregnant? *(check one answer)*
1❑Yes 0❑No 7❑Don't Know/Refused

24c. How old were you the first time you became pregnant? ________ YEARS 77=Don't Know/Refused

24d. How many children have you given birth to? ________ CHILDREN 77=Don't Know/Refused

24e. Have you ever had an abortion? *(check one answer)*
1❑Yes 0❑No 7❑Don't Know/Refused
➔***If not yes, skip to question #24f***

a. **How many abortions have you had?** _______ NUMBER 77=Don't Know/Refused

24f. Have you ever had a miscarriage? *(check one answer)*
1❑Yes 0❑No 7❑Don't Know/Refused
➔***If not yes, skip to the next section***

a. **How many miscarriages have you had?** _______ NUMBER 77=Don't Know/Refused

Interviewer: check that numbers of births, abortions, and miscarriages add to total number of pregnancies (Q.24a). Probe if it doesn't add up correctly.

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SECTION XII:
HEALTH II

[Interviewer, read:] "Now, I'm going to ask you some questions about health related conditions and your use of health care services."

	EXAMPLE
1a.	**Have you seen a doctor, nurse, or another professional like a psychologist, school psychologist, counselor, or a social worker for _____?** ➔ *If Yes, ask parts b and c.* ➔ *If No or Don't Know/Refused, skip parts b and c, and ask the question in the next row.*
1b.	**Has _____ happened in the last 6 months?** *(If no, skip part c, and ask the question in the next row)*
1c.	**Has _____ happened in the last 30 days?**

1. Have you seen a doctor, nurse, or another professional like a psychologist, school psychologist, counselor, or a social worker for ____________?

	a. Ever?	b. If yes, in past 6 months?	c. If yes, in past 30 days?
A. Psychological problems, like depression, anxiety, or fears	0❑ No 7❑ DK/Ref. 1❑ Yes➔	0❑No 1❑Yes ➔	0❑No 1❑Yes
B. Family problems requiring counseling	0❑ No 7❑ DK/Ref. 1❑ Yes➔	0❑No 1❑Yes ➔	0❑No 1❑Yes
C. Learning problems requiring special help	0❑ No 7❑ DK/Ref. 1❑ Yes➔	0❑No 1❑Yes ➔	0❑No 1❑Yes
D. Help with eating disorders, like bulimia or anorexia	0❑ No 7❑ DK/Ref. 1❑ Yes➔	0❑No 1❑Yes ➔	0❑No 1❑Yes
E. Help for a bad drug reaction ("freaking out")	0❑ No 7❑ DK/Ref. 1❑ Yes➔	0❑No 1❑Yes ➔	0❑No 1❑Yes
F. Help with a speech or language problem	0❑ No 7❑ DK/Ref. 1❑ Yes➔	0❑No 1❑Yes ➔	0❑No 1❑Yes
G. Help with other problems (What? ____________________)	0❑ No 7❑ DK/Ref. 1❑ Yes➔	0❑No 1❑Yes ➔	0❑No 1❑Yes

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SECTION XIII:
HIV AND AIDS KNOWLEDGE[1]

[Interviewer read:] "Now, I'm going to read you some statements about HIV and AIDS. Please tell me whether you think each statement is true or false."

Note: This is a standardized assessment. Read the items exactly as they are written.

Statement			
1. Anal sex without a condom is a very risky behavior for getting the AIDS virus.	1❑True	2❑False	7❑DK/Refused
2. Keeping in good physical condition is the best way to prevent getting the AIDS virus.	1❑True	2❑False	7❑DK/Refused
3. A person can get AIDS by touching or hugging someone with AIDS.	1❑True	2❑False	7❑DK/Refused
4. Condoms reduce the risk of getting the AIDS virus.	1❑True	2❑False	7❑DK/Refused
5. Most people who have the AIDS virus quickly show signs of being sick.	1❑True	2❑False	7❑DK/Refused
6. Having sex without a condom increases a person's risk of getting the AIDS virus.	1❑True	2❑False	7❑DK/Refused
7. A person must have lots of different sexual partners to be at risk for AIDS.	1❑True	2❑False	7❑DK/Refused
8. Only people who have sexual intercourse with gay (homosexual) men get AIDS.	1❑True	2❑False	7❑DK/Refused
9. You can get AIDS from kissing.	1❑True	2❑False	7❑DK/Refused
10. People who get the AIDS virus through needle-sharing can spread the virus to others during sex.	1❑True	2❑False	7❑DK/Refused
11. If a woman uses birth control pills, it lowers her risk of getting AIDS.	1❑True	2❑False	7❑DK/Refused
12. There is a cure for AIDS/HIV infection.	1❑True	2❑False	7❑DK/Refused
13. Teenagers are less likely to get AIDS than persons over 20 years old.	1❑True	2❑False	7❑DK/Refused

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14. A person can get HIV from sharing injection equipment with someone who looks healthy.	1❑True	2❑False	7❑DK/Refused
15. Cleaning injection equipment with water is a good way to kill HIV.	1❑True	2❑False	7❑DK/Refused
16. A woman with HIV can pass the virus to her fetus or unborn child.	1❑True	2❑False	7❑DK/Refused
17. A condom will always stop HIV.	1❑True	2❑False	7❑DK/Refused
18. Men and women can get HIV from oral sex.	1❑True	2❑False	7❑DK/Refused
19. A responsible sex partner never objects to using a condom or dental dam.	1❑True	2❑False	7❑DK/Refused
20. Using a condom correctly during sex is a good way to keep from getting HIV.	1❑True	2❑False	7❑DK/Refused
21. A person can get HIV by having sex with someone who got it from injecting drugs.	1❑True	2❑False	7❑DK/Refused

[1] Items 1-13 developed by Ralph DiClemente, Ph.D., of the University of Alabama.

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SECTION XIV:
ATTENTION PROBLEMS

[Interviewer read:] "Now, I'm going to read you some statements. For each statement, please tell me whether it is true for you Never, Sometimes, Often, or All the Time."

(Interviewer: Show Card B)

Note: This is a standardized assessment. Read the items exactly as they are written.

Item				
1. I make careless mistakes.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
2. It is hard for me to keep my attention when I am doing something.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
3. I don't listen too carefully to others.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
4. I do not finish things I am supposed to do.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
5. I have problems organizing things that I do.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
6. I try to avoid working on hard projects, especially when they are not interesting.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
7. I lose things that I need, such as assignments, pencils, books, tools or games.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
8. I am easily distracted by things I don't need to worry about.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
9. I forget things.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
10. I get fidgety or squirm around when I have to sit in one place for a long time.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
11. I have to leave my seat in a classroom, movie theater, or in other situations when I'm supposed to stay seated.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
12. I feel restless.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
13. It is hard for me to do things quietly.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
14. I can't stay still.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
15. I talk a lot.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
16. I blurt out the answer before someone has finished asking the question.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
17. It is hard for me to wait in line or to wait my turn when I'm with people.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time
18. I butt into other people's conversations.	0❑ Never	1❑ Sometimes	2❑ Often	3❑ All the time

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SECTION XV:
RSE SCALE

[Interviewer, read:] "Please tell me whether you agree or disagree with each of the following items. Indicate your agreement or disagreement by telling me whether you strongly agree, agree, disagree or strongly disagree with each item after I read it."

(Interviewer: Show Card C)

Note: This is a standardized assessment. Read the items exactly as they are written.

Item				
1. I feel that I'm a person of worth, at least on an equal plane with others.	1❑ Strongly Agree	2❑ Agree	3❑ Disagree	4❑ Strongly Disagree
2. I feel that I have a number of good qualities.	1❑ Strongly Agree	2❑ Agree	3❑ Disagree	4❑ Strongly Disagree
3. All in all, I am inclined to feel that I am a failure.	1❑ Strongly Agree	2❑ Agree	3❑ Disagree	4❑ Strongly Disagree
4. I am able to do things as well as most other people.	1❑ Strongly Agree	2❑ Agree	3❑ Disagree	4❑ Strongly Disagree
5. I feel I do not have much to be proud of.	1❑ Strongly Agree	2❑ Agree	3❑ Disagree	4❑ Strongly Disagree
6. I take a positive attitude toward myself.	1❑ Strongly Agree	2❑ Agree	3❑ Disagree	4❑ Strongly Disagree
7. On the whole, I am satisfied with myself.	1❑ Strongly Agree	2❑ Agree	3❑ Disagree	4❑ Strongly Disagree
8. I wish I could have more respect for myself.	1❑ Strongly Agree	2❑ Agree	3❑ Disagree	4❑ Strongly Disagree
9. I certainly feel useless at times.	1❑ Strongly Agree	2❑ Agree	3❑ Disagree	4❑ Strongly Disagree
10. At times I think I am no good at all.	1❑ Strongly Agree	2❑ Agree	3❑ Disagree	4❑ Strongly Disagree

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Card A

During the past week...

Rarely or None of the Time
(Less than 1 Day)

Some or a Little of the Time
(1-2 Days)

Occasionally or a Moderate Amount of the Time
(3-4 Days)

Most or All of the Time
(5-7 Days)

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Card B

Never

Sometimes

Often

All of the time

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Card C

Strongly Agree
Agree
Disagree
Strongly Disagree

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