**Non-study Medical and Other Services (Follow-up)**

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

We’d like you to answer these questions for the medical services you’ve received and other relevant resources you have utilized.

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| **Since your last assessment on** *<date recorded above>***, . . .** | | | | | | | | |
| **1.** | …have you been to a hospital or an emergency room for any reason? | | | | | | | [0] No [GO TO 2] [1] Yes |
|  | **a.** | How many times have you had to go to an emergency room without being admitted to the hospital? | | | | | | \_\_\_ \_\_\_ times |
|  | **b.** | How many nights were you in a hospital detoxification program for your alcohol and other drug use? (across all episodes) | | | | | | \_\_\_ \_\_\_\_ nights |
|  | **c.** | How many nights were you in a hospital for any other reason than detoxification? | | | | | | \_\_\_ \_\_\_\_ nights |
| **2.** | …other than a hospital, have you stayed overnight in a treatment facility? (*Probe: such as a detox or residential treatment program for alcohol, drug use, or mental health; or a rehabilitation facility for your physical health*) | | | | | | | [0] No [GO TO 3] [1] Yes |
|  | **a.** | How many nights were you in a non-hospital or social detoxification program from alcohol or other drugs? (also called residential detox) | | | | | | \_\_\_ \_\_\_\_ nights |
|  | **b.** | How many nights were you in a residential treatment program for alcohol or drug use? | | | | | | \_\_\_ \_\_\_\_ nights |
|  | **c.** | How many nights were you in a residential treatment program for mental health? | | | | | | \_\_\_ \_\_\_\_ nights |
|  | **d.** | How many nights were you in a residential, nursing home or other rehabilitation facility for your physical health? | | | | | | \_\_\_ \_\_\_\_ nights |
| **3.** | …have you received any form of outpatient treatment? (*Probe: including for alcohol or drug use, or physical or mental health*) | | | | | | | [0] No [GO TO 4] [1] Yes |
|  | ***IF YES***, s**ince your last assessment on** *<date recorded above>***, how many . . .** | | | | | | |  |
|  | **a.** | …times have you visited a primary care provider (physician, nurse, nurse practitioner, or physician’s assistant)? | | | | | | \_\_\_ \_\_\_\_ times  [IF 0, GO TO 3.b] |
|  |  | ***(If greater than zero)* Why did you visit a primary care provider?** | | | | | | |
|  |  | **i.** | Alcohol or other drug use | | | | | [0] No  [1] Yes |
|  |  | **ii.** | Mental health | | | | | [0] No  [1] Yes |
|  |  | **iii.** | Physical health | | | | | [0] No  [1] Yes |
|  |  | **iv.** | Some other reason (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | [0] No  [1] Yes |
|  | **Other than times you already mentioned above,** s**ince your last assessment on** *<date recorded above>***, how many…** | | | | | | | |
|  | **b.** | …days did you participate in any other outpatient treatment program specializing in alcohol or substance use? | | | | | | \_\_\_ \_\_\_\_ days  [IF 0, GO TO 3.c] |
|  |  | **How many of these days…** | | | | | |  |
|  |  | **i.** | ...did you physically visit the program? | | | | | \_\_\_ \_\_\_\_ days |
|  |  | **ii.** | ...did you participate on-line (e.g., smart phone, computer or tablet)? | | | | | \_\_\_ \_\_\_\_ days |
|  |  | **iii.** | …did you see a doctor (vs. a nurse, NP, or PA)? | | | | | \_\_\_ \_\_\_\_ days |
|  |  | **iv.** | ….did you only participate in individual or group therapy? | | | | | \_\_\_ \_\_\_\_ days |
|  |  | **v.** | …were for medication management only (e.g., medication adjustment or refills)? | | | | | \_\_\_ \_\_\_\_ days |
|  | **c.** | …times have you seen a psychiatrist (MD) or psychologist (Ph.D., PsyD.) | | | | | | \_\_\_ \_\_\_\_ days  [IF 0, GO TO 3.d] |
|  |  | **How many of these times …** | | | | | |  |
|  |  | **i.** | ...did you physically visit the program? | | | | | \_\_\_ \_\_\_\_ times |
|  |  | **ii.** | …did you participate on-line (phone, computer or tablet)? | | | | | \_\_\_ \_\_\_\_ times |
|  |  | **iii.** | …were for medication management only (e.g., medication adjustment or refills)? | | | | | \_\_\_ \_\_\_\_ days |
|  | **d.** | ...times have you seen any other kind of counselor or social worker? | | | | | | \_\_\_ \_\_\_\_ times [IF 0, GO TO 4] |
|  |  | **How many of these times …** | | | | | |  |
|  |  | **i.** | ...did you physically visit the program? | | | | | \_\_\_ \_\_\_\_ times |
|  |  | **ii.** | …did you participate on-line (phone, computer or tablet)? | | | | | \_\_\_ \_\_\_\_ times |
| **4.** | **Since your last assessment on** *<date recorded above>,* how many days have you been incarcerated? [NOTE: Redundant if also using CLAF instrument] | | | | | | | \_\_\_ \_\_\_\_ days |
| **5.** | **Since your last assessment on** *<date recorded above>*,have you received medication to treat opioid use disorder? [Illicit use should be excluded] | | | | | | | [0] No [GO TO 6] [1] Yes |
| **Medication** | | | | **Dose/Day**  *the dose taken most often (‘usual dose’)* | | **Months/Days** | | |
| Buprenorphine-naloxone or buprenorphine daily sublingual (e.g. Suboxone© film or tablet, generic films or tablets, or Subutex tablets) | | | | |  | | \_\_\_ \_\_\_\_ days | |
| Buprenorphine injection (SUBLOCADE©) | | | | | 100 mg/month  300 mg/month | | \_\_\_ \_\_\_\_ days | |
| Buprenorphine **weekly** injection (BRIXADI©) | | | | | 8mg/week  16mg/week  24mg/week  32mg/week | | \_\_\_ \_\_\_\_ days | |
| Buprenorphine **monthly** injection (BRIXADI©) | | | | 64 mg/month  96mg/month  128mg/month | | \_\_\_ \_\_\_\_ days | | |
| Naltrexone daily (oral) | | | | |  | | \_\_\_ \_\_\_\_ days | |
| Naltrexone monthly injection (Vivitrol©) | | | | | 380 mg/month | | \_\_\_ \_\_\_\_ days | |
| Methadone daily | | | | |  | | \_\_\_ \_\_\_\_ days | |
| **6.** | **Since your last assessment on** *<date recorded above>,* have you received medication to treat an alcohol use disorder? [Illicit use should be excluded] | | | | | | [0] No [GO TO 7] [1] Yes | |
| **Medication** | | | | **Dose/Day**  *the dose taken most often (‘usual dose’)* | | **Months/Days** | | |
| Disulfiram (e.g. Antabuse©) | | | | |  | | \_\_\_ \_\_\_\_ days | |
| Naltrexone injection (e.g., Vivitrol©) | | | | | 380 mg/month | | \_\_\_ \_\_\_\_ days | |
| Naltrexone daily (oral) | | | | |  | | \_\_\_ \_\_\_\_ days | |
| Acomprosate (e.g., Campral©) | | | | |  | | \_\_\_ \_\_\_\_ days | |
| **7.** | **Since your last assessment on** *<date recorded above>,* have you received medication to treat a mental health disorder? [Illicit use should be excluded] | | | | | | [0] No [GO TO 8] [1] Yes | |
| [Medication Name] | | | | |  | | \_\_\_ \_\_\_\_ days | |
| [Medication Name] | | | | |  | | \_\_\_ \_\_\_\_ days | |
| [Medication Name] | | | | |  | | \_\_\_ \_\_\_\_ days | |
| [Medication Name] | | | | |  | | \_\_\_ \_\_\_\_ days | |

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| **8.** | **Since your last assessment on** *<date recorded above>,* how much of your own money have you spent on healthcare (e.g., copayments, prescriptions,)? | $\_\_\_ \_\_\_, \_\_\_\_ \_\_\_ \_\_\_ |
| **9.** | **Since your last assessment on** *<date recorded above>,* how many days were you uninsured? | \_\_\_ \_\_\_ days |

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| **10.** | Are you currently covered by health insurance or some other kind of health care plan? | | | [0] No [GO TO 11] [1] Yes | |
|  | a. | | What kind of health insurance or health care coverage did 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 had more than one kind of health insurance, tell me all plans that you had. * [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 | |
| The next few questions are about your HOUSEHOLD **since your last assessment on** *<date recorded above>*. Your household includes people you live with, and with whom you share your income and expenses – husband, wife, children, relatives, and others. | | | | | |
| **11.** | How many people, including yourself, are there in your household? | | | | |\_\_|\_\_| People [IF 1, GO TO 12] |
|  | a. | 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. | | | | | |

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| **12.** | These questions are 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. **Since your last assessment on** *<date recorded above>…* | | |
|  | a. | **…** what was the total income of everyone in your household together that provided you with support? | $\_\_\_ \_\_\_ \_\_\_, \_\_\_ \_\_\_ \_\_\_ |
|  | b. | **…** 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 |
|  | c. | **…** did your household receive any public assistance like unemployment, food stamps / TANF, subsidized housing, or supplemental security income? | [0] No [GO TO 12e] [1] Yes |
|  | d. | **…** approximately how much money has your household all together received from public assistance sources like unemployment, food stamps (TANF), subsidized housing, supplemental security income? | $|\_\_|\_\_|\_\_|,|\_\_|\_\_|\_\_| |
|  | e. | **…** did your household receive any other non-employment income sources like retirement, pension, alimony, child support, or interest? | [0] No [GO TO 12g] [1] Yes |
|  | f. | **…** approximately how much money has your household all together received from other non-employment sources like retirement, pension, alimony, child support, interest? | $|\_\_|\_\_|\_\_|,|\_\_|\_\_|\_\_| |
|  | g. | **…** 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, theft for fencing? | [0] No [GO TO 13] [1] Yes  [-98] Refuse to answer |
|  | h. | **…** 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 | $|\_\_|\_\_|\_\_|,|\_\_|\_\_|\_\_| |

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| **13.** | Which one of the following statements best describes your current work or school situation? (CLARIFY AND CODE) | | 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) 8. In the military 9. Doing volunteer work   [99] Some other work situation (PLEASE DESCRIBE\_\_\_\_\_) | | | | |
| **14.** | **Since your last assessment on** *<date recorded above>*, how many days have you worked? | | | \_\_\_ \_\_\_ days [IF 0, GO TO 15] | | | |
|  | a. | How many days per week did you typically work? | | [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] 7 days a week | | | |
|  | b. | How many hours per day did you typically work? | | \_\_\_ \_\_\_ hours | | | |
|  | c. | Approximately how much did you make per hour? | | $\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_ per hour | | | |
|  | d. | Did 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 | |  |  | |  |
| **15.** |  | What is your occupation? | | SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **16.** | **Since your last assessment on** *<date recorded above*>, how many hours have you spent on **your** healthcare (including time with providers, travelling to appointments, picking up prescriptions, etc.)? | | | | | \_\_\_ \_\_\_ \_\_\_ hours [IF 0, GO TO 17] | |
|  | a. | How many of those hours involved missing work? | | | | \_\_\_ \_\_\_ \_\_\_ hours | |
|  | b. | How many of those hours involved missing school? | | | | \_\_\_ \_\_\_ \_\_\_ hours | |
|  | c. | How many additional hours of work have you missed because of problems with **your** physical or mental health? | | | | \_\_\_ \_\_\_ \_\_\_ hours | |
|  | d. | How many additional hours of school have you missed because of problems with **your** physical or mental health? | | | | \_\_\_ \_\_\_ \_\_\_ hours | |
| **17.** | **Since your last assessment on** *<date recorded above>,* how many hours have you required the use of a caregiver for your healthcare needs (e.g., babysitter or someone to travel with you to appointments)? | | | | | \_\_\_ \_\_\_ \_\_\_ hours | |

*Now I would like to ask you some questions about your legal status. I want to remind you all information is kept strictly confidential. Legal information will not be available to anyone outside this research study.*

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| **18.** | **Since your last assessment on** *<date recorded above*>, 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 2] |
|  | **Since your last assessment on** *<date recorded above*>, **how many times have you…** | |
|  | ...been in possession of small amounts of drugs? (drug possession) | \_\_\_ \_\_\_ times |
|  | ...been drunk or high in public? (drunkenness or other liquor law violations) | \_\_\_ \_\_\_ times |
|  | ...driven a vehicle while under the influence of alcohol or illegal drugs? (driving under the influence or while intoxicated) | \_\_\_ \_\_\_ times |
|  | …sold, distributed or helped to make illegal drugs? (possession, dealing, distribution or sale of drugs) | \_\_\_ \_\_\_ times |
|  | ...purposely damaged or destroyed property that did not belong to you? (vandalism or property destruction) | \_\_\_ \_\_\_ times |
|  | ...bought, received, possessed or sold any stolen goods? (receiving, possessing or selling stolen goods) | \_\_\_ \_\_\_ times |
|  | ...passed bad checks, forged or altered a prescription, or took money illegally from an employer? (forgery, fraud or embezzlement) | \_\_\_ \_\_\_ times |
|  | ...taken something from a store without paying for it? (shoplifting) | \_\_\_ \_\_\_ times |
|  | ...other than from a store, taken money or property that didn't belong to you? (larceny or theft) | \_\_\_ \_\_\_ times |
|  | ...broken into a house or building to steal something or just to look around? (burglary or breaking and entering) | \_\_\_ \_\_\_ times |
|  | ...taken a car from someone who was in it? (carjacking) | \_\_\_ \_\_\_ times |
|  | ...taken a car without people in it that didn't belong to you? (motor vehicle theft) | \_\_\_ \_\_\_ times |
|  | ...hit someone or gotten into a physical fight? (simple assault or battery) | \_\_\_ \_\_\_ times |
|  | ...used a weapon, force, or strong-arm methods to get money or things from a person? (robbery) | \_\_\_ \_\_\_ times |
|  | ...hurt someone badly enough they needed bandages or a doctor? (aggravated assault or battery) | \_\_\_ \_\_\_ times |
|  | ...made someone have sex with you by force when they did not want to have sex? (forcible rape) | \_\_\_ \_\_\_ times |
|  | ...been involved in the death or murder of another person, including accidents? (murder, homicide or no-negligent manslaughter) | \_\_\_ \_\_\_ times |
|  | ...intentionally set a building, car or other property on fire? (arson) | \_\_\_ \_\_\_ times |
|  | ...traded sex for food, drugs or money? (prostitution, pimping or commercialized sex) | \_\_\_ \_\_\_ times |
|  | ...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 |
|  | | |
| **19.** | **Since your last assessment on** *<date recorded above*>**, how many times were you arrested?** | \_\_\_ \_\_\_ times  [IF 0, GO TO 3] |
|  | Number of arrests for drug possession | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for drunkenness or other liquor law violations | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for driving under the influence or while intoxicated | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for possession, dealing, distribution or sale of drugs | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for vandalism or property destruction | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for receiving, possessing or selling stolen goods | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for forgery, fraud or embezzlement | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for shoplifting | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for larceny or theft | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for burglary or breaking and entering | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for motor vehicle theft | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for car jacking | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for simple assault or battery | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for robbery | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for aggravated assault or battery | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for forcible rape | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for murder, homicide or non-negligent manslaughter | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for arson | \_\_\_ \_\_\_ arrests |
|  | Number of arrests for prostitution, pimping or commercialized sex | \_\_\_ \_\_\_ arrests |
|  | 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 |
|  |  |  |
| **20.** | **Since your last assessment on** *<date recorded above*>**, how many times were you charged?** | \_\_\_ \_\_\_ times  [IF 0, GO TO 4] |
|  | Number of charges for drug possession | \_\_\_ \_\_\_ charges |
|  | Number of charges for drunkenness or other liquor law violations | \_\_\_ \_\_\_ charges |
|  | Number of charges for driving under the influence or while intoxicated | \_\_\_ \_\_\_ charges |
|  | Number of charges for possession, dealing, distribution or sale of drugs | \_\_\_ \_\_\_ charges |
|  | Number of charges for vandalism or property destruction | \_\_\_ \_\_\_ charges |
|  | Number of charges for receiving, possessing or selling stolen goods | \_\_\_ \_\_\_ charges |
|  | Number of charges for forgery, fraud or embezzlement | \_\_\_ \_\_\_ charges |
|  | Number of charges for shoplifting | \_\_\_ \_\_\_ charges |
|  | Number of charges for larceny or theft | \_\_\_ \_\_\_ charges |
|  | Number of charges for burglary or breaking and entering | \_\_\_ \_\_\_ charges |
|  | Number of charges for motor vehicle theft | \_\_\_ \_\_\_ charges |
|  | Number of charges for car jacking | \_\_\_ \_\_\_ charges |
|  | Number of charges for simple assault or battery | \_\_\_ \_\_\_ charges |
|  | Number of charges for robbery | \_\_\_ \_\_\_ charges |
|  | Number of charges for aggravated assault or battery | \_\_\_ \_\_\_ charges |
|  | Number of charges for forcible rape | \_\_\_ \_\_\_ charges |
|  | Number of charges for murder, homicide or non-negligent manslaughter | \_\_\_ \_\_\_ charges |
|  | Number of charges for arson | \_\_\_ \_\_\_ charges |
|  | Number of charges for prostitution, pimping or commercialized sex | \_\_\_ \_\_\_ charges |
|  | Number of charges for other charges (carrying a weapon, gang involvement, domestic violence, trespass, gambling, disturbing the peace, disorderly conduct, paraphernalia, runaway, curfew, truancy) | \_\_\_ \_\_\_ charges |
|  | | |
| **21.** | **Since your last assessment on <date recorded above>, have you been on electronic monitoring, house arrest, or community supervision (e.g., parole or probation)?** | [0] No [GO TO 5] [1] Yes |
|  | **Since your last assessment on <date recorded above>, how many days have you…** |  |
|  | …been on electronic monitoring? | \_\_\_ \_\_\_ days |
|  | …been on house arrest? | \_\_\_ \_\_\_ days |
|  | …been on parole? | \_\_\_ \_\_\_ days |
|  | …been on probation? | \_\_\_ \_\_\_ days |
|  | …been on any other kind of community supervision? | \_\_\_ \_\_\_ days |
|  | …met with your probation or parole officer? | \_\_\_ \_\_\_ days |
|  | …been in trouble with your probation or parole officer? | \_\_\_ \_\_\_ days |
| **22.** | **Since your last assessment on <date recorded above>, how many days have you spent in jail, prison, or a correctional facility?** | \_\_\_ \_\_\_ days |
|  | **If > 0 days:** Are you currently in jail or prison? (CAN MARK IF OBVIOUS) | [0] No [1] Yes |

Comments: \_\_