

JCOIN Core Measures

This document is intended for sharing with researchers interested in measuring criminal justice involvement, substance use, and related behaviors. JCOIN grantees should refer to the network's official measure specification documentation.

JCOIN is the Justice Community Opioid Innovation Network, a large multisite research collaborative managed by the National Institute on Drug Abuse and funded by the NIH HEAL Initiative. More information on JCOIN is available from the network's Coordination and Translation Center at <https://JCOINctc.org>

I. JCOIN CORE MEASURES – GENERAL POPULATION SURVEYS

Note: These measures are used in JCOIN’s Brief Stigma Surveys, repeated general population surveys conducted by NORC at the University of Chicago using the AmeriSpeak panel.

Have you ever been convicted of any misdemeanor or felony crime? (Yes/No/DK)

Have any of your family members or close friends ever been convicted of any misdemeanor or felony crime? (Yes/No/DK)

Have you ever been incarcerated in jail or prison? (Yes/No)

Have any of your family members or close friends ever been incarcerated in jail or prison? (Y/N/DK)

II. JCOIN CORE MEASURES – CLINICAL TRIALS – PATIENTS

Note: These measures are used in the JCOIN clinical trials, along with many other measures that are specific to the individual studies. You may find some of these measures helpful in characterizing your study participants. Most JCOIN trials are recruiting participants from jail, probation, or courts – i.e., individuals who are already engaged in the criminal justice system.

Demographics

D1	What is your birth date?	SPECIFY DATE ___/___/_____
D1a.	About how old are you?	SPECIFY AGE _____
D2.	Are you of Hispanic, Latino, or Spanish origin?	[0] No [1] Yes
D3.	What is your race? SELECT ALL THAT APPLY	[1] White [2] Black/African American [3] American Indian or Alaska Native (SPECIFY principal tribe or community) [4] Asian [5] Native Hawaiian or Other Pacific Islander [6] Some other race (SPECIFY)
NOTE: For gender/orientation/identity, use items O1-O2 if possible, otherwise use D4a-D4c. [Must use one or the other.]		
O1.	What sex was originally listed on your birth certificate?	[01] Male [02] Female [03] Decline to answer
O2.	Gender Identity. Do you think of yourself as . . .	[01] Male [02] Female

		[03] Transgender man/trans man/female-to-male (FTM) [04] Transgender woman/ trans woman/male-to-female (MTF) [05] Genderqueer/Gender nonconforming/neither exclusively male nor female [06] Additional gender category (or other) (SPECIFY _____)
D4d.	Have you ever been pregnant?	[1] Never been pregnant [2] Currently pregnant [3] Previously pregnant, had a child [4] Previously pregnant, did not have a child
D5.	What is your marital status?	[1] Married [GO TO D6] [2] Widowed [3] Divorced [4] Separated [5] Never married
D5a.	Are you currently living as married with a romantic partner?	[1] Yes, I am living as married with partner [2] No, I am not living as married with partner
D6.	What is the highest grade or level of school you have completed or the highest degree you have received?	[1] Did not complete high school. HIGHEST GRADE COMPLETED ____ ____ [2] GED or equivalent [3] Regular high school diploma [4] Some college credit, but less than 1 year of college credit [5] 1 or more years of college credit, but no degree [6] Associate’s Degree (e.g., AA or AS) [7] Bachelor’s Degree (e.g., BA or BS) [8] Graduate degree (MSW, MA, MS, JD, MD, DSW, EdD, Ph.D, etc.) [99] Other (specify)
<p>The next few questions are about your household in the [past 90 days] / [90 days prior to entering jail]. Your household includes people you live with, and with whom you share your income and expenses – husband, wife, children, relatives, and others.</p>		
D7a.	How many people, including yourself, are there in your household?	__ __ People
D7b.	How many of the people in your household are under the age of 18?	__ __ People

The next question is about the income of everyone in your household together. We do not need an exact number. You can give your answer to the nearest hundreds or thousands of dollars if that is easier. (Sources: GAIN-I, NSMS, NSDUH, PhenX)

D7d.	During the past 12 months, which of the following is the category that your <u>total household income from legal sources</u> would be in?	<ul style="list-style-type: none"> [1] Less than \$12,500 [2] \$12,500 - \$20,000 [3] \$20,001 - \$30,000 [4] \$30,001 - \$40,000 [5] \$40,001 - \$50,000 [6] \$50,001 - \$100,000 [7] More than \$100,000
D8.	Which one of the following statements best describes your work or school situation (prior to entering jail or prison / currently)? (CLARIFY AND CODE) [For D8, include work under the table but not any other illegal work or income]	<ul style="list-style-type: none"> [1] Working full-time, 35 hours or more a week [2] Working part-time, less than 35 hours a week [3] Have a job where you are paid one day at a time (day labor). [4] Have a job, but not at work because of treatment, extended illness, maternity leave, furlough or strike [5] Have a job but not at work because it is seasonal work [6] Unemployed or laid off and looking for work [7] Unemployed or laid off and not looking for work [8] Full-time homemaker (keeping house) [9] In school or training [10] In school or training, but not currently going to classes [11] Retired [12] In jail, prison or detention [13] Too disabled for work (Please describe disability) [14] In the military [15] Doing volunteer work [99] Some other work situation (PLEASE DESCRIBE _____)
D8a.	During the 90 days (prior to entering jail or prison / since your last assessment), on how many days have you worked?	____ days [If 0, GO to D9]
D8b.	How many days per week do you typically work?	<ul style="list-style-type: none"> [0] I don't typically work at all [1] 1 day a week [2] 2 days a week [3] 3 days a week [4] 4 days a week [5] 5 days a week

		[6] 6 days a week [7] I typically work every day of the week
D8b1.	How many hours per week do you usually work?	_____ hours
D8c.	Approximately how much do you make per hour?	\$_____.____ per hour
D9.	Are you currently (or prior to entering jail or prison were you) covered by health insurance or some other kind of health care plan?	[0] No [SKIP TO D10] [1] Yes
D9a.	What kind of health insurance or health care coverage (did/do) you have? Include those that pay for only one type of service (such as nursing home care, accidents, or dental care). Exclude private plans that only provide extra cash while hospitalized. If you have more than one kind of health insurance, tell me all plans that you have. [MARK ALL THAT APPLY]	[1] Private health insurance [2] Medicare [3] Medigap [4] Medicaid ({If Available, Display State Plan Name}) [5] SCHIP (CHIP/Children’s Health Insurance Program) [6] Military Health Care (Tricare/VA/CHAMP-VA) [7] Indian Health Service [8] State-Sponsored Health Plan ({If Available, Display State Plan Name}) [9] Other government program [10] Single service plan (e.g., dental, vision, prescriptions) [-99] Don’t know
D10.	During the 90 days (prior to entering jail or prison / since your last assessment), on how many days were you uninsured?	__ __ Days
D11.	During the 90 days (prior to entering jail or prison / since your last assessment), on how many days have you been homeless or had to stay with someone else to avoid being homeless?	__ __ Days

This next set of questions is about your quality of life in the past week. [Source: PROMIS/PROPr]

P1 Physical Function						
In the past 7 days I was able to . . .						
		[1] Without any difficulty	[2] With a little difficulty	[3] With some difficulty	[4] With much difficulty	[5] Unable to do
P1a	... do chores such as sweeping, mopping, or other janitorial work	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P1b	...go up and down stairs at a normal pace	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P1c	...walk around for at least 15 minutes	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P1d	... get from place to place	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]

P2 Ability to Participate in Social Roles and Activities						
In the past 7 days...						
		[1] Never	[2] Rarely	[3] Sometimes	[4] Often	[5] Always
P2a	...I had trouble doing all of my regular leisure activities with others	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P2b	...I had trouble doing all of the family activities that I want to do	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P2c	...I had trouble doing all of my usual work (include work at home)	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P2d	...I had trouble doing all of the activities with friends that I want to do	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]

P3 Anxiety						
In the past 7 days...						
		[1] Never	[2] Rarely	[3] Sometimes	[4] Often	[5] Always
P3a	...I felt fearful	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]

P3b	...I found it hard to focus on anything other than my anxiety	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P3c	...My worries overwhelmed me	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P3d	...I felt uneasy	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P4 Depression						
In the past 7 days...						
		[1] Never	[2] Rarely	[3] Sometimes	[4] Often	[5] Always
P4a	...I felt worthless	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P4b	...I felt helpless	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P4c	...I felt depressed	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P4d	...I felt hopeless	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P5 Fatigue						
In the past 7 days...						
		[1] Not at all	[2] A little bit	[3] Somewhat	[4] Quite a bit	[5] Very much
P5a	...I felt fatigued	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P5b	...I had trouble starting things because I was tired	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P5c	...how run-down did you feel on average?	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P5d	...how fatigued were you on average?	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P6 Sleep Disturbance						
In the past 7 days...						
P6a	...my sleep quality was	[1] Very poor	[2] Poor	[3] Fair	[4] Good	[5] Very good
P6b	...my sleep was refreshing	[1] Not at all	[2] A little bit	[3] Somewhat	[4] Quite a bit	[5] Very much

P6c	...I had problems with my sleep	[1] Not at all	[2] A little bit	[3] Somewhat	[4] Quite a bit	[5] Very much
P6d	...I had difficulty falling asleep	[1] Not at all	[2] A little bit	[3] Somewhat	[4] Quite a bit	[5] Very much
P7 Cognitive Function Abilities						
In the past 7 days...						
		[1] Not at all	[2] A little bit	[3] Somewhat	[4] Quite a bit	[5] Very much
P7a	...I have been able to concentrate	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P7b	...I have been able to remember to do things, like take medicine or buy something I needed	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]

P8 Pain Interference						
In the past 7 days...						
		[1] Not at all	[2] A little bit	[3] Somewhat	[4] Quite a bit	[5] Very much
P8a	...How much did pain interfere with your day to day activities?	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P8b	...How much did pain interfere with work around the home?	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P8c	...How much did pain interfere with your ability to participate in social activities?	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]
P8d	...How much did pain interfere with your household chores?	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [5]

P9 Pain Intensity
For the next question, please respond on a scale from 0 being no pain to 10 being the worst pain imaginable.
P9. In the past 7 days, how would you rate your pain on average?

Risk of Harm and Consequences

[Source: GAIN]

R3	When was the last time you were told by a doctor or nurse that you had:	[0] Never	[1] More than a year ago	[2] 4 to 12 months ago	[3] 2 to 3 months ago	[4] Past month	[-99] Don't know
R3a	Human Immunodeficiency Virus, HIV or AIDS?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [-99]
R3b	Hepatitis C?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [-99]
R3c	Hepatitis B?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input checked="" type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [-99]
R3d	Other sexually transmitted diseases or infections, such as syphilis.	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [-99]
R3e	Tuberculosis or TB?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [-99]
R3f	Coronavirus 19 or COVID19?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]	<input type="checkbox"/> [-99]

Substance Use

		[0] Never	[1] More than a year ago	[2] 4 to 12 months ago	[3] 2 to 3 months ago	[4] Within the last month
S1	When was the last time ... [Sources for S1: GAIN, PhenX]					
S1a	...you used alcohol or other drugs weekly or more often?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
S1b	...you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (feeling sick)?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]

S1c	...you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
S1d	...your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
S1e	...you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
S2	When was the last time you ... [JCOIN original questions]					
S2a	...used any kind of heroin, fentanyl or other opioid? (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine, Vicodin, Zohydro)?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]
S2c	...went to any kind of medication assisted treatment for opioid use disorder?	<input type="checkbox"/> [0]	<input type="checkbox"/> [1]	<input type="checkbox"/> [2]	<input type="checkbox"/> [3]	<input type="checkbox"/> [4]

S3	During the past 90 days [prior to entering jail or prison/since your last assessment], how many times did you (CAN CODE 0 IF NEVER ON S2b). . .	
S3a	...overdose on heroin, fentanyl or other opioids? [Overdose means that you took enough of the drug that it caused a life-threatening reaction that required medical attention]	___ ___ times (IF 0, GO TO S4)
S3b	...receive naloxone (Evzio or Narcan) to reverse your overdose?	___ ___ times (IF 0, GO TO S4)

S4	During the 90 days (prior to entering jail or prison/since your last assessment), on how many days did you. . .	
S4a	...use any heroin, fentanyl, opioids, alcohol, marijuana or other illicit drugs?	___ ___ days

S4b	...drink any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)?	___ ___ days
S4c	...have 5 or more drinks?	___ ___ days
S4d	...use medical marijuana that was obtained from a dispensary with your own recommendation card or prescription?	___ ___ days
S4e	... use other marijuana, including hashish, edibles, tinctures or concentrated drops, blunts or other forms of THC (cannabis, herb, pot, reefer, weed), or medical marijuana that was not your own?	___ ___ days
S4f	...use heroin (alone or mixed with other drugs)?	___ ___ days
S4g	...use fentanyl (alone or mixed with other drugs)?	___ ___ days
S4h	...use nonprescription or street methadone? (Methadone that had not been prescribed to you)	___ ___ days
S4j	...use nonprescription or street Suboxone? (Suboxone that had not been prescribed to you)	___ ___ days
S4k	...use other opioids, opiates, painkillers, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine, Vicodin, Zohydro)?	___ ___ days
S4m	...use crack, smoked rock, freebase, or other forms of cocaine?	___ ___ days
S4n	...use any methamphetamines, amphetamines, or other forms of speed?	___ ___ days
S4p	...use any benzodiazepines, anti-anxiety drugs or tranquilizers (such as Ativan, Equanil, Dalmane, Deprol, Diazepam, Klonopin, Librium, Lortab, Meprobamate, Miltown, Prosom, Serax, Traxene, Valium, Verseed, Xanax)?	___ ___ days
S4z	...use any other drug that has not been mentioned (such as hallucinogens, downers)? (PLEASE DESCRIBE)	___ ___ days
S5	During the 90 days (prior to entering jail or prison/ since your last assessment), on how many days have you been in a jail, hospital or other place where you could not use heroin, fentanyl, other opioids, alcohol, marijuana or other drugs? (USE 0 FOR NONE)	___ ___ days

Utilization of Services [Source: NSMS]

During the past 90 days (since last assessment), how many . . .		
U1	...times have you had to go to an emergency room without being admitted to the hospital?	___ ___ times
U2	...nights were you in a hospital detoxification program for your alcohol and other drug use? (across all episodes)	___ ___ nights
U3	...nights were you in a hospital for any other reason than detoxification?	___ ___ nights
U4	...nights were you in a non-hospital or social detoxification program from alcohol or other drugs? (also called residential detox)	___ ___ nights
U5a	...nights were you in a residential treatment program for alcohol or drug use?	___ ___ nights
U5b	...nights were you in a residential treatment program for mental health?	___ ___ nights
U5c	...nights were you in a residential, nursing home or other rehabilitation facility for your physical health?	___ ___ nights
U6	...times have you visited a primary care provider (physician, nurse, nurse practitioner, or physician's assistant)?	___ ___ times [IF 0, GO TO U7]
Other than times you already mentioned above, during the past 3 months (since last assessment), how many...		
U7	...days did you participate in any other outpatient treatment program specializing in alcohol or substance use? (OTHER THAN U1-6)	___ ___ days [IF 0, GO TO U8]

MOUD LIFETIME/PAST MONTH USE (BASELINE ONLY)

TO BE ANSWERED BY INTERVIEWER:

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

TO BE ANSWERED BY PARTICIPANT:

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

INTERVIEWER INSTRUCTIONS: In U14g above, if [number of days] is less than 30/xx days, replace 30/xx days with actual number of days participant has been incarcerated for all **U15_4** and **U15_5** questions below. In the items below, “PTI” means “Prior to Incarceration”.

U15.	Have you ever been prescribed and taken medication to treat opioid use disorder? [illicit use should be excluded]	[0] No [GO TO J1] [1] Yes
U15a.	Buprenorphine-naloxone or buprenorphine daily sublingual (e.g. Suboxone® film or tablet, generic films or tablets, or Subutex tablets)	
U15a1	Lifetime months	SPECIFY MONTHS
U15a2	Past 30/xx days Prior to Incarceration (PTI) days	SPECIFY DAYS
U15a3	Past 30/xx days PTI dose/day	SPECIFY DOSEAGE
U15a4	Past 30/xx days	SPECIFY DAYS
U15a5	Past 30/xx days dose/day	SPECIFY DOSEAGE
U15b.	Buprenorphine injection (SUBLOCADE®)	
U15b1	Lifetime months	SPECIFY MONTHS
U15b2	Past 30/xx days PTI days	SPECIFY DAYS
U15b3	Past 30/xx days PTI dose/day	SPECIFY DOSEAGE
U15b4	Past 30/xx days	SPECIFY DAYS
U15b5	Past 30/xx days dose/day	SPECIFY DOSEAGE
U15c.	Buprenorphine <u>weekly</u> injection (BRIXADI®)	
U15c1	Lifetime months	SPECIFY MONTHS
U15c2	Past 30/xx days PTI days	SPECIFY DAYS
U15c3	Past 30/xx days PTI dose/day	SPECIFY DOSEAGE
U15c4	Past 30/xx days	SPECIFY DAYS
U15c5	Past 30/xx days dose/day	SPECIFY DOSEAGE
U15d.	Buprenorphine <u>monthly</u> injection (BRIXADI®)	
U15d1	Lifetime months	SPECIFY MONTHS
U15d2	Past 30/xx days PTI days	SPECIFY DAYS
U15d3	Past 30/xx days PTI dose/day	SPECIFY DOSEAGE
U15d4	Past 30/xx days	SPECIFY DAYS
U15d5	Past 30/xx days dose/day	SPECIFY DOSEAGE

U15e.	Buprenorphine 6-month implant (Probuphine®)	
U15e1	Lifetime months	SPECIFY MONTHS
U15e2	Past 30/xx days PTI days	SPECIFY DAYS
U15e3	Past 30/xx days PTI dose/day	SPECIFY DOSEAGE
U15e4	Past 30/xx days	SPECIFY DAYS
U15e5	Past 30/xx days dose/day	SPECIFY DOSEAGE
U15f.	Naltrexone daily (oral)	
U15f1	Lifetime months	SPECIFY MONTHS
U15f2	Past 30/xx days PTI days	SPECIFY DAYS
U15f3	Past 30/xx days PTI dose/day	SPECIFY DOSEAGE
U15f4	Past 30/xx days	SPECIFY DAYS
U15f5	Past 30/xx days dose/day	SPECIFY DOSEAGE
U15g.	Naltrexone monthly injection (Vivitrol®)	
U15g1	Lifetime months	SPECIFY MONTHS
U15g2	Past 30/xx days PTI days	SPECIFY DAYS
U15g3	Past 30/xx days PTI dose/day	SPECIFY DOSEAGE
U15g4	Past 30/xx days	SPECIFY DAYS
U15g5	Past 30/xx days dose/day	SPECIFY DOSEAGE
U15h.	Methadone daily	
U15h1	Lifetime months	SPECIFY MONTHS
U15h2	Past 30/xx days PTI days	SPECIFY DAYS
U15h3	Past 30/xx days PTI dose/day	SPECIFY DOSEAGE
U15h4	Past 30/xx days	SPECIFY DAYS
U15h5	Past 30/xx days dose/day	SPECIFY DOSEAGE

¹PTI = Prior to incarceration

²Dose/day is the dose taken most often during the 30 days PTI or past 30 days

Treatment Preferences

INTERVIEWER INSTRUCTIONS: Please read the statement below to the participant first:

We are interested in the type of opioid use disorder treatment you would most prefer if all options were available to you now. The questions below ask in more detail about your most preferred treatment type. (Please note: the treatment types below are not necessarily offered in this study).

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

Justice Involvement

[Sources: adapted from GAIN, NSDUH, NSMS, UCR 2018]

J.	Justice	
J1	During the 90 days (prior to entering jail or prison/ since your last assessment), on how many days were you involved in any activities that might get you into trouble or be against the law besides drug use?	___ ___ days [IF 0, GO TO J2]
J1a.	During the past 90 days (since your last assessment), how many times have you...	
J1a1	...been in possession of small amounts of drugs? (drug possession)	___ ___ times
J1a2	...been drunk or high in public? (drunkenness or other liquor law violations)	___ ___ times
J1a3	...driven a vehicle while under the influence of alcohol or illegal drugs? (driving under the influence or while intoxicated)	___ ___ times
J1a4	...sold, distributed or helped to make illegal drugs? (possession, dealing, distribution or sale of drugs)	___ ___ times
J1a5	...purposely damaged or destroyed property that did not belong to you? (vandalism or property destruction)	___ ___ times
J1a6	...bought, received, possessed or sold any stolen goods? (receiving, possessing or selling stolen goods)	___ ___ times
J1a7	...passed bad checks, forged or altered a prescription, or took money illegally from an employer? (forgery, fraud or embezzlement)	___ ___ times
J1a8	...taken something from a store without paying for it? (shoplifting)	___ ___ times
J1a9	...other than from a store, taken money or property that didn't belong to you? (larceny or theft)	___ ___ times
J1a10	...broken into a house or building to steal something or just to look around? (burglary or breaking and entering)	___ ___ times
J1a11	...taken a car from someone who was in it? (carjacking)	___ ___ times
J1a12	...taken a car without people in it that didn't belong to you? (motor vehicle theft)	___ ___ times
J1a13	...hit someone or gotten into a physical fight? (simple assault or battery)	___ ___ times
J1a14	...used a weapon, force, or strong-arm methods to get money or things from a person? (robbery)	___ ___ times
J1a15	...hurt someone badly enough they needed bandages or a doctor? (aggravated assault or battery)	___ ___ times
J1a16	...made someone have sex with you by force when they did not want to have sex? (forcible rape)	___ ___ times
J1a17	...been involved in the death or murder of another person, including accidents? (murder, homicide or no-negligent manslaughter)	___ ___ times

J1a18	...intentionally set a building, car or other property on fire? (arson)	___ ___ times
J1a19	...traded sex for food, drugs or money? (prostitution, pimping or commercialized sex)	___ ___ times
J1a99	...done something else that would have gotten you into trouble with the police if they had known about it? (carrying a weapon, gang involvement, domestic violence, trespass, gambling, distributing the peace, disorderly conduct, paraphernalia, runaway, curfew, truancy,) (PLEASE DESCRIBE _____)	___ ___ times
J2	During the 90 days (prior to entering jail or prison/ since your last assessment), how many times were you arrested and charged?	___ ___ times [IF 0, GO TO J3]
J21	Number of arrests for drug possession (for small amounts)	___ ___ arrests
J22	Number of arrests for drunkenness or other liquor law violations	___ ___ arrests
J23	Number of arrests for driving under the influence or while intoxicated	___ ___ arrests
J24	Number of arrests for possession, dealing, distribution or sale of drugs	___ ___ arrests
J25	Number of arrests for vandalism or property destruction	___ ___ arrests
J26	Number of arrests for receiving, possessing or selling stolen goods	___ ___ arrests
J27	Number of arrests for forgery, fraud or embezzlement	___ ___ arrests
J28	Number of arrests for shoplifting	___ ___ arrests
J29	Number of arrests for larceny or theft	___ ___ arrests
J210	Number of arrests for burglary or breaking and entering	___ ___ arrests
J211	Number of arrests for motor vehicle theft	___ ___ arrests
J212	Number of arrests for car jacking	___ ___ arrests
J213	Number of arrests for simple assault or battery	___ ___ arrests
J214	Number of arrests for robbery	___ ___ arrests
J215	Number of arrests for aggravated assault or battery	___ ___ arrests
J216	Number of arrests for forcible rape	___ ___ arrests
J217	Number of arrests for murder, homicide or non-negligent manslaughter	___ ___ arrests
J218	Number of arrests for arson	___ ___ arrests
J219	Number of arrests for prostitution, pimping or commercialized sex	___ ___ arrests

J299	Number of arrests for other charges (carrying a weapon, gang involvement, domestic violence, trespass, gambling, disturbing the peace, disorderly conduct, paraphernalia, runaway, curfew, truancy)	___ __ arrests
J3	During the past 90 days (since your last assessment), how many days have you been ...	
J3a	...on electronic monitoring?	___ __ days
J3b	...on house arrest?	___ __ days
J3c	...in jail?	___ __ days
J3d	...in prison?	___ __ days
J3e	Are you currently in jail or prison? (CAN MARK IF OBVIOUS)	[0] No [GO TO J4] [1] Yes
J3f	How long have you been in jail or prison? (just this episode)	___ __ days
J4	During the past 90 days (since your last assessment), how many days have you...	
J4a	...been on parole?	___ __ days
J4b	...been on probation?	___ __ days
J4c	...been on any other kind of community supervision?	___ __ days
J4d	...met with your probation or parole officer?	___ __ days
J4e	...been in trouble with your probation or parole officer?	___ __ days
J5	During your lifetime...	
J5a	How many times in your life have you been arrested including as a juvenile?	___ __ times
J5b	How old were you the first time you were arrested?	___ __ years old
J5c	How much total time have you spent in detention, jail or prison during your lifetime?	___ __ years ___ __ months
J5d	How many times have you been found guilty and sentenced (including adjudications as a youth or convictions as an adult)?	___ __ times
J5e	How old were you the first time you were adjudicated or convicted?	___ __ years old

III. JCOIN Core Measures: Clinical Trials – Justice Agency Staff

NOTE: These measures were included on surveys of justice agency staff participating in JCOIN clinical trials, along with many other qualitative and quantitative measures specific to the trial protocols. These are most appropriate for projects that are conducting a program evaluation, including training agency staff on the use of evidence-based practices related to opioid use disorder.

ORGANIZATIONAL READINESS FOR IMPLEMENTING CHANGE (ORIC)

[Source: Shea et al., 2014]

INSTRUCTIONS: When using this measure, substitute a short-hand name for the intervention/program into each item, in place of “[intervention].” Please check to be sure it makes sense for every item. If necessary, define the intervention at the beginning of this section. For example, something like, “This agency is involved in a study that is testing whether peer navigators are effective at linking justice-involved clients with healthcare services in the community. A peer navigator is [brief definition].”

Rate each of the following statements on a 5-point scale where 1=Disagree and 5=Agree

- OR1. People who work here feel confident that the organization can get people invested in implementing [intervention].
- OR2. People who work here are committed to implementing [intervention].
- OR3. People who work here feel confident that they can keep track of progress in implementing [intervention].
- OR4. People who work here will do whatever it takes to implement [intervention].
- OR5. People who work here feel confident that the organization can support people as they adjust to [intervention].
- OR6. People who work here want to implement [intervention].
- OR7. People who work here feel confident that they can keep the momentum going in implementing [intervention].
- OR8. People who work here feel confident that they can handle the challenges that might arise in implementing [intervention].
- OR9. People who work here are determined to implement [intervention].
- OR10. People who work here feel confident that they can coordinate tasks so that implementation goes smoothly.
- OR11. People who work here are motivated to implement [intervention].
- OR12. People who work here feel confident that they can manage the politics of implementing [intervention].

ORGANIZATIONAL CLIMATE: STRESS

[Source: TCU Survey of Organizational Functioning]

Rate each of the following items on a scale of 1-5 where 1=Disagree and 5=Agree

- OC1. Staff members are under too much pressure to do their jobs effectively.
- OC2. Staff members often show signs of stress and strain.
- OC3. The heavy workload here reduces agency effectiveness.
- OC4. Staff frustration is common here.

STAFF ATTITUDES TOWARD MOUD

[3 sets of items, together from Knudsen et al., 2005]

(1) Based on your knowledge and personal experience, to what extent do you consider each of the following medications for opioid use disorder to be effective with justice-involved populations? (1=Not at all Effective, 7=Very Effective; provide "Don't know" option.)

SM1. Methadone

SM2. Buprenorphine (Suboxone) – oral

SM3. Buprenorphine (Sublocade) - monthly injection

SM4. Naltrexone – oral

SM5. Naltrexone (Vivitrol) - monthly injection

(2) In your opinion, how acceptable is each of the following medications for the treatment of opioid use disorder with justice-involved populations? (1=Completely Unacceptable, 7 = Very Acceptable)

SM6. Methadone

SM7. Buprenorphine (Suboxone) – oral

SM8. Buprenorphine (Sublocade) - monthly injection

SM9. Naltrexone – oral

SM10. Naltrexone (Vivitrol) - monthly injection

(3) To what extent have you received specific training about the following medications for opioid use disorder? (1=No Training, 7=Extensive Training)

SM11. Methadone

SM12. Buprenorphine (Suboxone) – oral

SM13. Buprenorphine (Sublocade) - monthly injection

SM14. Naltrexone – oral

SM15. Naltrexone (Vivitrol) - monthly injection

IMPLEMENTATION OUTCOME MEASURES [baseline and end of project]

[Source: Weiner et al., 2017]

Instructions: When using this measure, substitute a short-hand name for the intervention/program into each item, in place of “[intervention].” If necessary, define the intervention at the beginning of this section. (For example, something like, “This agency is involved in a study that is testing whether peer navigators are effective at linking justice-involved clients with healthcare services in the community. A peer navigator is [brief definition].”)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
IM1. [Intervention] seems fitting.	1	2	3	4	5
IM2. [Intervention] seems suitable.	1	2	3	4	5
IM3. [Intervention] seems applicable.	1	2	3	4	5
IM4. [Intervention] seems like a good match.	1	2	3	4	5
IM5. [Intervention] seems implementable.	1	2	3	4	5
IM6. [Intervention] seems possible.	1	2	3	4	5
IM7. [Intervention] seems doable.	1	2	3	4	5
IM8. [Intervention] seems easy to use.	1	2	3	4	5
IM9. [Intervention] meets my approval.	1	2	3	4	5
IM10. [Intervention] is appealing to me.	1	2	3	4	5
IM11. I like [Intervention].	1	2	3	4	5
IM12. I welcome [Intervention].	1	2	3	4	5

References

- GAIN – Global Appraisal of Individual Needs. Source documentation at <https://gaincc.org/instruments/>
- Knudsen et al., 2005 – Buprenorphine diffusion: The attitudes of substance abuse treatment counselors. *Journal of Substance Abuse Treatment* 29:95-106. <https://doi.org/10.1016/j.jsat.2005.05.002>
- NMOS – Non-study Medical and Other Services (data collection to support cost analyses). See, for example, Murphy et al., 2017, Cost-effectiveness of extended release naltrexone to prevent relapse among criminal justice involved individual with a history of opioid use disorder. *Addiction*, 112:1440-1450. <https://doi.org/10.1111/add.13807>
- NSDUH – National Survey on Drug Use and Health, a population household survey conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). Source documentation at: <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>
- PhenX Toolkit – Measures on assessment of substance use and substance use disorders available at: <https://www.phenxtoolkit.org/sub-collections/view/10>
- PROMIS – Patient-Reported Outcomes Measurement Information System. Source materials available at: <https://www.healthmeasures.net/explore-measurement-systems/promis>
- Shea et al., 2014 – Organizational Readiness for Implementing Change: A psychometric assessment of a new measure. *Implementation Science* 9:7. <https://doi.org/10.1186/1748-5908-9-7>
- TCU Survey of Organizational Functioning (Stress Measure) – source document available at: <http://ibr.tcu.edu/wp-content/uploads/2013/06/SOF-sg.pdf>
- UCR 2018 – Uniform Crime Reports, released annually by the US Federal Bureau of Investigation. Report available at: <https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018>
- Weiner et al., 2017 – Psychometric assessment of three newly developed implementation outcome measures. *Implementation Science*, 12:108. <https://doi.org/10.1186/s13012-017-0635-3>