Study _____ *ID* _____

Date __ __ / __ __ / __ __ __ __

Non-study Medical and Other Services (Baseline)

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.

During the past 90 days, OR during the 90 days prior to the start of your current detention . . .				
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 or 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 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 residential treatment program for alcohol or drug use?		___ ____ nights
	b.	How many nights were you in a recovery housing program (also called sober living)?		___ ____ 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*, 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]
		a.1	How many of those times were for alcohol or other drug use?	___ ____ times
	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…			
		b.1	…did you physically visit the program?	___ ____ days

		b.2	…did you see a doctor (vs. a nurse, NP, or PA)?	___ ____ days
	c.	…times have you seen a psychiatrist (MD) or psychologist (Ph.D., PsyD.)		___ ____ times [IF 0, GO TO 3.d]
		How many of these times…		
		c.1	…did you physically visit the program?	___ ____ times
	d.	…times have you seen any other kind of counselor or social worker?		___ ____ times [IF 0, GO TO 4]
		How many of these times…		
		d.1	…did you physically visit the program?	___ ____ times
4.	… how many times have you accessed each of the following services?			
	a.	Peer navigator or peer recovery navigator?		___ ____ times [IF 0, GO TO 4.b]
		How many of these times…		
		a.1	…did you physically visit the program?	___ ____ times
	b.	12 step or other peer support or mutual aid meetings?		___ ____ times [IF 0, GO TO 4.c]
		How many of these times…		
		b.1	…did you physically visit the program?	___ ____ times
	c.	Contingency management, motivational incentives, or rewards for achieving treatment goals?		___ ____ times [If 0, GO TO 4.d]
		c.1	Please estimate the total value of the incentives or rewards earned.	$ __ ___ __, ___ ___ ___
	d.	Smartphone or other digital therapeutic?		___ ____ times [If 0, GO TO 5]
		d.1	Please specify which digital therapeutic you used (e.g., DynamiCare, A-CHESS, Vorvida).	Specify _____
5.	…have you received any medication to assist with detox or treatment?			[0] No [GO TO 6] [1] Yes
	IF YES, …			
	a.	Please specify your primary medication (Select one)		a. Buprenorphine (e.g., Suboxone, Subutex, BRIXADI, Sublocade) b. Naltrexone (e.g., Vivitrol) c. Methadone

			d. GLP-1 e. Other (describe _____)
	b.	Please specify any additional medication (Select one)	a. Buprenorphine (e.g., Suboxone, Subutex, BRIXADI, Sublocade) b. Naltrexone (e.g., Vivitrol) c. Methadone d. GLP-1 e. Other (describe _____) f. None
	c.	How many days did you take your primary medication for SUD treatment?	___ ___ Days [For "injectable medication" enter number of days corresponding to intended duration (e.g., 2 week injection=14 days]
	d.	[skip if 5.b. = e. None] How many days did you take any additional medication for SUD treatment?	___ ___ Days [For "injectable medication" enter number of days corresponding to intended duration (e.g., 2 week injection=14 days]
6.	…how much of your own money have you spent on healthcare (e.g., copayments, prescriptions)?		$ __ ___ __, ___ ___ ___
The next few questions are about your HOUSEHOLD **during the past 90 days, OR during the 90 days prior to the start of your current detention**. Your household includes people you live with, and with whom you share your income and expenses – spouse, partner, children, relatives, and others.			

7.	How many people, including yourself, are there in your household?		___ ____ People [IF 1, GO TO]
	a.	How many of the people in your household are under the age of 18?	___ ____ People
8.	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. **During the past 90 days, OR during the 90 days prior to the start of your current detention. . .**		
	a.	...what was the total income of everyone in your household together that provided you with support? Please include employment and non-employment sources, such as retirement, pension, alimony, child support, etc.	$ __ ___ __, ___ ___ ___
	b.	...did your household receive any public assistance like unemployment, food stamps / TANF, subsidized housing, or supplemental security income?	[0] No [GO TO 9] [1] Yes
	c.	...approximately how much money has your household all together received from public assistance sources like unemployment, food stamps / TANF, subsidized housing, or supplemental security income?	$ __ ___ __, ___ ___ ___
9.	Which one of the following statements best describes your work or school situation in the past 90 days OR during the 90 days prior to the current detention? (Select all that apply.)		[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 (Describe _____)
10.	**During the past 90 days, OR during the 90 days prior to the start of your current detention,** how many days have you worked?		___ ____ days [IF 0, GO TO 11]
	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
11.	What is your typical occupation?		Specify _____
	During the past 90 days, OR during the 90 days prior to the start of your current detention, how many…		
12.	**…** hours have you spent on **<u>your</u>** healthcare (including time with providers, travelling to appointments, picking up prescriptions, etc.)?		___ ____ hours [IF 0, GO TO 13]
	a.	How many of those hours involved missing work or school?	___ ____ hours

13.	**…** <u>additional</u> hours of work or school have you missed because of <u>problems</u> with **<u>your</u>** physical or mental health?		___ ____ hours
14.	**…** 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
15.	How many miles do you **usually** travel to your **[intervention-relevant (e.g. clinic)]** appointments?		___ ___ ___ . ___ miles
	a.	What mode of transportation do you usually use?	[ ] I drive myself [ ] Someone else drives me [ ] Clinic van [ ] Bus [ ] Subway [ ] Walk [ ] Other (specify_____)

Comments: __

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.

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 or 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 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 residential treatment program for alcohol or drug use?		___ ____ nights
	b.	How many nights were you in a recovery housing program (also called sober living)?		___ ____ 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*, 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]
		a.1	How many of those times were for alcohol or other drug use?	___ ____ times
	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…			
		b.1	…did you physically visit the program?	___ ____ days

		b.2	...did you see a doctor (vs. a nurse, NP, or PA)?	___ ____ days
	c.	...times have you seen a psychiatrist (MD) or psychologist (Ph.D., PsyD.)		___ ____ times [IF 0, GO TO 3.d]
		How many of these times...		
		c.1	...did you physically visit the program?	___ ____ times
	d.	...times have you seen any other kind of counselor or social worker?		___ ____ times [IF 0, GO TO 4]
		How many of these times...		
		d.1	...did you physically visit the program?	___ ____ times
4.	... how many times have you accessed each of the following services?			
	a.	Peer navigator or peer recovery navigator?		___ ____ times [IF 0, GO TO 4.b]
		How many of these times...		
		a.1	...did you physically visit the program?	___ ____ times
	b.	12 step or other peer support or mutual aid meetings?		___ ____ times [IF 0, GO TO 4.c]
		How many of these times...		
		b.1	...did you physically visit the program?	___ ____ times
	c.	Contingency management, motivational incentives, or rewards for achieving treatment goals?		___ ____ times [If 0, GO TO 4.d]
		c.1	Please estimate the total value of the incentives or rewards earned.	$ __ ___ __, ___ ___ ___
	d.	Smartphone or other digital therapeutic?		___ ____ times [If 0, GO TO 5]
		d.1	Please specify which digital therapeutic you used (e.g., DynamiCare, A-CHESS, Vorvida).	Specify _____
5.	...have you received any medication to assist with detox or treatment?			[0] No [GO TO 6] [1] Yes
	IF YES, ...			
	a.	Please specify your primary medication (Select one)		a. Buprenorphine (e.g., Suboxone, Subutex, BRIXADI, Sublocade) b. Naltrexone (e.g., Vivitrol) c. Methadone

			d. GLP-1 e. Other (describe _____)
	b.	Please specify any additional medication (Select one)	a. Buprenorphine (e.g., Suboxone, Subutex, BRIXADI, Sublocade) b. Naltrexone (e.g., Vivitrol) c. Methadone d. GLP-1 e. Other (describe _____) f. None
	c.	How many days did you take your primary medication for SUD treatment?	___ ___ Days [For "injectable medication" enter number of days corresponding to intended duration (e.g., 2 week injection=14 days]
	d.	[skip if 5.b. = e. None] How many days did you take any additional medication for SUD treatment?	___ ___ Days [For "injectable medication" enter number of days corresponding to intended duration (e.g., 2 week injection=14 days]
6.	…how much of your own money have you spent on healthcare (e.g., copayments, prescriptions)?		$ __ ___ __, ___ ___ ___
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 – spouse, partner, children, relatives, and others.			

7.	How many people, including yourself, are there in your household?		___ ____ People [IF 1, GO TO 7]
	a.	How many of the people in your household are under the age of 18?	___ ____ People
8.	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. **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? Please include employment and non-employment sources, such as retirement, pension, alimony, child support, etc.	$ __ ___ __, ___ ___ ___
	b.	...did your household receive any public assistance like unemployment, food stamps / TANF, subsidized housing, or supplemental security income?	[0] No [GO TO 8] [1] Yes
	c.	...approximately how much money has your household all together received from public assistance sources like unemployment, food stamps / TANF, subsidized housing, or supplemental security income?	$ __ ___ __, ___ ___ ___
9.	Which one of the following statements best describes your work or school situation in the past 90 days OR during the 90 days prior to the current detention? (Select all that apply.)		[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 (Describe _____)
10.	**Since your last assessment on <date recorded above>,** how many days have you worked?		___ ____ days [IF 0, GO TO 11]
	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
11.	What is your typical occupation?		Specify _____
	Since your last assessment on <date recorded above>, how many…		
12.	**…** hours have you spent on **<u>your</u>** healthcare (including time with providers, travelling to appointments, picking up prescriptions, etc.)?		___ ____ hours [IF 0, GO TO 13]

	a.	How many of those hours involved missing work or school?	___ ____ hours
13.	**…** additional hours of work or school have you missed because of problems with **your** physical or mental health?		___ ____ hours
14.	**…** 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
15.	How many miles do you **usually** travel to your **[intervention-relevant (e.g. clinic)]** appointments?		___ ___ ___ . ___ miles
	a.	What mode of transportation do you usually use?	[ ] I drive myself [ ] Someone else drives me [ ] Clinic van [ ] Bus [ ] Subway [ ] Walk [ ] Other (specify_____)

Comments: __