

## ED-CARES Participant Screening & Survey

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### **PARTICIPANT SCREENING**

*Questions RAC1-SCR2 completed by RA*

**RAC1.** Code number of RA enrolling patient: \_\_\_

**DATE.** Today's date: \_\_\_ / \_\_\_ / \_\_\_

**TIMI.** Current time: \_\_\_ : \_\_\_

**LOC1.** Where is patient located? [RA COMPLETE]

- 1 = AES Team 1
- 2 = AES Team 2
- 3 = AES Team 3
- 4 = AES Team 4
- 5 = PES
- 6 = Urgent Care

**SCRI.** Is patient currently a patient in the AES, UC, or PES? [RA COMPLETE and answer "no" if patient already left the ED due to being discharged or taken to an inpatient bed].

0 = No \_\_\_\_\_ STOP  
1 = Yes \_\_\_\_\_ CONTINUE

IF SCR1=0, THEN STOP. PATIENT IS INELIGIBLE.  
IF SCR1=1, THEN CONTINUE.

**SCR2.** Does patient meet any of the following exclusion criteria? [RA COMPLETE]

- 1 = Intoxicated and cannot provide consent \_\_\_\_\_ STOP
- 2 = Otherwise medically unfit \_\_\_\_\_ STOP
- 3 = Psychologically distressed \_\_\_\_\_ STOP
- 4 = Already completed this survey \_\_\_\_\_ STOP
- 5 = Age less than 18 years old per Whiteboard display \_\_\_\_\_ STOP
- 6 = In NYPD or DOC custody \_\_\_\_\_ STOP
- 7 = Not able to understand the study consent process \_\_\_\_\_ STOP
- 8 = "Missed" (Select if patient was skipped initially and not able to be approached later [e.g., had already left the ED or another reason]. This should be rare \_\_\_\_\_ STOP
- 10= Does not understand English or Spanish \_\_\_\_\_ STOP
- 0 = None of these \_\_\_\_\_ CONTINUE

IF SCR2=1,2,3,4,5,6,7,8,10 THEN STOP. PATIENT IS INELIGIBLE.  
IF SCR2=0, THEN CONTINUE.

**MIS.** Missed Patient?

- 1=No
- 2=Yes

**RA SCRIPT:** Hello. I am a NYU research associate. We are doing a study of emergency department patients and you were randomly selected. The study is a survey to help us learn more about our patients and how we can better serve them, and if you are eligible for the study you would be paid to participate. I just need to ask you a few quick questions to see if you might be eligible for the study. Is that okay?

**SCR0.** Is patient willing to complete screening questions?

1 = Yes \_\_\_\_\_ GO TO AGE1  
0 = No \_\_\_\_\_ GO TO REF0

**REF0.** Can you tell me why you are not interested in answering the screening questions? (Select all that apply)

- 1 = No time
- 2 = Do not want to be bothered
- 3 = Do not feel well
- 4 = Do not want to answer questions about possibly sensitive information
- 5 = Worried about privacy
- 6 = Other
- 9 = Refused

**AGE1.** What is your age? \_ \_ \_

IF AGE1 LESS THAN 18, THEN STOP. PATIENT IS INELIGIBLE.  
IF AGE1 GREATER OR EQUAL TO 18, THEN CONTINUE.

**LAN1.** What is your preferred spoken language?

- 1 = English
- 2 = Spanish
- 3 = Other
- 9 = Refused

**LAN2.** Are you comfortable communicating in English or Spanish?

0 = No \_\_\_\_\_ STOP  
1 = Yes \_\_\_\_\_ GO to NYC1  
9 = Refused \_\_\_\_\_ STOP

IF LAN2=0, THEN STOP. PATIENT IS INELIGIBLE.  
IF LAN2=1, THEN CONTINUE.

**NYC1.** Do you currently live in New York City? [Including Manhattan, Queens, the Bronx, Brooklyn, and Staten Island]

0 = No \_\_\_\_\_ STOP  
1 = Yes \_\_\_\_\_ GO to SCR3  
9 = Refused \_\_\_\_\_ STOP

IF NYC1=0, THEN STOP. PATIENT IS INELIGIBLE.  
IF NYC2=1, THEN CONTINUE.

**SCR3.** Does patient appear able to understand the study consent process? [RA COMPLETE]

0 = No \_\_\_\_\_ STOP  
1 = Yes \_\_\_\_\_ GO to SCR4

IF SCR3=0, THEN STOP. PATIENT IS INELIGIBLE.  
IF SCR3=1, THEN CONTINUE.

**SCR3a.** Was consent comprehension quiz completed for the patient? [RA COMPLETE]

0 = No  
1 = Yes

**SCR4.** Has patient been enrolled in ED SBCM opioid study? [RA COMPLETE]

0 = No \_\_\_\_\_ GO to REF1  
1 = Yes \_\_\_\_\_ STOP

IF SCR4=0, THEN CONTINUE.  
IF SCR4=1, THEN STOP. PATIENT IS INELIGIBLE.

**HOM1.** Where did you spend last night?

- 1 = Own apartment, room or house – subsidized,  
for example Section 8 or living in public housing
- 2 = Own apartment, room or house - not subsidized
- 3 = Someone else’s apartment, room or house
- 4 = Hotel, SRO, or boarding home
- 5 = Halfway house, residential treatment program  
(focus: establishing sobriety)
- 6 = Transitional housing  
(focus: movement into permanent housing)
- 7 = Institution (hospital, nursing home, etc.) \_\_\_\_\_ GO TO INT1
- 8 = Homeless shelter
- 9 = Outdoors/street, abandoned or public building, automobile,  
or other place not meant for human habitation
- 10 = Detox
- 11 = Other (specify: \_\_\_\_\_)
- 99 = Refused

*Only ask if HOM1 = 7 (Institution)*

**INT1.** What type of institution?

- 1 = Bellevue Emergency Department (including waiting room)
- 2 = Other Emergency Department (including waiting room)
- 3 = Inpatient hospital bed (admitted patient)
- 4 = Nursing home
- 5 = Other

**ALC1.** Including wine or beer, how many times in the past year have you had [X] or more alcoholic drinks in a day (where X is 5 for men and 4 for women)?

\_\_\_\_\_ GO TO INT1  
999 = Refused

**ALC2.** Would you say that is?

- 0 = Never
- 1 = Less than monthly
- 2 = Monthly
- 3 = Weekly
- 4 = Daily or almost daily
- 9 = Refused

**DRG1.** How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons? (This includes marijuana and using prescription medications “recreationally”.)

\_\_\_\_\_ GO TO INT1  
999 = Refused

**DRG2.** Would you say that is?

- 0 = Never
- 1 = Less than monthly
- 2 = Monthly
- 3 = Weekly
- 4 = Daily or almost daily
- 9 = Refused

*Branching logic for study eligibility to be added for HOM1, ALC1, DRG1 as needed to meet study enrollment targets.*

**STAT.** Participation status (RA Complete)

- 1 = Ineligible
- 4 = Refused to complete screening questions
- 2 = Completed screening questions and eligible but refused to participate in study
- 3 = Participating

**COM1/2/3.** Comments (RA Complete if Applicable, Do not include any PHI)

**RA SCRIPT:** *It looks like you may be eligible to participate in the study. [COMPLETE PATIENT CONSENT PROCESS].*

**REF1.** Are you interested in participating in the study?

- 0 = No \_\_\_\_\_ GO to REF2
- 1 = Yes \_\_\_\_\_ GO to DEM1

**REF2.** Can you tell me why you are not interested in participating in the study? *(Select all that apply)*

- 1 = No time
- 2 = Do not want to be bothered
- 3 = Do not feel well
- 4 = Do not want to answer questions about possibly sensitive information
- 5 = Worried about privacy
- 6 = Other (List: \_\_\_\_\_)
- 9 = Refused

## BASIC DEMOGRAPHICS

*Complete for all consented patients and for patients who are eligible but refuse full study participation yet are willing to answer just a few basic questions. RAs may complete as able based on appearance if patient does not want to answer.*

**RA SCRIPT [IF REF1=0]:** *Okay, I understand. Would you be willing to answer just a few basic questions to help me get a better sense of who does not want to participate in the study? I would not be recording any of your personal information and it will take less than one minute. [COMPLETE BASIC DEMOGRAPHICS SECTION].*

**DEMA.** Willing to answer basic questions?

- 0= No
- 1 = Yes
- 9 = Refused

**DEMI.** Do you consider yourself?

- 1 = Hispanic or Latino
- 2 = Not Hispanic or Latino
- 9 = Refused

**DEM2.** Do you consider yourself:

- 1 = Black or African American
- 2 = White
- 3 = Southeast Asian / Indian Subcontinent
- 4 = Other Asian
- 5 = American Indian or Alaska Native
- 6 = Native Hawaiian or Other Pacific Islander
- 7 = More Than One Race
- 8 = Other
- 9 = Refused

**GEN1.** How do you describe yourself? (check one)

- 0 = Male \_\_\_\_\_ GO TO HOM1
- 1 = Female \_\_\_\_\_ GO TO HOM1
- 2 = Transgender \_\_\_\_\_ GO TO GEN2
- 9 = Refused \_\_\_\_\_ GO TO HOM1

**GEN2.** What sex were you assigned at birth, on your original birth certificate?

- 0 = Male
- 1 = Female
- 9 = Refused

**LOS (LOSH, LOSM).** What is patient's current length of stay?  
Hours and minutes as listed on public White Board display. \_\_\_ : \_\_\_

## ED-CARES MAIN SURVEY

*Complete for patients who are eligible and provide consent to participate*

### ***Education Status***

**SCL1.** What is the highest level of school you have completed or the highest degree you have received?

- 1 = Grade school or less (8<sup>th</sup> grade or less)
- 2 = Some high school (9<sup>th</sup>-12<sup>th</sup> grades, but no diploma)
- 3 = High-school graduate or GED
- 4 = Some college
- 5 = College degree or more
- 9 = Refused

### ***Relationship Status***

**RLT1.** What is your relationship status?

- 1 = Single, never married
- 2 = Dating or partnered, but not married
- 3 = Married or civil union
- 4 = Divorced
- 5 = Separated
- 6 = Widowed
- 9 = Refused

### ***Pregnancy***

**PRG1.** ASK IF GEN2 = 1 or GEN1 = 1  
Are you currently pregnant?

- 1 = Yes
- 0 = No
- 9 = Refused

### ***Children in the Home***

**CHL1.** Do you have children under age 18 who currently live with you?

*Not including people who live in a shelter where children also live.*

- 1 = Yes \_\_\_\_\_ GO to CHL1a.
- 0 = No \_\_\_\_\_ GO to SXL1.
- 9 = Refused \_\_\_\_\_ GO to SXL1.

IF CHL1=1, GO to CHL1a.  
IF CHL1=0 or 9, GO to SXL1.



**CHL1a.** If yes, how many? \_\_\_\_\_ GO to CHIL1b.

**CHL1b.** If yes, what are their ages? \_\_\_\_\_ GO to CHIL1c.

**CHL1c.** How many of these children (living with you) are your own biological, adopted, or step children? \_\_\_\_\_

### ***Sexual Orientation***

**SXL1.** Do you consider yourself:

- 1 = Gay or lesbian
- 2 = Straight, that is, not gay
- 3 = Bisexual
- 4 = Something else
- 9 = Refused

### ***Veteran Status***

**SRV1.** Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- 1 = Never served in the military
- 2 = Only on active duty for training in the Reserves or National Guard
- 3 = Now on active duty
- 4 = On active duty in the past, but not now
- 9 = Refused

### ***Employment Status***

**WRK1.** Which of the following best describes your current work situation?

- 1 = Working full-time
- 2 = Working part-time
- 3 = Unemployed, looking for work
- 4 = Unemployed, not looking for work
- 5 = Unable to work
- 6 = Retired
- 9 = Refused

**UNE1.** Have you become unemployed or lost your job in the past 12 months?

- 1 = Yes
- 0 = No
- 9 = Refused

## ***Insurance***

***INS1.*** What type of insurance do you currently have?

- 1 = No insurance / uninsured
- 2 = Medicaid
- 3 = Medicare
- 4 = Dual Medicaid/Medicare
- 5 = HHC Options
- 6 = Private insurance
- 7 = Other (List: \_\_\_\_\_)
- 9 = Refused

## ***Hospital and Emergency Room Visits***

***ERI.*** Thinking back over the past 12 months, how many times not including today have you been a patient in an emergency room? Count visits to any emergency room, not just Bellevue.

\_\_\_\_\_  
999 = Refused

***HOS1.*** Thinking back over the past 12 months, how many times have you been hospitalized? That is, how many times have you had to stay overnight in the hospital as a patient, not including the emergency room? Count any hospital, not just Bellevue. \_\_\_\_\_

999 = Refused

***PRF1.*** Is there a particular doctor's office, clinic, health center, or other place that you usually go if you are sick or need advice about your health?

- 1 = Yes, a doctor's office or clinic
- 2 = Yes, the emergency department
- 3 = Yes, an urgent care center (not in a hospital) or "Doc in the Box"
- 0 = No
- 9 = Refused

***ERR1.*** Is the reason for your emergency department visit **today** related to an injury?

- 1 = Yes
- 0 = No
- 9 = Refused

***ERR2.*** Is the reason for your emergency department visit **today** related to alcohol or drug use?

- 1 = Yes
- 0 = No
- 9 = Refused

## ***Physical and Emotional Health***

***RA SCRIPT:*** Next I have some general questions about your physical and emotional health.

***CDC1.*** Would you say that in general your health is:

- 1 = Excellent
- 2 = Very Good
- 3 = Good
- 4 = Fair
- 5 = Poor
- 7 = Don't know / not sure
- 9 = Refused

***CDC2.*** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days: \_\_

- 88 = None
- 77 = Don't know / not sure
- 99 = Refused

***CDC3.*** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of days: \_\_

- 88 = None
- 77 = Don't know / not sure
- 99 = Refused

***CDC4.*** *SKIP* if CDC2 and CDC3 are both = None

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of days: \_\_

- 88 = None
- 77 = Don't know / not sure
- 99 = Refused

***SF12P.*** During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

- 1 = Not at all
- 2 = A little bit
- 3 = Moderately

4 = Quite a bit  
5 = Extremely  
9 = Refused

*Over the last two weeks, how often have you been bothered by the following problems?*

**GAD1.** Feeling nervous, anxious, or on edge

0 = Not at all  
1 = Several days  
2 = More than half the days  
3 = Nearly every day  
8 = Don't know  
9 = Refused

**GAD2.** Not being able to stop or control worrying

0 = Not at all  
1 = Several days  
2 = More than half the days  
3 = Nearly every day  
8 = Don't know  
9 = Refused

**PHQ1.** Little interest or pleasure in doing things?

0 = Not at all  
1 = Several days  
2 = More than half the days  
3 = Nearly every day  
9 = Refused

**PHQ2.** Feeling down, depressed or hopeless

0 = Not at all  
1 = Several days  
2 = More than half the days  
3 = Nearly every day  
9 = Refused

**Medical Problems**

**[RA SCRIPT]:** *The next set of questions asks about what chronic (or long-term) health problems you have. Please answer “yes” if a doctor or other healthcare professional has ever told you that you have or have had the condition. You should answer “yes” even if you feel the condition is under good control or is not currently bothering you. All of your answers are confidential.*

<b>Item</b>	<b>No</b>	<b>Yes</b>	<b>Refused</b>	
Asthma	0	1	9	AST1.
Chronic bronchitis, COPD, or emphysema	0	1	9	CBE1.
Diabetes	0	1	9	DB1.
Migraine headaches	0	1	9	MGH1.
Liver disease including hepatitis or cirrhosis	0	1	9	LVR1.
High blood pressure	0	1	9	HTN1.
Heart attack	0	1	9	MI1.
Stroke	0	1	9	STK1.
Seizures	0	1	9	SZ1.
HIV or AIDS	0	1	9	HIV1.
Kidney problems	0	1	9	KP1.
Heart disease	0	1	9	HED1.
	0	1	9	CNR1.

Cancer				
ASK IF CNR = 1 Do you still have cancer currently?	0	1	9	CNR1a.

**OMP1.** Do you have any other medical problems that I have not asked about already?

0 = No \_\_\_\_\_ GO to HDI1.  
 1 = Yes \_\_\_\_\_ GO to OMP1a.  
 9 = Refused \_\_\_\_\_ GO to HDI1.

IF OMP1 = 0 or 9, GO to HDI1.  
 IF OMP1 = 1, GO to OMP1a.

**OMP1a.** List: \_\_\_\_\_

**HDII.** Have you ever had an injury to the head which knocked you out or at least left you dazed, confused, or disoriented?

0 = No  
 1 = Yes  
 9 = Refused

**Mental Health Problems**

*[RA SCRIPT]: Now I am going to ask you about some mental health problems. You can refuse to answer questions if you are not comfortable sharing. All of your answers are confidential. Please answer “yes” if a doctor or other healthcare professional has ever told you that you have or have had the condition. You should answer “yes” even if you feel the condition is under good control or is not currently bothering you. All of your answers are confidential.*

Item	No	Yes	Refused	
Depression	0	1	9	DP1.
Anxiety	0	1	9	AXT1.
Panic attacks	0	1	9	PA1.
	0	1	9	SCZ1.

Schizophrenia				
Bipolar disorder	0	1	9	BD1.
PTSD	0	1	9	PTD1.
Borderline personality	0	1	9	BP1.
Other mental health disorder	0	1	9	MHD1.

***Substance Use and Mental Health Services***

***RA SCRIPT:*** *Now I'm going to ask you about services you may have received for substance use or mental health problems in the past 12 months.*

**MHT1.** In the past 12 months, have you been hospitalized overnight for an emotional or mental health problem? Include all hospital admissions, even ones resulting from emergency room visits. (Do not count hospitalizations for physical health problems or alcohol and drug problems).

- 0 = No
- 1 = Yes
- 9 = Refused

**MHT2.** In the past 12 months, have you received any kind of help or treatment for mental or emotional problems or trouble with nerves where you did not stay overnight– for example, I mean outpatient care like at a hospital or clinic, or a drop-in center or a self-help group where you did not stay overnight? (Do not include any place where you stayed overnight.)

- 0 = No
- 1 = Yes
- 9 = Refused

**SUT1.** In the past 12 months, have you stayed at least one night in a detox program for substance use problem (drinking or drugs)?

- 0 = No
- 1 = Yes
- 9 = Refused

**SUT2.** In the past 12 months, have you stayed at least one night in a residential treatment facility, halfway house or hospital where you received treatment for a substance use problem (drinking or drugs) NOT INCLUDING DETOX?

- 0 = No
- 1 = Yes
- 9 = Refused

**SUT3.** In the past 12 months, have you received any kind of support or help for substance use (drinking or drugs) where you did not stay overnight? For example, I mean from an agency, clinic, self-help group like AA or NA, or some other type of place? (Do not include any treatment where you stayed overnight.)

- 0 = No
- 1 = Yes
- 9 = Refused

## ***Violence***

**RA SCRIPT:** *The next questions are about things that might have happened to you in the past 12 months.*

**VI01.** In the past 12 months, was there ever a time when someone hit you with something, beat you up, burned or scalded you on purpose, or threatened or hurt you with a knife, gun, or some other weapon?

- 0 = No
- 1 = Yes
- 9 = Refused

**VI02.** In the past 12 months, did anyone ever try to make you have sex with them by using threats or force like hitting, holding down, or using a weapon? (By sex I mean their touching your sexual parts, your touching their sexual parts, having oral sex, or intercourse.)

- 0 = No
- 1 = Yes
- 9 = Refused



## ***Living Situation and Homelessness***

***RA SCRIPT:*** *Now I am going to ask you a few questions about your living situation.*

**HOM2.** In the past two months have you been living in stable housing that you own, rent, or stay in as part of a household?

- 1 = Yes
- 0 = No
- 9 = Refused

**HOM3.** Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household?

- 1 = Yes
- 0 = No
- 9 = Refused

**HOM4.** How long have you been living at the place where you currently live? \_\_\_\_\_  
(years/months/weeks/days). *If on the streets/outside, how long have you been living on the streets/outside?*

**HOM4Y.** \_\_\_\_\_ Years

999 = Refused

**HOM4M.** \_\_\_\_\_ Months

999 = Refused

**HOM4W.** \_\_\_\_\_ Weeks

999 = Refused

**HOM4D.** \_\_\_\_\_ Days

999 = Refused

**HOM5.** ASK IF HOM1 = 1,2,3,4,10

Do you currently live or stay alone, or does someone else live with you – I mean someone like your spouse or girlfriend or boyfriend or children – not someone who just happens to be staying in the same place you stay.

INCLUDE FAMILY MEMBERS, SEXUAL PARTNERS, OR OTHERS THAT SPENT PREVIOUS NIGHT WITH. INCLUDE ONLY THOSE “LIVING WITH” SOMEONE. DO NOT INCLUDE OTHERS WHO JUST HAPPEN TO BE STAYING IN THE SAME PLACE LIKE A SHELTER OR HALFWAY HOUSE OR PARK.

1 = Alone \_\_\_\_\_ GO to HOM6  
2 = With others \_\_\_\_\_ GO to HOM5a  
9 = Refused \_\_\_\_\_ GO to HOM6

IF HOM5=1 or 9, GO to HOM6.  
IF HOM5=2, GO to HOM5a.

**HOM5a.** How many others? \_\_\_\_\_ GO to HOM5b

999 = Refused

**HOM5b.** Who are they? (select all that apply)

- 1 = Spouse
- 2 = Children
- 3 = Other family
- 4 = Friends
- 5 = Other people
- 9 = Refused

**HOM6.** ASK IF HOM1 = 1,2,3,4,10

Who holds the lease in your current place?

- 1 = Self
- 2 = Spouse or partner
- 3 = Other
- 4 = There is no lease
- 5 = N/A (e.g., living in a shelter)
- 9 = Refused

**HOM7.** ASK IF HOM1 = 1,2,3,4,10

Do you / the person holding the lease at the place where you are currently staying owe rent arrears to the landlord?

- 1 = Yes \_\_\_\_\_ GO to HOM7a  
0 = No \_\_\_\_\_ GO to HOM8  
7 = Don't know  
9 = Refused

IF HOM7=1, GO to HOM7a.

IF HOM7=0 or 9, GO to HOM8.

**HOM7a.** If yes, how much do you / the person holding the lease owe in rent arrears? \_\_\_\_\_

777 = Don't know

999 = Refused

**HOM8.** ASK IF HOM1 = 1,2,3

How many bedrooms does the apartment where you are currently living have? \_\_\_\_\_

999 = Refused

**HOM9.** Have you been asked to leave the place where you are currently living by the landlord or the people who you are staying with?

- 1 = Yes  
0 = No  
9 = Refused

**HOM10.** How many different places have you lived during the past 12 months? Include all the different places you have lived in New York City or someplace else, including the place where you currently live, in the past 12 months.

\_\_\_\_\_  
999 = Refused

**HOM11.** In what type of place did you spend the majority of your nights in the past 12 months?

- 1 = Own apartment, room or house - subsidized, for example Section 8 or living in public housing
- 2 = Own apartment, room or house - not subsidized
- 3 = Someone else's apartment, room or house
- 4 = Hotel, SRO, or boarding home
- 5 = Halfway house, residential treatment program (focus: establishing sobriety)
- 6 = Transitional housing (focus: movement into permanent housing)
- 7 = Institution (hospital, nursing home, etc.)
- 8 = Homeless shelter
- 9 = Outdoors/street, abandoned or public building, automobile, or other place not meant for human habitation
- 10 = Other (specify: \_\_\_\_\_)
- 99 = Refused

**HL1.** Have you been homeless in the past 12 months? "Homeless" could include staying in a shelter, on the streets, or staying with friends or family because you did not have another place to stay.

- 1 = Yes
- 0 = No
- 9 = Refused

**HL2.** Have you slept in a shelter for homeless persons, even for just one night, in the past 12 months?

- 1 = Yes
- 0 = No
- 9 = Refused

**HL2a.** Have you slept in a drop-in center for homeless persons, even for just one night, in the past 12 months?

- 1 = Yes
- 0 = No
- 9 = Refused

**HL3.** Have you applied for shelter in the past 3 months?

- 1 = Yes
- 0 = No
- 9 = Refused

**HL4.** Have you ever been homeless in your lifetime, including as a child or as an adult?

- 1 = Yes
- 0 = No
- 9 = Refused

**HL5.** How many times in your life have you been without regular housing? That is, not living in a house, apartment, room, or other housing for 30 days or more in the same place? \_\_\_\_\_

999 = Refused

IF HL5 = 0 AND HL4 = 0, GO to HL10.

IF HL5 ≥ 1 or 999 OR HL4 ≥ 1 or 999, GO to HL6.

**HL6.** ASK IF HL5 ≥ 1 or 999 OR HL4 = 1 or 9  
How long ago did your LAST period of homelessness / being without regular housing end?  
(years / months / weeks / days)

1 = Applicable, complete HL6Y, HL6M, HL6W, HL6D

2 = N/A currently homeless \_\_\_\_\_ GO to HL7

3 = N/A never homeless \_\_\_\_\_ GO to HL10

**HL6Y.** \_\_\_\_\_ Years

999 = Refused

**HL6M.** \_\_\_\_\_ Months

999 = Refused

**HL6W.** \_\_\_\_\_ Weeks

999 = Refused

**HL6D.** \_\_\_\_\_ Days

999 = Refused

**HL7.** ASK IF HL5 ≥ 1 or 999 OR HL4 = 1 or 9  
How long were you / have you been homeless / without regular housing during this last period of homelessness?

\_\_\_\_\_ years / months / weeks / days

**HL7Y.** \_\_\_\_\_ Years

999 = Refused

**HL7M.** \_\_\_\_\_ Months

999 = Refused

**HL7W.** \_\_\_\_\_ Weeks

999 = Refused

**HL7D.** \_\_\_\_\_ Days

999 = Refused

**HL8.** ASK if HL5  $\geq$  1 or 999 OR HL4 = 1 or 9  
In the past 12 months, how much time did you spend homeless / without regular housing?  
\_\_\_\_\_ years / months / weeks / days

1 = Applicable, complete HL8Y, HL8M, HL8W, HL8D  
2 = N/A not homeless in past 12 months \_\_\_\_\_ GO to HL9

**HL8Y.** \_\_\_\_\_ Years  
999 = Refused

**HL8M.** \_\_\_\_\_ Months  
999 = Refused

**HL8W.** \_\_\_\_\_ Weeks  
999 = Refused

**HL8D.** \_\_\_\_\_ Days  
999 = Refused

**HL9.** ASK if HL5  $\geq$  1 or 999 OR HL4 = 1 or 9  
How old were you when you FIRST found yourself without regular housing or a regular place to stay? \_\_\_\_\_ Years  
999 = Refused

**HL10.** ASK ALL  
How likely do you think it would be that you would have to use a homeless shelter in the next 6 months?

- 1 = Very likely
- 2 = Somewhat likely
- 3 = Somewhat unlikely
- 4 = Very unlikely
- 9 = Refused

**HMB1.** Have you ever heard of or used services to prevent homelessness provided by NYC, called Home Base?

- 0 = Have not heard of
- 1 = Have heard of but have not used
- 2 = Have heard of and used
- 9 = Refused

## ***Household Expenses***

***RA SCRIPT:*** Now I am going to ask a few questions about money and about difficulties people sometimes have in meeting their essential household expenses.

***INCI.*** What was your annual household income for the last year? This would be your total combined income, before taxes or other deductions, of you and all the people who live with you in your household. Please include money from jobs, work on the side, welfare, SSI, help from your family and friends, child support, alimony, and any other money income received by you or any other household member.

Enter dollar amount: \$ \_\_\_\_ , \_\_\_\_ SKIP TO EXP1  
9 = Refused GO TO INC2  
8 = Don't know GO TO INC2

***INC2.*** What would you estimate? Would it amount to \$10,000 or more? *If less*, would it amount to \$5,000 or more? *If more*, would it amount to \$20,000 or more? *If less*, would it amount to \$15,000 or more? *If more*, would it amount to \$25,000 or more? *Continue to get an estimate using the category selections.*

0 = No annual Income  
1 = Less than \$5,000  
2 = \$5,000 - \$10,000  
3 = \$10,001 - \$15,000  
4 = \$15,001 - \$20,000  
5 = \$20,001 - \$30,000  
6 = \$30,001 - \$40,000  
7 = \$40,001 - \$50,000  
8 = \$50,001 - \$60,000  
9 = \$60,001 - \$70,000  
10 = \$70,001 - \$80,000  
11 = \$80,001 - \$90,000  
12 = \$90,001 - \$100,000  
13 = More than \$100,000  
99 = Refused

***EXPI.*** During the past 12 months, has there been a time when you did not meet all your essential expenses?

1 = Yes  
0 = No  
9 = Refused

**RNT1.** Was there any time in the past 12 months when you did not pay the full amount of the rent or mortgage?

- 1 = Yes
- 0 = No
- 8 = N/A
- 9 = Refused

***Eviction***

**EVT1.** In the past 12 months have you been evicted from your home or apartment for not paying the rent or mortgage?

- 1 = Yes
- 0 = No
- 8 = N/A
- 9 = Refused

**EVT2.** In the past 12 months have you been evicted from your home or apartment for any other reason?

- 1 = Yes
- 0 = No
- 8 = N/A
- 9 = Refused

**EVT3.** Are you currently in the process of being evicted or has your landlord filed eviction papers against you?

- 1 = Yes
- 0 = No
- 8 = N/A
- 9 = Refused

**EVT4.** If you have been staying with family or friends in the past year, have you been kicked out, forced to leave, or “evicted” from their apartment or house in the past 12 months?

- 1 = Yes
- 0 = No
- 8 = N/A
- 9 = Refused



**EVT5.** ASK IF EVT1, EVT2, EVT3, or EVT4 = 1

Is anyone helping you with your problems with eviction currently (for example, a lawyer)?

- 1 = Yes
- 0 = No
- 8 = N/A
- 9 = Refused

**EVT5a.** Who is helping you with your problems with eviction?

- 1 = Homebase (Department of Homeless Services Program)
- 2 = Legal aid or other lawyer
- 3 = Other

### ***Basic Needs***

**UTL1.** How about not paying the full amount of the gas, oil, or electricity bills? Was there a time in the past 12 months when that happened to you?

- 1 = Yes
- 0 = No
- 8 = N/A
- 9 = Refused

**TL1.** How about the telephone company disconnecting service because payments were not made? Was there a time in the past 12 months when that happened to you?

- 1 = Yes
- 0 = No
- 8 = N/A
- 9 = Refused

**EMPI.** In the past 12 months have you had any issues or needed help with employment (getting a job or problems with your existing job)?

- 1 = Yes
- 0 = No
- 9 = Refused

**LGL1.** In the past 12 months have you had any issues or needed help with legal issues (including criminal, civil, or immigration)?

- 1 = Yes
- 0 = No
- 9 = Refused

**[RA SCRIPT]:** *Now I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the **last 12 months**—that is, since last (SAY DATE 12MONTHS AGO).*

**MON2.** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 = Yes
- 0 = No
- 8 = Don't know/Not sure
- 9 = Refused

**MON3.** Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not including over-the-counter (OTC) medication.

- 1 = Yes
- 0 = No
- 3 = No medication was prescribed (not applicable)
- 8 = Don't know/Not sure
- 9 = Refused

***Food Insecurity***

Item	Never true	Sometimes true	Often true	Refused	
The first statement is, "I/we worried whether my/our food would run out before I/we got money to buy more."	0	1	2	9	FDI1.
"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that <u>often</u> , <u>sometimes</u> , or <u>never</u> true for (you/your household) in the last 12 months.	0	1	2	9	FDI2.
"(I/we) couldn't afford to eat balanced meals." Was that <u>often</u> , <u>sometimes</u> , or <u>never</u> true for (you/your household) in the last 12 months.	0	1	2	9	FDI3.

**FDI4.** In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- 1 = Yes
- 0 = No
- 9 = Refused

### ***Social Support***

**SUPI.** Is there someone you could count on to lend or give you money if you needed it?

- 1 = Yes
- 0 = No
- 9 = Refused

**SUP2.** If you needed a place to stay is there someone you can count on to take you in?

- 1 = Yes
- 0 = No
- 9 = Refused

### ***Legal System***

**RA SCRIPT:** Now I'm going to ask you some questions about your involvement with the legal system. Remember that all of your answers are confidential.

**ARI.** In the past 6 months have you been arrested?

- 1 = Yes \_\_\_\_\_ GO to AR1a.
- 0 = No \_\_\_\_\_ GO to AR2.
- 9 = Refused \_\_\_\_\_ GO to AR2

IF AR1 = 0, GO TO AR1a.  
IF AR1 = 1 or 9, GO to AR2.

**ARIa.** How many times? \_\_\_\_\_  
999 = Refused

**AR2.** In the past 6 months have you spent any nights in jail or prison?

- 1 = Yes
- 0 = No
- 9 = Refused

**AR3.** Are you on probation or parole?

- 1 = Yes
- 0 = No
- 9 = Refused

**AR5.** Have you ever been incarcerated (in jail or prison) in your life?

- 1 = Yes \_\_\_\_\_ GO to AR5a.
- 0 = No \_\_\_\_\_ GO to TBC1.
- 9 = Refused \_\_\_\_\_ GO to TBC1.

IF AR5 = 0, GO to AR5a.  
IF AR5 = 1 or 9, GO to TBC1.

**AR5a.** How many months were you incarcerated in your life?

\_\_\_\_\_ Months  
999 = Refused

### ***Alcohol and Drug Use***

***RA SCRIPT:*** Now I am going to ask a few more questions about using alcohol or drugs.  
Remember that this survey is confidential.

**TBC1.** Have you smoked or used any form of tobacco in the last 7 days?

- 1 = Yes
- 0 = No
- 9 = Refused

**OD1.** In your life, have you ever had a drug or medication overdose (OD), involving prescription pain medications or drugs like heroin?

- 1 = Yes
- 0 = No
- 9 = Refused

**SUT4.** In the last year, which substances have you used (select all that apply)?

Item	Yes	No	Refused	
<b>Cannibis</b> (marijuana, weed, pot, grass, hash, herb, joints, bong, reefer, ganja, sativa, sinsemilla, etc.) <b>Note: Clarify</b> if states “dope.” Dope can refer to marijuana or heroin.)	1	0	9	CB1.
<b>Heroin</b> (Clarify if states “dope”)	1	0	9	HE1.
<b>Prescription Opioids</b> (oxycodone, fentanyl, morphine, opiates, hydrocodone, Norco, Vicodin, Percocet, Oxycontin, methadone, buprenorphine, etc.)	1	0	9	PO1.
<b>Cocaine or Crack</b> (coke, rock)	1	0	9	CC1.
<b>Synthetic cannabinoids</b> (Spice, K2, etc.)	1	0	9	SC1.
<b>Sedatives or sleeping pills or benzodiazepines or GHB</b> (benzos, Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, Quaaludes, barbiturates, phenobarbital, etc.)	1	0	9	SB1.
<b>Hallucinogens</b> and other synthetics (LSD, acid, PCP, Ketamine, Special K, ecstasy, X, Molly, cough syrup, bath salts, mushrooms, etc.)	1	0	9	HAL1.
<b>Prescription stimulants</b> (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	1	0	9	PS1.
<b>Methamphetamine</b> (speed, crystal meth, ice, etc.)	1	0	9	MM1.
<b>Inhalants</b> (nitrous oxide, glue, gas, paint thinner, etc.)	1	0	9	INH1.

IF SUT4 = 0 FOR ALL INDIVIDUAL DRUGS THEN SKIP SUT5

**SUT5.** ASK IF CB1, HE1, PO1, CC1, SC1, SB1, HAL1, PS1, MM1, OR INH1 = 1 or 9

In the last year, which of these substances has caused you the most difficulties or problems? (If needs guidance ask “which substance do you use the most?”) (*Choose one*)

- 1 = **Cannibis** (marijuana, weed, pot, grass, hash, herb, joints, bong, reefer, ganja, sativa, sinsemilla, etc.) - *Note:* Clarify if states “dope.” Dope can refer to marijuana or heroin.
- 2 = **Heroin** (**Clarify** if states “dope”)
- 3 = **Prescription Opioids** (oxycodone, fentanyl, morphine, opiates, hydrocodone, Norco, Vicodin, Percocet, Oxycontin, methadone, buprenorphine, etc.)
- 4 = **Cocaine or Crack** (coke, rock)
- 5 = **Synthetic cannabinoids** (Spice, K2, etc.)
- 6 = **Sedatives or sleeping pills or benzodiazepines or GHB** (benzos, Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, Quaaludes, barbiturates, phenobarbital, etc.)
- 7 = **Hallucinogens** and other synthetics (LSD, acid, PCP, Ketamine, Special K, ecstasy, X, Molly, cough syrup, bath salts, mushrooms, etc.)
- 8 = **Prescription stimulants** (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)
- 9 = **Methamphetamine** (speed, crystal meth, ice, etc.)
- 10 = **Inhalants** (nitrous oxide, glue, gas, paint thinner, etc.)
- 99 = Refused

**SBS1.** Did participant receive SBIRT services on day of ED visit [RA COMPLETE]?

- 1 = Yes
- 0 = No
- 8 = Don't know

IF CB1, HE1, PO1, CC1, SC1, SB1, HAL1, PS1, MM1, or INH1 = 1 or 9 OR DRG2 = 1,2,3,4 OR SUT1, SUT2, SUT3 = 1 OR DRG ≥ 1 or = 999 THEN COMPLETE DAST1-10

### **DAST-10**

**DAST1.** In the past 12 months, have you used drugs other than those required for medical reasons?

- 1 = Yes
- 0 = No
- 9 = Refused

**DAST2.** In the past 12 months, do you abuse more than one drug at a time?

- 1 = Yes
- 0 = No
- 9 = Refused

**DAST3.** In the past 12 months, are you always able to stop using drugs when you want to?

- 1 = Yes
- 0 = No

9 = Refused

**DAST4.** In the past 12 months, have you ever had blackouts or flashbacks as a result of drug use?

1 = Yes  
0 = No  
9 = Refused

**DAST5.** In the past 12 months, do you ever feel bad or guilty about your drug use?

1 = Yes  
0 = No  
9 = Refused

**DAST6.** In the past 12 months, does your spouse (or parents) ever complain about your involvement with drugs?

1 = Yes  
0 = No  
9 = Refused

**DAST7.** In the past 12 months, have you neglected your family because of your use of drugs?

1 = Yes  
0 = No  
9 = Refused

**DAST8.** In the past 12 months, have you engaged in illegal activities in order to obtain drugs?

1 = Yes  
0 = No  
9 = Refused

**DAST9.** In the past 12 months, have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

1 = Yes  
0 = No  
9 = Refused

**DAST10.** In the past 12 months, have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?

- 1 = Yes
- 0 = No
- 9 = Refused

IF ALC1  $\geq$  1 or = 999 or ALC2 = 1,2,3,4 then complete AUD1 – AUD10

## AUDIT

**AUD1.** How often do you have a drink containing alcohol?

- 0 = Never \_\_\_\_\_ GO to AUD9
- 1 = Monthly or less \_\_\_\_\_ GO to AUD2
- 2 = 2 to 4 times a month \_\_\_\_\_ GO to AUD2
- 3 = 2 to 3 times a week \_\_\_\_\_ GO to AUD2
- 4 = 4 or more times a week \_\_\_\_\_ GO to AUD2
- 9 = Refused

IF AUD1=0, GO to AUD9  
IF AUD1= 1,2,3,4, GO to AUD2

**AUD2.** How many drinks containing alcohol do you have on a typical day when you are drinking?

- 0 = 1 or 2
- 1 = 3 or 4
- 2 = 5 or 6
- 3 = 7, 8, or 9
- 4 = 10 or more
- 9 = Refused

**AUD3.** How often do you have six or more drinks in one occasion?

- 0 = Never
- 1 = Less than monthly
- 2 = Monthly
- 3 = Weekly
- 4 = Daily or almost daily
- 9 = Refused

**AUD4.** How often during the last year have you found that you were not able to stop drinking once you had started?

- 0 = Never
- 1 = Less than monthly
- 2 = Monthly



3 = Weekly  
4 = Daily or almost daily  
9 = Refused

**AUD5.** How often during the last year have you failed to do what was normally expected from you because of drinking?

0 = Never  
1 = Less than monthly  
2 = Monthly  
3 = Weekly  
4 = Daily or almost daily  
9 = Refused

**AUD6.** How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0 = Never  
1 = Less than monthly  
2 = Monthly  
3 = Weekly  
4 = Daily or almost daily  
9 = Refused

**AUD7.** How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?

0 = Never  
1 = Less than monthly  
2 = Monthly  
3 = Weekly  
4 = Daily or almost daily  
9 = Refused

**AUD8.** How often during the last year have you had a feeling of guilt or remorse after drinking?

0 = Never  
1 = Less than monthly  
2 = Monthly  
3 = Weekly  
4 = Daily or almost daily  
9 = Refused

**AUD9.** Have you or someone else been injured as a result of your drinking?

0 = No  
1 = Yes, but not in the last year  
2 = Yes, during the last year

9 = Refused

**AUDI0.** Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?

0 = No

1 = Yes, but not in the last year

2 = Yes, during the last year

9 = Refused

## ***Resilience***

**RA Script:** Consider how well the following statements describe your behavior and actions on a scale from 1 to 5, where 1 means the statement does not describe you at all and 5 means it describes you very well.

**BRCS1.** I look for creative ways to alter difficult situations.

1 = Does not describe me at all

2 = Does not describe me

3 = Neutral

4 = Describes me

5 = Describes me very well

9 = Refused

**BRCS2.** Regardless of what happens to me, I believe I can control my reaction to it.

1 = Does not describe me at all

2 = Does not describe me

3 = Neutral

4 = Describes me

5 = Describes me very well

9 = Refused

**BRCS3.** I believe I can grow in positive ways by dealing with difficult situations.

1 = Does not describe me at all

2 = Does not describe me

3 = Neutral

4 = Describes me

5 = Describes me very well

9 = Refused

***BRC34.*** I actively look for ways to replace the losses I encounter in life.

- 1 = Does not describe me at all
- 2 = Does not describe me
- 3 = Neutral
- 4 = Describes me
- 5 = Describes me very well
- 9 = Refused

***All participants to also complete Participant Information Form***

***TIM2.*** End time: \_\_\_\_ : \_\_\_\_

***LAN3.*** Language used to conduct the survey.

- 1 = English
- 2 = Spanish

**END**