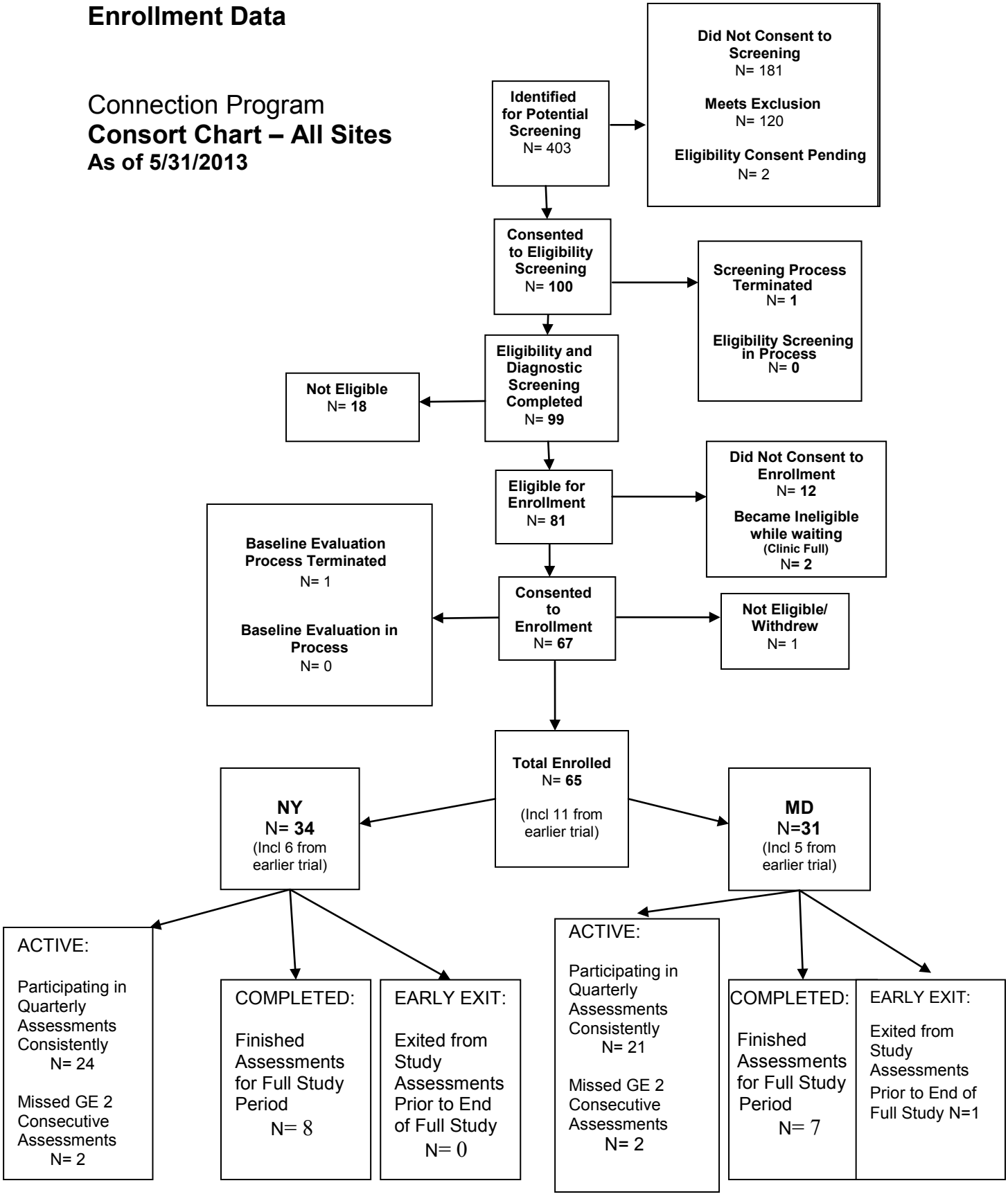
Enrollment Data

Connection Program
Consort Chart – All Sites
As of 5/31/2013



The Consort Chart demonstrates flow of participants. Participant recruitment encompassed the identification, ascertainment, and enrollment of individuals experiencing early psychosis into the Connection Program between 7/1/2011 and 5/31/2013.

A total of 403 individuals were referred to the Connection Program (New York: n=192 (47.6%), Maryland: n=211 (52.4%)) through clinicians, family members, or self-referrals. A total of 120 (29.8%) were determined to be ineligible in the absence of contact with the potential participant—this generally occurred when a clinician or family member made the referral. Two individuals had eligibility consent pending at the time the study stopped enrolling. A total of 181 individuals (45%) did not consent to screening for one of three reasons: 1) the individual never responded to outreach (n=118 (29%); 54 in New York and 64 in Maryland); 2) initial contact was established with the individual, but they did not respond to subsequent outreach (n=26 (7%); 17 in New York and 9 in Maryland); and 3) the potential participant actively declined (n=37 (9%); 9 in New York and 28 in Maryland). This left 100 individuals (47 in New York and 53 in Maryland) who signed written informed consent for an eligibility evaluation after explanation of the study requirements. This comprised 25% (100/403) of those referred.

Of those participants who consented to an eligibility evaluation, one (1%) individual terminated the screening process before it was completed. Of the remaining 99, 81 (81%) were deemed eligible. and 18 (18%) were found to be ineligible. Of the 81 individuals found to be eligible, 67 (83%) (New York n=35, Maryland n=32) signed written informed consent for enrollment after full explanation of the study. A total of 12 (15%) eligible individuals declined to enroll. Two (2%) individuals were placed on the waiting list because the clinics were full and became ineligible during this waiting period. Of the 67 individuals who signed informed consent to enroll, two individuals were withdrawn prior to intake. One individual withdrew following enrollment consent before baseline assessments were conducted. Another individual was withdrawn between baseline assessment and intake because an extended hospitalization prevented participation. (Of note, this participant subsequently re-enrolled and joined the program when discharged from the hospital. He signed a new informed consent document and went through the enrollment process a second time.) A total of 65 individuals were thus referred to and completed intake with the RAISE Connection Program.

D. Assessments and Data Collection

Overview: The study used five different methods to collect data. In-person assessments provided most of the information on participant outcomes, experience of treatment, history and use of services that were not part of the RAISE Connection program. Interviews of clinicians were used to inform a set of MIRECC Global Assessment of Function (GAF) ratings. Chart extraction provided detailed information on use of RAISE Connection services and prescribed medications. These encounter records also informed fidelity and engagement. Reports of serious adverse events provided information on hospitalizations that were informed both by the clinical team and patient self-report. Team leader reports were also used to assess fidelity.

1. In-Person Assessments

Table 2 shows the study's list of in-person assessments and assessment schedule. A trained research assistant conducted all assessments in person at baseline, 3 months and thereafter every 6 months. Baseline, 3 months, 1 year, and 2 years assessments lasted approximately 2 to

3 hours. These longer visits included a SCID or its update and required more time. The visit at 6 and 18 months did not include a diagnostic interview and lasted approximately 1.5 to 2 hours. A group of experts that included a harmonization process across both NIMH RAISE programs was responsible for selecting domains to measure and specific assessments. The in-person assessment covered numerous domains that were identified as part of a harmonization process developed by the RAISE studies including background and demographic characteristics, social and occupational functioning, symptoms, diagnosis, neuropsychological functioning, comorbid behaviors, recovery and stigma, medication use and related side effects, and other aspects of treatment experience and preference.

Table 2. Schedule of In-Person Assessments

Measure	Time point					
	Baseline	3 Month	6 Month	12 Month	18 Month	24 Month
Background, Demographic Characteristics, Use of Services						
Demographics and Income	x		x	x	x	x
Health Care Coverage (i.e., insurance coverage)	x		x	x	x	x
Health Care Service Utilization	x		x	x	x	x
Social and Occupational Functioning, Quality of Life						
MIRECC GAF (Social and Occupational Scales)	x		x	x	x	x
Participation in Education	x		x	x	x	x
Participation in Work	x		x	x	x	x
Social Behavior and Family Interaction (Role Functioning Scale)	x		x	x	x	x
SF-12	x		x	x	x	x
Modified Lehman QOL (Overall subjective QOL, Social and Family subscales)	x		x	x	x	x
Recovery and Stigma	x		x	x	x	x
Symptoms and Diagnosis						
Positive and Negative Symptom Scale (PANSS)	x		x	x	x	x
Full SCID-RV		x		x		
Calgary Depression Scale (CDS)	x		x	x	x	x
Clinical Global Impression (CGI)	x		x	x	x	x
Neuropsychological Functioning						
Cognitive Battery (drawn from MCCB and BACS) -- Category Fluency, animals -- BACS Symbol Coding -- Trails A -- NAB Mazes -- MSCEIT Managing Emotions -- BACS Verbal Memory -- Letter-Number Span	x			x		x
Wechsler Test of Adult Reading (WTAR)		x				
Comorbid Conditions and Behaviors						

Addiction Severity Index (ASI Lite Version)	x		x	x	x	x
Comorbid Medical Conditions	x		x	x	x	x
History of Trauma		x		x		
Premorbid Functioning						
Cannon-Spoor Premorbid Adjustment Scale		x				
Experience of Treatment and Preferences						
Medication Adherence	x		x	x	x	x
Side Effect Checklist	x		x	x	x	x
Metabolic Parameters	x		x	x	x	x
-- Height	x					
-- Weight	x		x	x	x	x
-- Waist Circumference	x			x		x
Consumer Satisfaction Questionnaire			x	x	x	x
Service-Related Recovery			x	x	x	x
Ratings of Importance	x		x	x	x	x
Fidelity to Treatment and Shared Decision-Making			x	x	x	x

The following is a description of each measure or interview component of the participant interview:

Background, Demographic Characteristics, Use of Services

Demographics and Income**:** Data were collected on age, gender, race, ethnicity, marital status, highest level of education completed, and living situation. Items were adapted from the Census 2000 and the Uniform Client Data Inventory (UCDI; Tessler and Goldman, 1982), as modified for the New Hampshire IPS study (Drake et al., 1996). In conjunction with the UCDI, patients were queried regarding four widely used objective community adjustment measures, including living arrangements at time of interview and number of days homeless, incarcerated, or in psychiatric hospitals over the past 6 months. Using a typology developed by Press, Marty, and Rapp (2003), living arrangements can be categorized into the following categories: independent living, semi-independent living, custodial housing, living with parents, institutionalized, or homeless. Current income sources were assessed using the Dartmouth expansion of the Employment and Income Review (EIR; Center for Psychiatric Rehabilitation, 1989). The EIR was specifically developed to assess individuals with severe psychiatric disabilities and has good reliability and validity.

Health Care Coverage**:** The general format and sequence of the questions covering this domain were patterned on the health insurance questions asked in several national household surveys including the National Health Interview Survey (NHIS) and the Health Care for Communities Survey.

Health Care Service Utilization: The in-person interview collected self-reported data at baseline on the occurrence of hospitalization in the prior year, numbers of hospitalizations, reasons for

hospitalizations (mental disorder vs. other reasons). At baseline, the interview also solicited visits to hospital emergency rooms in the past 6 months and reasons for these visits (mental disorder vs. other reasons), outpatient visits for mental disorder treatment in the past month other than to the RAISE Connection program, and the types of providers and provider organizations seen for these visits. At follow-up, information was obtained about hospitalizations, emergency room visits, and use of non-RAISE Connection services that occurred since the last visit. These questions were adapted from the Services Utilization and Resources Form (SURF) and the health questionnaire developed as part of the Schizophrenia Care and Assessment Project (SCAP; Mark et al., 2002).

Social and Occupational Functioning, Quality of Life

MIRECC Global Assessment of Functioning (GAF) Social and Occupational Scales**:** The GAF scale was introduced as a measure of global severity of illness in the Diagnostic and Statistical Manual of Mental Disorders version III-R first published in 1987. Despite its widespread use, one major limitation of the GAF is that it combines three domains of functioning (i.e., occupational, social, and psychological) that often do not vary together. Research has found that GAF scores are typically representative of symptom status rather than social or occupational status. In the early 1990s, Greer Sullivan, MD and colleagues developed a prototype of a modified GAF in which the three dimensions were rated separately and anchor points for each dimension were specifically defined (unpublished report). Building upon this earlier prototype, the "MIRECC GAF" was developed (Niv, 2007), in which occupational, social and psychological functioning are rated separately. We adapted MIRECC GAF anchors for use in individuals with early psychosis. MIRECC GAF scores were first assigned on the basis of information collected only from participants. The clinician interview described below was used to make a second rating of the MIRECC GAF when participants were receiving treatment from the RAISE Connection program.

Work History: Work history was assessed using the Dartmouth expansion of the Employment and Income Review (EIR; Center for Psychiatric Rehabilitation, 1989). The EIR was specifically developed to assess individuals with severe psychiatric disabilities and has good reliability and validity.

Education: New items were developed to measure educational outcomes, including obtaining a diploma, degree, or certificate; attending classes for the purpose of obtaining a diploma, degree, or certificate; participating in organized activities, and a self-report rating of performance in those classes.

Social Behavior and Family Interaction**:** We used the Immediate Social Network Relationships (Close friend, spouse and family) item of the Role Functioning Scale (Goodman et al. 1993). The interviewer asked a series of probe questions and the rated the participant using a 7-point scale ranging from severely deviant behaviors to positive and reciprocal relationships. The RFS has good inter-item, test-retest, and inter-rater reliability (Goodman et al., 1993). As this scale was only collected to inform the MIRECC GAF rating of social functioning, data are not included in the descriptive data summary.

Overall, and Social and Family Quality of Life: The overall subjective quality of life as well as the objective and subjective items measuring the quality of social and family interactions on the Modified Lehman Quality of Life Inventory (QOLI-M) were used (Lehman, 1988). This is a

shortened version of the Lehman Quality of Life interview and has well established psychometric properties among individuals diagnosed with serious mental illness. The subjective and objective scales were combined and standardized with equal weight given to objective and subjective dimension to create standardized measures of social and family functioning.

SF-12: Health status was assessed using the widely used self-report health survey, the SF-12. The SF-12 is an empirically derived subset of 12 items from the SF-36. Considered a "gold standard" in the assessment of health status, the 36-item SF-36 was designed for use in clinical research, health policy evaluations, and general population surveys (Ware, et al., 1996). The SF-12 was derived with the purpose of reducing respondent burden while maintaining acceptable precision.

Recovery and Stigma**:** Select items measuring the outcome of care were extracted from the consumer self-report survey developed by the Mental Health Statistics Improvement Program (MHSIP) Policy Group to assess patients' recovery (Jerrell, 2006). These items are also supplemented by 3 items extracted from the Maryland Assessment of Recovery Scale (MARS), a validated scale based on SAMHSA recovery domains for persons diagnosed with serious mental illness (Drapalski et al. 2012)

Symptoms and Diagnosis

SCID-RV: The SCID-RV was done at 3 months, and repeated at 1 year in order to determine the psychotic disorder diagnosis, as well as any other diagnoses, such as anxiety disorders and substance use disorders. In addition, the SCID-RV was used to determine the date of the onset of each symptom. A trauma checklist was added to determine exposure to assess the participants' exposure to traumatic events. A brief SCID interview, modified by Michael First, SCID-RV author, to determine if the individual met criteria for any of the qualifying diagnoses, was conducted to establish eligibility at the time of enrollment.

PANSS: The Positive and Negative Syndrome Scale for Schizophrenia was used to assess positive negative, and general symptoms. The scale is widely used in studies of psychosis (Kay et al., 1987). The PANSS scores were used to assess remission. Individuals who did not have a score of 4 or more on the following PANSS items: delusions, conceptual disorganization, hallucinatory behavior, mannerisms & posturing, and unusual thought content were considered to be in remission.

CGI: We used the Clinical Global Impression (Guy, 1976; Kay, 1991) severity of illness item to assess global illness.

Calgary Depression Scale: We used the Calgary Depression Scale, a valid and reliable interview-based nine-item scale for measuring risk factors for suicide in schizophrenia (Addington et al., 1990).

Neuropsychological Functioning

Cognitive Measures: The MATRICS Consensus Cognitive Battery (MCCB) is comprised of ten tests that assess seven cognitive domains (speed of processing, attention/vigilance, working memory, verbal learning, visual learning, reasoning and problem solving, and social cognition).

The U.S. Food and Drug Administration has accepted the MCCB as a standard cognitive assessment for clinical trials (Nuechterlein et al., 2008). The cognitive battery included the following subtests from the MCCB: Category Fluency, animals; BACS Symbol Coding; Trails A; NAB Mazes; MSCEIT Managing Emotions; and Letter-Number Span. The Verbal Memory Test from the BACS was used to assess this domain instead of the Hopkins Verbal Learning Test – Revised from the MCCB.

Wechsler Test of Adult Reading (WTAR): The WTAR (Psychological Corporation, 2001) was developed in 2001 using the same paradigm used for reading recognition as the National Adult Reading Test. The WTAR is designed to be used with individuals age 16-89. Scores are frequently used to estimate premorbid IQ. Using scores in combination with demographic data can be used to predict premorbid ability (Dykier & Deary, 2013).

Comorbid Conditions and Behaviors

Addiction Severity Index – Lite Version (ASI Lite) **:** The ASI has been established as the standard assessment tool for alcohol and other addictions (Leonhard et al., 2000) and is widely used in the evaluation of substance abuse treatment. The ASI is an interview that assesses history, frequency, and consequences of alcohol and drug use, as well as five additional domains that are commonly associated with drug use: medical, legal, employment, social/family, and psychological functioning. The higher the score on the ASI indicates a greater need for treatment in each of these areas. The ASI-Lite contains 22 fewer questions than the ASI, and omits items relating to severity ratings, and a family history grid.

Comorbid Medical Conditions**:** These items indicate the presence or absence of comorbid medical conditions. A checklist of items modeled after those included in the National Health Interview Survey and the National Health and Nutrition Examination Survey were administered at baseline and annually.

Trauma: The Dartmouth Traumatic Life Events Scale was added to the SCID-RV. This scale is an abbreviated version of the Traumatic Life Events Questionnaire (TLEQ; Kubany et al., 2000). The TLEQ was designed to assess exposure to several types of behaviorally-descriptive potentially traumatic events including, but not limited to: natural disasters, unexpected death of loved ones, involvement or exposure to severe accidents causing death, exposure to violence, physical and sexual abuse (categorized based on developmental stage). Subsequent to a "yes" response for any item, age at the time of traumatic event was also obtained. This scale has been well-validated, and is considered to be a gold standard of traumatic event assessments (Gray et al., 2004).

Premorbid Functioning

Premorbid Adjustment Scale (Cannon-Spoor): The 3-month interview included the Cannon-Spoor Premorbid Adjustment Scale (PAS; Cannon-Spoor et al., 1982), which has rating scales about five domains of functioning and a general section of items about quality of life. The five domains are: (a) Sociability and withdrawal; (b) Peer relationships; (c) Scholastic performance; (d) Adaptation to school; and (e) Social-sexual aspects of life. The PAS covers four life periods: (a) Childhood (up to age 11); (b) Early adolescence (12 to 15); (c) Late adolescence (17 to 18); and (d) Adulthood (19 and above).

Experience of Treatment and Preferences

Medication Adherence: We used the Morisky Medication Index which includes four items that try to identify barriers to taking medication and the Brief Adherence Rating Scale (BARS) (Byerly et al., 2008) which was developed specifically for antipsychotic medication and measures the extent of non-adherence by asking how much medication was taken over the past month.

Side Effect Checklist: These items measure the presence of specific medication side effects.

Metabolic Parameters**:** Research assistants measured height and weight. The Body Mass Index (BMI) was calculated from height and weight measurements. Waist circumference was measured annually.

Consumer Satisfaction Questionnaire (CSQ): This brief three-item set was used to measure patient satisfaction with a treatment program and services received (i.e., scaled items measuring extent to which needs were met, satisfaction with services received, and whether or not one would return to program if the need arose) (Larsen et al., 1979).

Service-Related Recovery**:** Select items measuring the outcome of care were extracted from the consumer self-report survey developed by the Mental Health Statistics Improvement Program (MHSIP) Policy Group to assess patients' recovery (Jerrell, 2006).

Ratings of Importance: Six questions regarding the relative importance participants attached to different treatment outcomes (increasing energy and interest in activities, improving social relations, reducing disturbing and unusual experiences, reducing confusion and difficulty concentrating, reducing medication side effects and increasing productive activities) using a 5 – point scale (not at all to very much) were adapted from a scale used in the CATIE Schizophrenia Study (Rosenheck et al. 2005) that built on work that focused on measuring and incorporating patient and family preferences in care (Fisher et al., 2002)

Fidelity to Treatment and Shared Decision Making: These items assessed the extent to which the Connection Team participants endorsed receiving particular components of the intervention. The items used a 4-point scale – not at all, a little, a moderate amount, or a lot. In addition to its usefulness in assessing fidelity, these items provide information on clients' perceptions of the helpfulness of services and the extent to which participants felt they were involved with treatment decisions made by their clinicians (i.e., shared decision making).

2. Clinician Interview

Research Assistants interviewed the team leader of participants who were actively in treatment with the RAISE Connection clinical program following each assessment in which the MIRECC GAF was scored. This interview was structured around the anchors of the MIRECC GAF scale and was used to obtain the perspectives of clinicians on participants' functioning. Two GAF scores were thus created; the first used only participant report. When that was completed, supplemental information was obtained from the clinical team when possible and the GAF was scored a second time.

3. Chart Review

Data were abstracted from specific forms in clients' clinical charts. For each client, these chart reviews covered the entire period the participant received services from the team (from intake through discharge). Research assistants extracted information from service logs to document all face-to-face service encounters, recording the date, team members present, whether a family member was present, location (office or community), and whether the meeting was an individual or group session. Similarly, research assistants extracted information on medications prescribed by the team psychiatrist (medication start/stop dates and dosage, including any dose adjustments). Research assistants also extracted information from the clinical forms used for risk assessment, treatment planning, discharge planning, metabolic measures, school/employment status. These data served multiple purposes, including characterizing the services provided and assessing program fidelity.

4. Serious Adverse Event Reporting

Reports of serious adverse events were used to track all hospitalizations, regardless of how the hospitalization was discovered. Information about hospitalization was discovered via reports from the clinicians or from participant interviews. All information about hospitalization was corroborated with data from medical records when possible.

5. Team Leader Report

A research assistant met with each team leader quarterly to obtain information on the team's staffing and the duration of vacancies, if any, documentation of the on-call policy (to confirm 24/7 availability), caseload size, dates of team meetings, and the team leaders' supervision of the IPS specialists. This information was used for program monitoring and fidelity assessment.

E. Completion of Assessments and Follow up

A total of 65 individuals were enrolled in the RAISE Connection program. As previously described, the majority of participants could not complete all six assessment time points since individuals were enrolled up to six months before the study assessments were terminated. The goal was to enroll as many people as possible who could be followed for at last six months within the overall study time period. The numbers in the "anticipated" column in the table below reflect the maximum number of participants anticipated to complete each assessment time point by the time data collection ceased, based on the participants' study entry date. Table 3 below summarizes the rates of completed assessments overall and by state.

Table 3: Rates of Follow-Up of Research Assessments

	Overall			New York			Maryland		
Time Point	Anticip ated	Comp- leted	Follow up %	Antici pated	Comp leted	Follow up %	Antic ipated	Comp leted	Follow up %
BL*	65	65	100%	34	34	100%	31	31	100%
3-mo	65	60	92%	34	30	88%	31	30	97%
6-mo	63	57	90%	33	29	88%	30	28	93%
12-mo	57	44	77%	29	19	66%	28	25	89%
18-mo	47	36	77%	23	15	65%	24	21	88%

24-mo	20	15	75%	11	8	73%	9	7	78%

F. Reliability and Supervision of Ratings

Senior research staff supervised the clinical assessments including the SCID and PANSS. Inter rater reliability was obtained for MIRECC GAF ratings as they were a primary outcomes.

1. *General SCID Training:* All raters received initial general training with SCID experts via observation and training tapes. Prospective interviewers observed experienced interviewers on a minimum of 2 occasions. Then, individuals in training were observed by a designated experienced staff member a minimum of 2 times before they were permitted to conduct SCIDs. Site experts, Alan Bellack and Michael First certified when individuals were trained to criterion and ready to start administering instruments independently. The general SCID training prepared raters to conduct the eligibility SCID, 3-month SCID and 12-month SCID as described below.

2. Eligibility SCID: The eligibility SCID was done at the time of study enrollment to establish whether the potential participant had any of the diagnoses required for inclusion. Each state had senior clinicians responsible for making final eligibility determinations. Outreach and Enrollment Specialists presented the information on the SCID-RV to the senior clinician, who confirmed/approved eligibility and date of onset.

3. 3-Month SCID: Full SCIDs were conducted at three months to determine the participant's final diagnosis. Three-month SCIDS were videotaped whenever possible. If videotaping was not possible due to logistics or lack of consent or for any other reason, audio taping was pursued. Raters and expert staff attended supervision for the SCID every other week at which tapes of each clinician were systematically reviewed and training/supervision provided as needed. After training and certification, a minimum of three complete SCIDs were observed by a senior, experienced clinical rater for each individual conducting SCIDs over the course of the study. All 3- month SCIDs were discussed with senior clinicians who approved final diagnoses.

4. *12-Month SCID:* SCIDs were performed at 12 months in order to assess stability of diagnosis. If there were no changes in diagnoses from the 3-month SCID, no senior clinician review was performed. If diagnosis changed from the 3-month SCID, raters presented a verbal review of 12 month SCIDs and proposed revisions to senior clinicians who approved final diagnoses.

5. PANSS: All raters reviewed and rated 3 standardized training tapes, and were trained to score within plus or minus 1 point of the average gold standard on the Positive, Negative and General subscales. Site experts certified when raters were trained to criterion and ready to start administering instruments independently. Reliability and supervision meetings occurred every four weeks. PANSS were performed at baseline and at assessments conducted at six month intervals. The cumulative totals of independent ratings were used to determine an overall study ICC for all ratings obtained over the entire study as well as reliability for each individual rater (See table 4).

6. MIRECC GAF: All staff members were trained in the MIRECC GAF using training vignettes prepared for RAISE. Meetings for reliability and supervision occurred every four weeks. Raters wrote brief case summary of information that contributed to rating for all

MIRECC GAF assessments. Raters did two summaries--one without and one with clinician information. Raters highlighted information obtained from clinicians that could have changed scores. Both summaries were reviewed and scored independently by study raters. Initially, raters reviewed and scored all MIRECC GAF case summaries. Ratings were reviewed at the reliability and supervision meetings for purposes of supervision. Rating discrepancies across raters were discussed and resolved by consensus. When consensus ratings differed significantly from the primary interviewer's scores, the consensus score was considered valid. MIRECC GAF ratings were performed at baseline and at assessments conducted at six-month intervals. The cumulative totals of independent ratings were used to determine an overall study ICC as well as reliability for each individual rater. Site ICC's assess whether New York and Maryland raters are consistent with each other. ICCs excluded time points with fewer than 3 subjects. (See table 4).

Table 4: Cumulative Intraclass correlation coefficient (ICC) Over Study Period

Outcome	**Site**	**Rater**
Participant GAF symptom	0.88	0.94
Participant GAF occupational	0.87	0.91
Participant GAF social	0.71	0.78
Clinician & Participant GAF symptom	0.90	0.93
Clinician & Participant GAF occupational	0.91	0.95
Clinician & Participant GAF social	0.74	0.79
PANSS Positive-Average*	0.90	0.93
PANSS Negative-Average*	0.71	0.74
PANSS General –Average*	0.82	0.95

Note: Rater ICC is the Consensus ICC.

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Appendix Baseline Measures of RAISE Connections Participants	
Recovery and Stigma Baseline (N=63)	
Recovery and Stigma-MHSIP Importance rating of activities	3.5 (0.7)
Recovery and Stigma-MARS	3.8 (0.9)
Social Behavior and Family Interaction (N=63)	Mean (SD)
Subjective Family Quality of Life (1-7)	4.9 (1.4)
Subjective Social Quality of Life (1-7)	4.5(1.4)
Time spent with Family (daily, weekly, etc.) (1-5)	1.3 (0.6)
Time spent with Friends (daily, weekly, etc.) (1-5)	3.3 (1.1)
Health Status (N=63)	Mean (SD)
SF12-Physical Scale	53.3
SF12-Mental Scale	39.8
Clinical and Functional Rating Scales (N= 63)	Mean (SD)
Calgary Depression Rating Scale* (possible range: 9-36)	13 (4.1)
The Clinical Global Impression – Severity Scale (N=65)	N (%)
Normal not at all ill	0 (0)
Borderline mentally ill	5 (8)
Mildly ill	8 (12)
Moderately ill	30 (46)
Markedly ill	19 (29)
Severely ill	2 (3)
Extremely ill	1 (2)
Cognitive Battery (The following items are representative of T-Scores controlled for Age and Gender)(N=63)	Mean (SD)
Trail Making Test	34.8 (16.4)
BACS Symbol Coding	31.6 (14.6)
MCCB Letter-Number Span Test	38 (11.5)
MCCB NAB Mazes	38.5 (12.2)
Category Fluency (animal naming)	40.3 (8.6)
MSCEIT Managing Emotions	39.8 (14)
Lifetime Alcohol and Substance Use (N=65)	N (%)
Lifetime Use of Tobacco Products	40 (61.5)
Alcohol Use	53 (81.5)
Cannabis use	45 (69.2)
Cocaine Use	10 (16.1)
Addiction Severity Index Lite	Mean (SD)
# of days (within the past month) with Alcohol problems (N=51)	0.3 (1.5)
# of days (within past month) with Drug problems (N=45)	0.3 (1.2)
Money Spent on Alcohol (past 30 days) (N=50)	6.4 (14.4)
Money Spent on Drugs (past 30 days) (N=47)	10.3 (25.1)
Medical Conditions Baseline (N=65)	N (%)
Asthma	10 (15.4)
Chronic bronchitis	2 (3.1)
Problems with menstrual cycle (females only)(N=24)	9 (37.5)
Any problems with kidneys	2(3.1)
Hypertension	5 (7.7)
Obesity or weight problems	6 (9.2)

High cholesterol or lipids	2(3.1)
Bone and joint (Rheumatoid Arthritis, Osteoarthritis, Other bone or joint problems)	3 (4.6)
Respiratory (Asthma, Chronic Bronchitis, Other respiratory problems)	11 (16.9)
Gynecological (Problems with menstrual cycle, other gynecological problems)	10 (15.4)
Endocrine (Diabetes, Gestational diabetes, other endocrine or hormonal problems)	9 (13.8)
Gastrointestinal (Ulcers, any other gastrointestinal problem)	4 (6.2)
Cardiac/Metabolic (Congestive heart failure, Hypertension, Obesity, High Cholesterol, Coronary heart disease, Angina, Heart attack/myocardial infarction, any other heart conditions)	12 (18.5)

63274

RAISE
Service-Related Recovery (RC)

PID# ☐☐☐☐☐☐

Rater: ☐☐☐

Data Initials: ☐☐☐

Site: ○ UMB ○ NY

Date ☐☐ / ☐☐ / ☐☐☐☐

Data Entry Date: ☐☐ ▮ ☐☐ ▮ ☐☐☐☐

Timepoint:
- ○ Baseline
- ○ 6 months
- ○ 12 months
- ○ 18 months
- ○ 24 months

I'd like to ask you a few questions about your attitudes and beliefs about your health and wellness. There are no right or wrong answers. We just want to know what you think about these things. I will read you a series of statements. For each one, please tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree. You can also tell me if you think the statement does not apply to you. **[SHOW MHSIP CARD]**

	Strongly Agree (1)	**Agree (2)**	**Neutral (3)**	**Disagree (4)**	**Strongly Disagree (5)**	**Not Applicable (55)**	**Missing (99)**
1. As a direct result of services I received, I deal more effectively with daily problems.....	○	○	○	○	○	○	○
2. As a direct result of services I received, I am better able to control my life.....	○	○	○	○	○	○	○
3. As a direct result of services I received, I am better able to deal with crisis.....	○	○	○	○	○	○	○
4. As a direct result of services I received, I am getting along better with my family.....	○	○	○	○	○	○	○
5. As a direct result of services I received, I do better in social situations.....	○	○	○	○	○	○	○
6. As a direct result of services I received, I do better in school and/or work.....	○	○	○	○	○	○	○
7. As a direct result of services I received, my housing situation has improved.....	○	○	○	○	○	○	○
8. As a direct result of services I received, my symptoms are not bothering me as much...	○	○	○	○	○	○	○

56309

RAISE QUALITY OF LIFE (QL)
RECOVERY AND STIGMA (RC)
DIRECT IMPORTANCE RATING (DR)

PID# ☐☐☐☐☐☐

Rater: ☐☐☐

Data Initials: ☐☐☐

Site: ⬭ UMB ⬭ NY

Date ☐☐ / ☐☐ / ☐☐☐☐

Data Entry Date: ☐☐ ■ ☐☐ ■ ☐☐☐☐

Timepoint:
⬭ Baseline
⬭ 6 months
⬭ 12 months
⬭ 18 months
⬭ 24 months

This is called the Delighted-Terrible Scale. The scale goes from terrible, which has the lowest ranking of 1, to delighted, which has the highest ranking of 7. There are also points 2 through 6 with descriptions for them. We'll use this scale to help you tell me how you feel about your life. All you have to do is point to the label on the scale that best describes how you feel.

QL-1. How do you feel about your life in general?

[INTERVIEWER: SHOW QL CARD.]

⬭ TERRIBLE
⬭ UNHAPPY
⬭ MOSTLY DISSATISFIED
⬭ MIXED
⬭ MOSTLY SATISFIED
⬭ PLEASED
⬭ DELIGHTED
⬭ MISSING

RC-1. Now, I am going to read a series of statements about how you think you are doing and whether or not you are doing things that are important to you. For each of these statements, please indicate whether you strongly agree, agree, feel neutral (neither agree nor disagree), disagree, or strongly disagree with these statements. There are no right or wrong answers. We just want to know what you think about these things.

[INTERVIEWER: SHOW MHSIP CARD.]

	STRONGLY AGREE (1)	AGREE (2)	NEUTRAL (3)	DISAGREE (4)	STRONGLY DISAGREE (5)	MISSING (99)
a. I do things that are meaningful to me.	⬭	⬭	⬭	⬭	⬭	⬭
b. I am able to take care of my needs	⬭	⬭	⬭	⬭	⬭	⬭
c. I am able to handle things when they go wrong	⬭	⬭	⬭	⬭	⬭	⬭
d. I am able to do things that I want to do.	⬭	⬭	⬭	⬭	⬭	⬭
e. My symptoms bother me.	⬭	⬭	⬭	⬭	⬭	⬭

QUALITY OF LIFE (QL) RECOVERY AND STIGMA (RC) DIRECT IMPORTANCE RATING (DR)
continued

PID # ☐☐☐☐☐☐

RC-2. For the next three statements I read, please tell me if you agree with the statement not at all, a little bit, somewhat, quite a bit, or very much. Again, there are no right or wrong answers. We just want to know what you think about these things.

[INTERVIEWER: SHOW MARS CARD.]

	NOT AT ALL (1)	A LITTLE BIT (2)	SOMEWHAT (3)	QUITE A BIT (4)	VERY MUCH (5)	MISSING (99)
a. I can be useful and productive.	⬭	⬭	⬭	⬭	⬭	⬭
b. I feel accepted as who I am.	⬭	⬭	⬭	⬭	⬭	⬭
c. I am optimistic that I can solve problems that I will face in the future.	⬭	⬭	⬭	⬭	⬭	⬭

DR-1. For the next few statements I read, please tell me how important these things are to you. Tell me if you think they are not at all, a little bit, somewhat, quite a bit, or very much important. There are no right or wrong answers. We just want to know how important these things are to you.

[INTERVIEWER: SHOW MARS CARD.]

	NOT AT ALL (1)	A LITTLE BIT (2)	SOMEWHAT (3)	QUITE A BIT (4)	VERY MUCH (5)	MISSING (99)
a. Increasing **energy and interest** in activities.	⬭	⬭	⬭	⬭	⬭	⬭
b. Improving **social relations**, such as doing more social activities with friends and family members.	⬭	⬭	⬭	⬭	⬭	⬭
c. Reducing **disturbing and unusual experiences**, such as hallucinations (hearing or seeing things that other people don't) and delusions (believing things that aren't true or that other people don't believe).	⬭	⬭	⬭	⬭	⬭	⬭
d. Reducing **confusion and difficulty concentrating** resulting in difficulty paying attention or thinking clearly.	⬭	⬭	⬭	⬭	⬭	⬭
e. Reducing medication side effects, such as feeling fidgety, restless, or stiff.	⬭	⬭	⬭	⬭	⬭	⬭
f. Increasing **productive activities**, such as having a job, going to school, or doing chores such as shopping or cleaning the house	⬭	⬭	⬭	⬭	⬭	⬭

Signature: _____ **Date:** _____

32744

RAISE
SF-12 HEALTH SURVEY

PID# ☐☐☐☐☐☐

Site: ⬭ UMB ⬭ NY

Timepoint: ⬭ Baseline ⬭ 6 months ⬭ 12 months ⬭ 18 months ⬭ 24 months

Rater: ☐☐☐

Date ☐☐ / ☐☐ / ☐☐☐☐

Data Initials: ☐☐☐

Data Entry Date: ☐☐ ▮ ☐☐ ▮ ☐☐☐☐

DIRECTIONS: This survey asks for your views about your physical and emotional health **during the PAST 4 WEEKS**. This information will help keep track of how you feel and how well you are able to do your usual activities. Please choose the best answer for you for each question.

1. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor	Missing
⬭	⬭	⬭	⬭	⬭	⬭

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes limited a lot	Yes limited a little	No, not limited at all	Missing
2. **Moderate activities**, such as moving a table,pushing a vacuum cleaner, bowling, or playing golf	⬭	⬭	⬭	⬭
3. Climbing **several** flights of stairs	⬭	⬭	⬭	⬭

During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of your **physical** health? [SHOW HS CARD]

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Missing
4. **Accomplished less** than you would like	⬭	⬭	⬭	⬭	⬭	⬭
5. Were limited in the **kind** of work or other activities	⬭	⬭	⬭	⬭	⬭	⬭

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any **emotional** problems (such as feeling depressed or anxious)? [SHOW HS CARD]

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Missing
6. **Accomplished less** than you would like	⬭	⬭	⬭	⬭	⬭	⬭
7. Didn't do work or other activities as carefully as usual	⬭	⬭	⬭	⬭	⬭	⬭

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

Not at all	A little bit	Moderately	Quite a bit	Extremely	Missing
⬭	⬭	⬭	⬭	⬭	⬭

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks. [SHOW HS CARD]

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Missing
9. Have you felt calm and peaceful?	⬭	⬭	⬭	⬭	⬭	⬭
10. Did you have a lot of energy?	⬭	⬭	⬭	⬭	⬭	⬭
11. Have you felt down hearted and blue?	⬭	⬭	⬭	⬭	⬭	⬭

12. During the past 4weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? [SHOW HS CARD]

All of the time	Most of the time	Some of the time	A little of the time	None of the time	Missing
⬭	⬭	⬭	⬭	⬭	⬭

35073

RAISE
FAMILY INTERACTION AND SOCIAL BEHAVIOR

PID# ☐☐☐☐☐☐

Rater: ☐☐☐

Data Initials: ☐☐☐

Site: ⬭ UMB ⬭ NY

Date ☐☐ / ☐☐ / ☐☐☐☐

Data Entry Date: ☐☐ ■ ☐☐ ■ ☐☐☐☐

Timepoint: ⬭ Baseline
⬭ 6 months
⬭ 12 months
⬭ 18 months
⬭ 24 months

FI-1. How often do you talk to a member of your family? Would you say… [INVERVIEWER: SHOW F1 CARD-FREQUENCY]

⬭ Daily,
⬭ Weekly,
⬭ Monthly,
⬭ Less than monthly, or
⬭ Not at all?
⬭ Refused
⬭ Don't know
⬭ Missing

FI-2. How often do you spend time with a member of your family? (Count any interaction such as eating dinner together.) Would you say… [INVERVIEWER: SHOW F1 CARD-FREQUENCY]

⬭ Daily,
⬭ Weekly,
⬭ Monthly,
⬭ Less than monthly, or
⬭ Not at all?
⬭ Refused
⬭ Don't know
⬭ Missing

FI-3. How do you feel about the way things are in general between you and your family?

[INTERVIEWER: SHOW QL CARD.]

⬭ TERRIBLE
⬭ UNHAPPY
⬭ MOSTLY DISSATISFIED
⬭ MIXED
⬭ MOSTLY SATISFIED
⬭ PLEASED
⬭ DELIGHTED
⬭ REFUSED
⬭ DON'T KNOW
⬭ MISSING

FI-4. [INTERVIEWER: USE THE FOLLOWING PROBES TO GET INFORMATION TO MAKE A RATING REGARDING FAMILY RELATIONSHIPS ON THE SCALE BELOW.

PROBES:

Please tell me who in your family you interact with or keep in contact with and how often you do so.

You said you had contact with (.....) in the past__ months. Thinking about those relationships, who puts more time and energy into making them work? When you have had contact with these family members, have there been conflicts or problems that came up in the past__ months? What were they and how did they work out? Who was most responsible in trying to solve these problems?

Do your relatives turn to you for help or advice? What kinds of things have they needed help with: babysitting, helping out around the house, other things? Do you depend on them for help or advice? What kinds of things have you needed help with: babysitting, transportation, getting a job, financial help?]

- ○ SEVERELY DEVIANT BEHAVIORS WITHIN FAMILY NETWORK (I.E., OFTEN WITH IMMINENT PHYSICAL AGGRESSION OR ABUSE TO OTHERS OR SEVERELY WITHDRAWN FROM SPOUSE, FAMILY; OFTEN REJECTED BY FAMILY NETWORK). NO CONTACT WITH ANY FAMILY MEMBER
- ○ MARKED LIMITATIONS IN IMMEDIATE INTERPERSONAL RELATIONSHIPS (E.G., EXCESSIVE DEPENDENCY OR DESTRUCTIVE COMMUNICATION OR BEHAVIORS). VERY LIMITED CONTACT, OR CONTACTS DOMINATED BY NON-RECIPROCITY.
- ○ LIMITED INTERPERSONALLY; OFTEN NO SIGNIFICANT PARTICIPATION/ COMMUNICATIONS WITH FAMILY NETWORK. VERY LIMITED CONTACT (LESS THAN ONCE A MONTH) WITH ONE OR MORE FAMILY MEMBERS, WITH SOME RECIPROCITY.
- ○ MARGINAL FUNCTIONING WITH FAMILY NETWORK (I.E., RELATIONSHIPS ARE OFTEN MINIMAL AND FLUCTUATES IN QUALITY). LIMITED CONTACT (ONCE A MONTH), AND IT IS FAIRLY EQUALLY VARIED IN ITS RECIPROCITY.
- ○ MODERATELY AFFECTIVE CONTINUING AND CLOSE RELATIONSHIP WITH AT LEAST ONE OTHER FAMILY MEMBER. CONSISTENT (MORE THAN ONCE A MONTH) AND RECIPROCAL WITH AT LEAST ONE FAMILY MEMBER.
- ○ ADEQUATE PERSONAL RELATIONSHIP WITH ONE OR MORE IMMEDIATE MEMBERS OF FAMILY NETWORK. CONSISTENT AND RECIPROCAL WITH MORE THAN ONE FAMILY MEMBER.
- ○ POSITIVE RELATIONSHIPS WITH SPOUSE OR FAMILY; ASSERTIVELY CONTRIBUTES TO THESE RELATIONSHIPS. CONSISTENT AND RECIPROCAL WITH SEVERAL FAMILY MEMBERS
- ○ REFUSED
- ○ DON'T KNOW
- ○ MISSING

SB-1. How often do you spend time with a friend who does not live with you? Would you say…

- ○ Daily,
- ○ Weekly,
- ○ Monthly,
- ○ Less than monthly, or
- ○ Not at all?
- ○ Refused
- ○ Don't know
- ○ Missing

SB-2. How often do you phone a friend who does not live with you? Would you say…

- ○ Daily,
- ○ Weekly,
- ○ Monthly,
- ○ Less than monthly, or
- ○ Not at all?
- ○ Refused
- ○ Don't know
- ○ Missing

SB-3. How often do you make plans ahead of time to do something with a friend? Would you say…

- ○ Daily,
- ○ Weekly,
- ○ Monthly,
- ○ Less than monthly, or
- ○ Not at all?
- ○ Refused
- ○ Don't know
- ○ Missing

SB-4. How often do you spend time with someone you consider more than a friend, like a boyfriend, girlfriend or your spouse? Would you say…

- ○ Daily,
- ○ Weekly,
- ○ Monthly,
- ○ Less than monthly, or
- ○ Not at all?
- ○ Refused
- ○ Don't know
- ○ Missing

SB-5. How do you feel about the amount of friendship in your life?

[INTERVIEWER: SHOW QL CARD.]

- ○ TERRIBLE
- ○ UNHAPPY
- ○ MOSTLY DISSATISFIED
- ○ MIXED
- ○ MOSTLY SATISFIED
- ○ PLEASED
- ○ DELIGHTED
- ○ REFUSED
- ○ DON'T KNOW
- ○ MISSING

RAISE
CDRS Score Sheet

PID# ☐☐☐☐☐☐

Rater: ☐☐☐

Data Initials: ☐☐☐

Site: ⬭ UMB ⬭ NY

Date ☐☐ / ☐☐ / ☐☐☐☐

Data Entry Date: ☐☐ ■ ☐☐ ■ ☐☐☐☐

Timepoint: ⬭ Baseline ⬭ 6 months ⬭ 12 months ⬭ 18 months ⬭ 24 months

CDRSS Items: Indicate degree of severity for each of the CDRS items for the past two weeks.

1. Depression	⬭ Absent	⬭ Mild	⬭ Moderate	⬭ Severe	⬭ Missing
2. Hopelessness	⬭ Absent	⬭ Mild	⬭ Moderate	⬭ Severe	⬭ Missing
3. Self Depreciation	⬭ Absent	⬭ Mild	⬭ Moderate	⬭ Severe	⬭ Missing
4. Guilty Ideas of Reference	⬭ Absent	⬭ Mild	⬭ Moderate	⬭ Severe	⬭ Missing
5. Pathological Guilt	⬭ Absent	⬭ Mild	⬭ Moderate	⬭ Severe	⬭ Missing
6. Morning Depression	⬭ Absent	⬭ Mild	⬭ Moderate	⬭ Severe	⬭ Missing
7. Early Wakening	⬭ Absent	⬭ Mild	⬭ Moderate	⬭ Severe	⬭ Missing
8. Suicide (last 2 weeks)	⬭ Absent	⬭ Mild	⬭ Moderate	⬭ Severe	⬭ Missing

9. If #8 = 4 (Severe): Lethality/Medical Damage:

⬭ None ⬭ Minor ⬭ Moderate ⬭ Moderately Severe ⬭ Severe ⬭ Death ⬭ Skip ⬭ Missing

10. Suicide (since the last visit):

⬭ Absent ⬭ Mild ⬭ Moderate ⬭ Severe ⬭ Missing

11. If #10 = 4 (Severe): Lethality/Medical Damage:

⬭ None ⬭ Minor ⬭ Moderate ⬭ Moderately Severe ⬭ Severe ⬭ Death ⬭ Skip ⬭ Missing

12. Observed Depression:

⬭ Absent ⬭ Mild ⬭ Moderate ⬭ Severe ⬭ Missing

56180

RAISE
Clinical Global Impression (CGI)

PID# ☐☐☐☐☐☐

Rater: ☐☐☐

Data Initials: ☐☐☐

Site: ⬭ UMB ⬭ NY

Date ☐☐ / ☐☐ / ☐☐☐☐

Data Entry Date: ☐☐ ▮ ☐☐ ▮ ☐☐☐☐

Timepoint:
⬭ Baseline
⬭ 6 months
⬭ 12 months
⬭ 18 months
⬭ 24 months

1. **The Clinical Global Impression - Severity scale (CGI-S)** Rate the severity of the patient's illness at the time of assessment, relative to your past experience with patients who have the same diagnosis. Considering total clinical experience, assess the patient on severity of mental illness at the time of rating:

⬭ 1 = normal, not at all ill;
⬭ 2 = borderline mentally ill;
⬭ 3 = mildly ill;
⬭ 4 = moderately ill;
⬭ 5 = markedly ill;
⬭ 6 = severely ill; or
⬭ 7 = extremely ill.

⬭ Missing

53921

RAISE
Cognitive Battery Score Sheet

PID# ☐☐☐☐☐☐

Rater: ☐☐☐

Data Initials: ☐☐☐

Site: ○ UMB ○ NY

Date ☐☐ / ☐☐ / ☐☐☐☐

Data Entry Date: ☐☐ ■ ☐☐ ■ ☐☐☐☐

Timepoint:
- ○ Baseline
- ○ 6 months
- ○ 12 months
- ○ 18 months
- ○ 24 months

Please enter raw scores and the age- and gender-corrected T-scores for all cognitive battery tests below. For all tests but the BACS Verbal Memory Test, age- and gender-corrected T-scores can be obtained from the MCCB scoring program.

For missing: 999 or 99

1. Trail Making A Test (from MCCB)
   a. Raw Score: ☐☐☐
   b. T Score: ☐☐☐
2. BACS Symbol Coding
   a. Raw Score: ☐☐☐
   b. T Score: ☐☐☐
3. BACS Verbal Memory
   a. ○ Baseline: Form 1 ○ Year 1: Form 3 ○ Year 2: Form 4
   b. Raw Score: ☐☐☐
   c. T Score: ☐☐☐
4. Letter-Number Test Span (from MCCB)
   a. Raw Score: ☐☐☐
   b. T Score: ☐☐☐
5. NAB Mazes (from MCCB)
   a. ○ Baseline: Form 1 ○ Year 1: Form 2 ○ Year 2: Form 1
   b. Raw Score: ☐☐☐
   c. T Score: ☐☐☐
6. Category Fluency, Animals (from MCCB)
   a. Raw Score: ☐☐☐
   b. T Score: ☐☐☐
7. MSCEIT Branch 4 Managing Emotions
   a. Score from column BU of MSCEIT scoring program:
   ☐☐☐.☐☐☐☐☐ **(missing 999.99999)**
   b. T Score: ☐☐ *(obtained by entering score in into MCCB scoring program)*

Signature: _____ **Date:** _____

10946

RAISE
ALCOHOL AND SUBSTANCE USE (AS)

PID# ☐☐☐☐☐☐

Rater: ☐☐☐

Data Initials: ☐☐☐

Site: ○ UMB ○ NY

Date ☐☐ / ☐☐ / ☐☐☐☐

Data Entry Date: ☐☐ ▮ ☐☐ ▮ ☐☐☐☐

Timepoint: ○ Baseline ○ 6 months ○ 12 months ○ 18 months ○ 24 months

The next set of questions are about how frequently you drink alcoholic beverages or use drugs. Remember that your answers are strictly confidential.

AS-1. Have you ever used …	Yes (1)	No (0)	Refused (77)	Don't know (88)	Missing (99)
a. Tobacco, cigarettes, snuff, cigars, or chewing tobacco?	○	○	○	○	○
b. Any alcohol at all?	○	○	○	○	○
c. Alcohol to the point where you felt the effects of it, for example you felt like you got "a buzz," were "high," or drunk?	○	○	○	○	○
d. Marijuana? (This includes pot, reefer, hashish, cannabis.)	○	○	○	○	○
e. Heroin? (This includes smack, horse, tar.)	○	○	○	○	○
f. Non-prescription methadone? (This includes Dolophine and LAAM.)	○	○	○	○	○
g. Other opiates or analgesics? (This includes morphine, dreamer junk, Demerol, Darvon, Darvocet, Codeine,school boy, Percodan, Dilaudid, Talwin, OxyContin.)	○	○	○	○	○
h. Barbiturates? (This includes Seconal, reds, red devis, Nembutal, Tuninal or rainbows, phenobarbital yellow jackets, purple hearts.)	○	○	○	○	○
i. Sedatives, benzodiazepines, tranquilizers, or hypnotics? (This includes Valium, Librium, Xanax, Halcion, Klonopin.)	○	○	○	○	○
j. Cocaine, crack, or coca leaves?	○	○	○	○	○
k. Methamphetamines, amphetamines, or stimulants? (This includes Ecstasy, uppers, bennies, meth, speed, speedball, dexies, pep pill, crank, crystal, monster pep pill, black beauties, ice, batu.)	○	○	○	○	○
l. Hallucinogens? (This includes LSD, acid, purple haze, mescaline, mesc, cactus, PCP, angel dust, mushrooms, peyote.)	○	○	○	○	○
m. Inhalants? (This includes nitrous oxide, whippets, glue, amyl nitrate, mush, lockerroom, poppers, snappers, gasoline, paint, nail polish remover.)	○	○	○	○	○
n. More than one substance per day, including alcohol?	○	○	○	○	○

IF RESPONDENT HAS NEVER USED ALCOHOL OR DRUGS (AS-1b = 0 AND AS-1d THROUGH AS-1n = 0), THEN END FORM

AS-2. How many days in the past 30 days have you experienced alcohol problems?

☐☐ NUMBER OF DAYS

(Refused=77 Don't know=88 Missing=99)

IF RESPONDENT HAS NOT EXPERIENCED ALCOHOL PROBLEMS IN PAST 30 DAYS (AS-2 = 0),THEN GO TO AS-5.

AS-3. How troubled or bothered have you been in the past 30 days by these alcohol problems? Would you say…

- ⬭ Not at all,
- ⬭ Slightly,
- ⬭ Moderately,
- ⬭ Considerably, or
- ⬭ Extremely?
- ⬭ Skip
- ⬭ Refused
- ⬭ Don't know
- ⬭ Missing

AS-4. How important to you now is treatment for these alcohol problems? Would you say...

- ⬭ Not at all,
- ⬭ Slightly,
- ⬭ Moderately,
- ⬭ Considerably, or
- ⬭ Extremely?
- ⬭ Skip
- ⬭ Refused
- ⬭ Don't know
- ⬭ Missing

AS-5. How many days in the past 30 days have you experienced drug problems?

☐☐ NUMBER OF DAYS

(Refused=77, Don't know=88, Missing=99)

IF RESPONDENT HAS NOT EXPERIENCED DRUG PROBLEMS IN PAST 30 DAYS (AS-5 = 0),THEN GO TO BOX AS-1.

AS-6. How troubled or bothered have you been in the past 30 days by these drug problems? Would you say…

- ⬭ Not at all,
- ⬭ Slightly,
- ⬭ Moderately,
- ⬭ Considerably, or
- ⬭ Extremely?
- ⬭ Skip
- ⬭ Refused
- ⬭ Don't know
- ⬭ Missing

AS-7. How important to you now is treatment for these drug problems? Would you say...

- ⬭ Not at all,
- ⬭ Slightly,
- ⬭ Moderately,
- ⬭ Considerably, or
- ⬭ Extremely?
- ⬭ Skip
- ⬭ Refused
- ⬭ Don't know
- ⬭ Missing

BOX AS-1

IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL (AS-1b = 0), THEN GO TO BOX AS-2.

AS-8. How much would you say you have spent on alcohol in the past 30 days?

$ ☐☐☐☐.☐☐

(Refused=7777.77 Don't know=8888.88 Missing=9999.99)

BOX AS-2

IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL. (ALL AS-1d THROUGH AS-1m = 0), THEN GO TO NEXT SECTION.

AS-9. How much have you spent on drugs in the past 30 days?

$ ☐☐☐☐.☐☐

(Refused=7777.77 Don't know=8888.88 Missing=9999.99)

39476

RAISE
Medical Conditions (MC)

PID# ☐☐☐☐☐☐

Rater: ☐☐☐

Data Initials: ☐☐☐

Site: ⬭ UMB ⬭ NY

Date ☐☐ / ☐☐ / ☐☐☐☐

Data Entry Date: ☐☐ ■ ☐☐ ■ ☐☐☐☐

Timepoint:
⬭ Baseline
⬭ 6 months
⬭ 12 months
⬭ 18 months
⬭ 24 months

MEDICAL CONDITION	MC-1. Has a doctor ever told you that you have {INSERT MEDICAL CONDITION}…	MC-2. Are you currently receiving treatment for this condition?
a. Arthritis - Rheumatoid?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
b. Osteoarthritis?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
c. Any other bone or joint problems (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No
d. Asthma?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
e. Chronic bronchitis?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
f. Any other respiratory problem? (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No
g. Diabetes or sugar diabetes?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
DO NOT ASK MC-1h, MC-1i, OR MC-1j IF RESPONDENT IS MALE.		
h. Gestational diabetes	⬭ Yes ⬭ No	⬭ Yes ⬭ No
i. Problems with your menstrual cycle or periods? (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No
j. Any other gynecological problem? (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No
k. Any other endocrine or hormone problem? (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No
l. An ulcer?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
m. Any other gastrointestinal problem? (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No
n. Any kind of problem with your bladder, kidneys, or urination? (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No

PID # ☐☐☐☐☐☐

MEDICAL CONDITION	MC-1. Has a doctor ever told you that you have {INSERT MEDICAL CONDITION}…	MC-2. Are you currently receiving treatment for this condition?
o. Any kind of liver condition? (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No
p. Congestive heart failure?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
q. High blood pressure, or hypertension?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
r. A problem with obesity or a weight problem?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
s. High cholesterol or lipids?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
t. Coronary heart disease?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
u. Angina, or angina pectoris?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
v. Heart attack, or myocardial infarction?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
w. Any kind of heart condition or heart disease that we have not talked about? (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No
x. Breast cancer?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
y. Lung cancer?	⬭ Yes ⬭ No	⬭ Yes ⬭ No
z. Any other kind of cancer? (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No
aa. Any other medical condition? (Specify: ☐ Code: ☐☐)	⬭ Yes ⬭ No	⬭ Yes ⬭ No