

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

1. Have you ever gone anywhere or seen anyone for a reason that was related in any way to your use of medicines or drugs - a physician, counselor, Narcotics Anonymous, or any other community agency or professional?

1 Yes

2 No - END QUESTIONS

2. I am going to read you a list of community agencies and professionals. For each one, please tell me if you have ever gone there for any reason related to your medicine or drug use.

2a. In your entire life, did you EVER go to a/an...(Repeat phrase frequently)	2b. Did you go there in the last 12 months?	
(1) Narcotics or Cocaine Anonymous, Alcoholics Anonymous or any 12-Step meeting?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next agency	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Family services or another social service agency?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next agency	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Drug or alcohol detoxification ward or clinic?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next agency	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Inpatient ward of a psychiatric or general hospital or community mental	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes

health program?	2 <input type="checkbox"/> No - Go to next agency	2 <input type="checkbox"/> No
(5) Outpatient clinic, including outreach programs and day or partial patient programs?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next agency	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Drug or alcohol rehabilitation program?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next agency	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Methadone Maintenance Program?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next agency	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Emergency room for any reason related to your drug use?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next agency	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Halfway house, including therapeutic communities	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next agency	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

2c. For which medicines or drugs did you go there in the last 12 months?	2d. Did you go there before 12 months ago, that is before last (<i>Month one year ago</i>)?	2e. For which medicines or drugs did you go there before 12 months ago?	
(1)	1 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to next agency	1 <input type="checkbox"/> SED	2 <input type="checkbox"/> PAN
1 <input type="checkbox"/> SED 2 <input type="checkbox"/> PAN		3 <input type="checkbox"/> MAR	4 <input type="checkbox"/> COC
3 <input type="checkbox"/> MAR 4 <input type="checkbox"/> COC		5 <input type="checkbox"/> STIM	6 <input type="checkbox"/> CLB

5 <input type="checkbox"/> STIM	6 <input type="checkbox"/> CLB		7 <input type="checkbox"/> HAL	8 <input type="checkbox"/> SOLV
7 <input type="checkbox"/> HAL	8 <input type="checkbox"/> SOLV		9 <input type="checkbox"/> HER	10 <input type="checkbox"/> OTH
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2a. In your entire life, did you EVER go to a/an...(Repeat phrase frequently)		2b. Did you go there in the last 12 months?	
(10) Crisis center for any reason related to your drug use?	1 [] Yes 2 [] No - Go to next agency	1 [] Yes 2 [] No	
(11) Employee Assistance Program (EAP)?	1 [] Yes 2 [] No - Go to next agency	1 [] Yes 2 [] No	
(12) Clergyman priest, rabbi or any other religious counselor for any reason related to your drug use?	1 [] Yes 2 [] No - Go to next agency	1 [] Yes 2 [] No	
(13) Private physician, psychiatrist, psychologist, social worker or any other professional?	1 [] Yes 2 [] No - Go to next agency	1 [] Yes 2 [] No	
(14) Any other agency or professional?	1 [] Yes 2 [] No - Go to next agency	1 [] Yes 2 [] No	

2c. For which medicines or drugs did you go there in the last 12 months?	2d. Did you go there before 12 months ago, that is before last (Month one year ago)?	2e. For which medicines or drugs did you go there before 12 months ago?
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3a. How old were you the FIRST time you went anywhere for help or saw anyone for a reason that was related to your medicine or drug use?	Age

<p>3b. How old were you the MOST RECENT time you went anywhere for help or saw anyone for a reason that was related to your medicine or drug use?</p>	<p>_____ Age</p> <p>OR</p> <p>0 [] Happened only once</p>
<p>4a. Was there ever a time when you thought you should see a doctor, counselor, or other health professional or seek any other help for your drug use, but you didn't go?</p>	<p>1 [] Yes</p> <p>2 [] No - END QUESTIONS</p>
<p>4b. Did this happen during the last 12 months?</p>	<p>1 [] Yes</p> <p>2 [] No - Skip to 4d</p>
<p>4c. Did this happen before 12 months ago, that is, before last (<i>Month one year ago</i>)?</p>	<p>1 [] Yes</p> <p>2 [] No</p>
<p>4d. What were your reasons for not getting help? (<i>Check all that apply.</i>)</p>	<p>1 [] Wanted to go, but health insurance didn't cover</p> <p>2 [] Didn't think anyone could help</p> <p>3 [] Didn't know any place to go for help</p> <p>4 [] Couldn't afford to pay the bill</p> <p>5 [] Didn't have any way to get there</p> <p>6 [] Didn't have time</p> <p>7 [] Thought the problem would get better by itself</p> <p>8 [] Was too embarrassed to discuss it with anyone</p> <p>9 [] Was afraid of what my boss, friends, family, or others would think</p> <p>10 [] Thought it was something I should be strong enough to handle alone</p>

11 [] Was afraid they would put me into the hospital

12 [] Was afraid of the treatment they would give me

13 [] Hated answering personal questions

14 [] The hours were inconvenient

15 [] A member of my family objected

16 [] My family thought I should go but I didn't think it was necessary

17 [] Can't speak English very well

18 [] Was afraid I would lose my job

19 [] Couldn't arrange for child care

20 [] Had to wait too long to get into a program

21 [] Wanted to keep using medicines or drugs

22 [] Didn't think medicine or drug problem was serious enough

23 [] Didn't want to go

24 [] Stopped using medicines or drugs on my own

25 [] Friends or family helped me stop using medicines or drugs

26 [] Tried getting help before and it didn't work

27 [] Was afraid my children would be taken away

28 [] My religious beliefs don't allow me to go for treatment

29 [] Other reasons