



9787

SUBSTANCE USE EVENT SURVEY FOR SCHIZOPHRENIA (SUESS)

PID#

Interviewer:

RPN# * * * * *

Site: 2 1 0 0 0 2 . 0 1

Date / /

*Any item that is missing should be coded 99 (or 999.99 etc. as appropriate).
If no bubble is filled in for a question 99 will automatically be coded in the database.*

Instructions for interviewer:

Introduce yourself to the patient, thank him/her for agreeing to complete this survey, and establish rapport. Assure the patient that: 1) the interview will take approximately 20 to 30 minutes; 2) he/she should make his/her best effort to try to recall as accurately as possible; 3) his/her answers are important and that he/she should feel free to take time to give the best estimates possible; 4) he/she can ask for further clarification (explanation) for each question, and 5) his/her answers will be confidential.

Medical Issues

In the past 90 days have you:

1. Experienced a physical or medical problem? ----- Yes No
 - a. IF NO, go to Employment and Support Issues section.
 - b. IF YES, briefly describe the problem:
2. Did you see a doctor or nurse for this problem? ----- Yes No
3. Did you receive medication for this problem? ----- Yes No
4. How serious was the problem? Not serious at all Somewhat serious Very serious

Employment and Support Issues

In the past 90 days have you:

1. Started a new job or work training program? ----- Yes No
 - a. IF NO, go to Question 2.
 - b. IF YES, what was it?
2. Left a job or work training program? ----- Yes No
 - a. IF NO, go to Question 3.
 - b. IF YES, why? quit got fired or laid off other (describe):



9787

PID#

In the past 90 days have you:

3. Been paid for working? ----- Yes No

a. IF NO, go to question 4.

b. IF YES, for how many days were you paid? -----

c. How much money did you make (in total)? ----- \$.

4. Been in school or vocational training? ----- Yes No

a. IF NO, go to Alcohol Use section.

b. IF YES, for how many days? -----

c. How much money were you paid (in total)? ----- \$.

Alcohol Use (past 90 days)

In the past 90 days have you:

1. Been in inpatient treatment for an alcohol problem? ----- Yes No

a. IF NO, go to Question 2.

b. IF YES, how many days? -----

2. Received medication to help you detoxify from alcohol (Benzodiazapines (Ativan)) ----- Yes No

a. IF YES, what did you receive?

3. Received medication to *prevent* you from drinking? (e.g. Disulfiram (Antabuse)) ----- Yes No

a. IF YES, what did you receive?

4. Received a blood alcohol test (e.g. breathalyzer)? ----- Yes No

5. Had a serious discussion with a mental health professional about your alcohol use? ----- Yes No

6. Been treated in an outpatient setting for alcohol? (include CBTS groups, AA & dual dx. groups) Yes No

a. IF NO, go to Alcohol Use Past 30 Days.

b. IF YES, how many days did you attend? -----

Alcohol Use (past 30 days)

7. Have you used any alcohol in the past 30 days? ----- Yes No

a. IF NO, go to Drug Use section.

b. IF YES, how many days? -----



9787

PID#

8. How many of those days have you used to intoxication? -----

In the past 30 days:

9. How much money would you say you spent on alcohol? \$ (round up to nearest dollar)

10. Have you had any alcohol-related problems? (refer to list of ETOH use questions) ----- Yes No

a. IF NO, go to Drug Use Past 90 Days section.

b. IF YES, how many days would you say that you had problems? -----

c. How troubled or bothered have you been by these problems? Would you say:

- not at all bothered
- slightly bothered
- somewhat bothered
- very bothered
- extremely bothered

d. How important to you now is additional treatment for these alcohol related problems?

- not at all important
- slightly important
- somewhat important
- very important
- extremely important

Drug Use (past 90 days)

In the past 90 days have you:

1. Entered into an inpatient drug program for the first time? ----- Yes No

a. IF NO, go to Question 2.

b. IF YES, ask *Reasons for Seeking Treatment* questions at the end of the SEUSS interview.

2. Been in inpatient treatment for a drug problem? ----- Yes No

a. IF NO, go to Question 3.

b. IF YES, how many days? -----

3. Received medication to help you detoxify/come off a drug? ----- Yes No
(e.g. Naloxone, Naltrexone (Revia), Benzodiazapines)

a. IF YES, what did you receive?

4. Received medication to maintain/stabilize your drug use? ----- Yes No
(e.g. Methadone, LAMM (ORLAMM))

a. IF YES, what did you receive?

5. Received medication to block the effects of drugs? ----- Yes No
(e.g. Naloxone, Naltrexone (Revia), Benzodiazapines, Buprenorphine)

a. IF YES, what did you receive?

6. Been given a urinalysis or other test for drug use? ----- Yes No

a. IF NO, go to Question 7.

b. IF YES, under what circumstance (where and when) did you have a urinalysis?



9787

PID#

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7. Started into a new outpatient program for drug problems? ----- Yes No
 a. IF NO, go to Question 8.
 b. IF YES, ask *Reasons for Seeking Treatment* questions at the end of the SUESS interview.
8. Had a serious discussion with a mental health professional about your drug use? ----- Yes No
9. Been treated in an outpatient setting for drugs (*include CBTS groups, NA/CA & dual dx groups*)? Yes No
 a. IF NO, go to Drug Use Past 30 Days
 b. IF YES, how many days did you attend? -----

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Drug Use (past 30 days)

In the past 30 days have you:

7. Used heroin? ----- Yes No
 a. IF NO, go to next question.
 b. IF YES, how many days?:-----

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8. Used methadone (which is not part of your treatment)? ----- Yes No
 a. IF NO, go to next question.
 b. IF YES, how many days?: -----

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9. Used other opiates/analgesics (morphine, Demerol, Robitussin)? ----- Yes No
 a. IF NO, go to next question.
 b. IF YES, how many days?: -----

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10. Used barbiturates (Seconals/reds, tuinals/rainbows, purple hearts)? ----- Yes No
 a. IF NO, go to next question.
 b. IF YES, how many days?: -----

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11. Used other sedatives/hypnotics/tranquilizers (Quaaludes, Valium, Librium)? ----- Yes No
 a. IF NO, go to next question.
 b. IF YES, how many days?: -----

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12. Used cocaine/crack? ----- Yes No
 a. IF NO, go to next question.
 b. IF YES, how many days?: -----

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13. Used amphetamines (bennies, speed, uppers, crank, crystal, monster)? ----- Yes No
 a. IF NO, go to next question.
 b. IF YES, how many days?: -----

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9787

PID#

14. Used marijuana (pot, reefer, hashish, blunt)? ----- Yes No
a. IF NO, go to next question.

b. IF YES, how many days?: -----

15. Used hallucinogens (LSD, PCP, Ecstasy)? ----- Yes No
a. IF NO, go to next question.

b. IF YES, how many days?: -----

16. Used inhalants (glue, paint, poppers)? ----- Yes No
a. IF NO, go to next question.

b. IF YES, how many days?: -----

17. Used more than one substance per day, including alcohol? ----- Yes No
a. IF NO, go to next question.

b. IF YES, how many days?: -----

(INTERVIEWER; If NO drugs were used in the past 30 days, go to Your Family & Relationships with Others section)

In the past 30 days:

18. How much money would you say you spent on drugs? \$ (round up to nearest dollar)

19. Have you had any drug-related problems? (refer to the list of drug use questions). Yes No
a. IF NO, go to Your Family & Relationships with Others section.

b. IF YES, how many days would you say that you had problems? -----

c. How troubled or bothered have you been by these problems? Would you say:

- not at all bothered slightly bothered somewhat bothered very bothered extremely bothered

d. How important to you now is additional treatment for these drug related problems?

- not at all important slightly important somewhat important very important extremely important

INTERVIEWER: Fill this bubble if patient has entered AN INPATIENT OR OUTPATIENT DRUG TREATMENT PROGRAM in the last 90 days. If yes, COMPLETE REASONS FOR SEEKING TREATMENT SCALE at the end of the SUESS interview.

Your Family & Relationships with Others

In the past 90 days have you:

1. Had serious problems with family members or other people you are close to? ----- Yes No

a. IF NO, go to Question 2.

b. IF YES, what happened?

c. How serious was the problem? not serious at all somewhat serious very serious

d. Were drugs/alcohol involved? Yes No



9787

PID#

2. Been lonely? ----- Yes No

a. IF NO, go to Question 3.

b. IF YES, how lonely were you? not very lonely somewhat lonely very lonely

3. Been Bored? ----- Yes No

a. IF NO, go to Question 4.

b. IF YES, how bored were you? not very bored somewhat bored very bored

4. Had a serious or important discussion about your family problems (or problems with other people you are close to) with a mental health professional? ----- Yes No

Legal Issues

In the past 90 days, have you:

1. Been arrested for any crimes other than a traffic violation? ----- Yes No

a. IF NO, go to Question 2.

b. IF YES, how many times were you arrested in the past 90 days? -----

c. What was/were the reason(s) you were arrested?

1) alcohol offense? ----- Yes No

2) drug offense? ----- Yes No

3) petty theft (i.e. shoplifting)? ----- Yes No

4) loitering? ----- Yes No

5) public nuisance or disturbing the peace? ----- Yes No

6) threats of violence? ----- Yes No

7) serious acts of violence or other felonies? ----- Yes No

8) sex offense? ----- Yes No

9) other, specify: ----- Yes No

2. Been placed on probation/conditional release concerning drug/alcohol use? ----- Yes No

a. IF NO, go to Question 3.

b. IF YES, are you currently on probation or parole? ----- Yes No

1) IF NO, go to Question 3.

2) IF YES, why?

3. Spent the night in jail or in prison? ----- Yes No

a. IF NO, go to Psychological/Emotional Issues section.

b. IF YES, how many days were you there? -----



9787

PID#

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Psychological/Emotional Issues

In the past 90 days have you:

1. Been hospitalized for psychological or emotional problems?----- Yes No

2. Taken medication prescribed for emotional problems or problems with your nerves?----- Yes No

a. IF NO, go to Question 3.

b. IF YES, was the medication in shot or pill form? Pills Shot Both

c. What medication do you take? (*RECORD VERBATIM*)

RX1:

(*Anything else?*)

RX2:

RX3:

RX4:

RX5:

d. In the past 90 days, how often have you taken this/these medication(s)?

every time as prescribed missed a few times missed many times stopped taking altogether

e. How much do you think the medication has helped you? Would you say: not at all somewhat a lot

f. How often does your medication make you too sleepy?

none of the time some of the time most of the time

g. How often does your medication make you feel restless or "jittery" inside?

none of the time some of the time most of the time

h. How often does your medication make you feel slowed down or like a "zombie"?

none of the time some of the time most of the time

i. How often does your medication cause shaking or interfere with the use of your hands, arms, or legs?

none of the time some of the time most of the time

j. How often does your medication cause your vision to be blurred or your mouth to be dry?

none of the time some of the time most of the time



9787

PID#

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k. How often does your medication make it hard for you to concentrate or remember things?
 none of the time some of the time most of the time

l. How often does your medication interfere with your sex life?
 none of the time some of the time most of the time

m. How often does your medication cause you to gain weight?
 none of the time some of the time most of the time

n. Do any of the medication(s) you take for psychological or emotional problems cause you any other problems that we haven't talked about? ----- Yes No

1) IF NO, go to Question 3.

2) IF YES, what is the name of that medication?

3) What problem is it causing?

In the past 90 days:

3. Have you seen your therapist, case manager, or social worker? ----- Yes No

a. IF NO, go to Question 4.

b. IF YES, how often have you seen him/her?

less than once a month one to two times a month about once a week more than once a week

4. Have you been in any group treatments for your psychological or emotional problems? ----- Yes No

a. IF NO, go to Question 5.

b. IF YES, how often have you been in group(s)?

less than once a month one to two times a month about once a week more than once a week

5. How much have you ben bothered by your psychological or emotional problems?

not at all bothered slightly bothered somewhat bothered very bothered extremely bothered

Victimization Issues

In the past 90 days, have you:

1. Been robbed or mugged or experienced any other violent crime? ----- Yes No

a. IF NO, go to Question 2.

b. IF YES, what happened?

c. Were you physically injured? ----- Yes No

1) IF NO, go to item 1d.

2) IF YES, did you receive medical treatment? ----- Yes No



9787

PID#

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d. Were drugs or alcohol involved? ----- Yes No

1) IF NO, go to Question 2.

2) IF YES, how?

Empty text box for answer to 2)

2. Been beaten up, kicked, punched, slapped, or otherwise physically hurt? ----- Yes No

a. IF NO, go to Question 3.

b. IF YES, by who?

Empty text box for answer to b)

c. What happened?

Empty text box for answer to c)

d. Were drugs or alcohol involved? ----- Yes No

1) IF NO, go to Question 3.

2) IF YES, how?

Empty text box for answer to 2)

3. Been raped or sexually assaulted? ----- Yes No

a. IF NO, go to Question 4.

b. IF YES, by who?

Empty text box for answer to b)

c. Were you physically hurt? ----- Yes No

1) IF NO, go to item 3d

2) IF YES, did you receive medical treatment? ----- Yes No

d. Were drugs or alcohol involved? ----- Yes No

1) IF NO, go to Question 4.

2) IF YES, how?

Empty text box for answer to 2)

4. Been shot, stabbed, or suffered any other life threatening assault? ----- Yes No

a. IF NO, go to Question 5.

b. IF YES, what happened?

Empty text box for answer to b)

c. Were you physically hurt? ----- Yes No

1) IF NO, go to item 4d.

2) IF YES, did you receive medical treatment? ----- Yes No

d. Were drugs or alcohol involved? ----- Yes No

5. Have you experienced any other events that were life threatening, caused serious injury or were highly disturbing to you that we haven't talked about? Yes No

a. IF NO, go to Changes in Drug Use

b. IF YES, what happened?

Empty text box for answer to b)



9787

PID#

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- c. Were you physically hurt? ----- Yes No
 - 1) IF NO, go to item 5d.
 - 2) IF YES, did you receive medical treatment? ----- Yes No
- d. Were drugs or alcohol involved? ----- Yes No

Changes in Drug Use

1. In the past 90 days, have there been any changes in your use of drugs (e.g. *the drug of choice used, the amount used, how often used, the pattern of use*)? Yes No

a. IF NO, go to *Reasons for Seeking Treatment* questionnaire if required (see Drug Use Past 90 Days, items 1 and 7), or conclude this survey.

b. IF YES, what was the change?

2. Why do you think you _____ (refer to specific change: e.g., "stopped using cocaine", "cut down on your use of heroin")? Did it have to do with:

A. Being arrested? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:

B. Health concerns? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:

C. Being the victim of a crime? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:

D. Your psychiatric illness? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:



9787

PID#

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E. A change in your psychiatric medication? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:

F. A family member's influence ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:

G. A friend's influence? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:

H. A therapist or caseworker? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:

I. A drug abuse treatment program? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:

J. Having more or less money? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:



9787

PID#

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K. Housing issues? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:

L. An experience with religion or a priest/minister? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:

M. Being bored, lonely or sad? ----- Yes No

1) IF NO, go to next question.

2) IF YES, how much did this affect you? ----- not at all somewhat a lot

3) IF A LOT, describe how:



9787

PID#

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REASONS FOR SEEKING TREATMENT SCALE

Date [][] / [][] / [][][][]

Assessor [][]

You have told me that in the past 90 days, you entered inpatient drug treatment for the first time or started a new outpatient program for your drug use. Now, I'm going to ask you a few questions about what might have motivated you to get into treatment.

Why do you think you entered into a new drug treatment program? Is it because:

- 1. You thought seriously about the pros and cons of using drugs? ----- Yes No
 - a. IF NO, go to question 2.
 - b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot
- 2. You were warned about using by a family member or someone you're close to?----- Yes No
 - a. IF NO, go to question 3.
 - b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot
- 3. You hit "rock bottom"? ----- Yes No
 - a. IF NO, go to question 4.
 - b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot
- 4. You experienced a traumatic event (or, something that was very disturbing to you)? ----- Yes No
 - a. IF NO, go to question 5.
 - b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot
- 5. You experienced a major change in your lifestyle? ----- Yes No
 - a. IF NO, go to question 6.
 - b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot
- 6. Your psychological or emotional problems got worse? ----- Yes No
 - a. IF NO, go to question 7.
 - b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot
- 7. You saw someone else high? ----- Yes No
 - a. IF NO, go to question 8.
 - b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot
- 8. Your doctor warned you about using? ----- Yes No
 - a. IF NO, go to question 9.
 - b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot



9787

PID#

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9. Someone you know quit or cut down on their use? ----- Yes No

a. IF NO, go to question 10.

b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot

10. You had physical health problems? ----- Yes No

a. IF NO, go to question 11.

b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot

11. You had a religious experience? ----- Yes No

a. IF NO, go to question 12.

b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot

12. You were referred by the Court, your Probation Officer or Parole Office? ----- Yes No

a. IF NO, go to question 13.

b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot

13. You were referred by your case manager or therapist? ----- Yes No

a. IF NO, this assessment is concluded.

b. IF YES: How much did this reason affect you? ----- not at all somewhat a lot