

# NORMS Baseline

## National Outcomes Recording & Monitoring System – Baseline

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Current Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

1. Gender:

- (1) Male
- (2) Female

2. How old are you? \_\_\_\_\_ years

3. In which ethnic grouping would you classify yourself?

- (1) Hispanic / Latino
- (2) African-American
- (3) Native American
- (4) Native Hawaiian / Pacific Islander
- (5) Asian
- (6) Middle Eastern
- (7) Caucasian / White
- (8) Multiracial / Biracial / Other

4. What is your current marital status?

- (1) Never married
- (2) Divorced
- (3) Separated
- (4) Widowed
- (5) Living as married
- (6) Married

5. **If ever married, ask:**

How many times have you been married? \_\_\_\_\_

6. What is the highest degree you have earned?

- (1) No high school diploma earned
- (2) High school diploma or GED
- (3) Vocational/technical/business school grad.
- (4) Associate degree
- (5) Bachelor's degree
- (6) Master's degree
- (7) Doctoral-level degree

7. What is your current employment status?

- (1) Working full time for pay (35 hr./wk. or more)
- (2) Working part time for pay (< 35 hr./wk.)
- (3) Unemployed
- (4) Not working for pay by choice
- (5) Disabled
- (6) Retired

8. What is your primary job type when working for pay?

- (1) Professional
- (2) Upper-level management / business owner
- (3) Mid-level management
- (4) Sales / marketing
- (5) Supervisory
- (6) Craft / skilled trades / technical
- (7) Office / white collar / clerical
- (8) Transportation / equipment operator
- (9) Laborer / unskilled worker
- (10) Service worker (waiter / waitress)
- (11) Domestic worker (housekeeper, etc.)
- (12) Military service
- (13) Other (specify) \_\_\_\_\_

9. In what range was your personal income in the past year?

- (1) \$10,000 or less
- (2) \$10,001 to \$20,000
- (3) \$20,001 to \$35,000
- (4) \$35,001 to \$60,000
- (5) \$60,001 to \$90,000
- (6) Over \$90,000

**SUBSTANCE USE DISORDERS**

<b>Problem identification in the past 12 months:</b>													
<b>Substance</b>		<b>C1: Unplanned Use</b>	<b>C2: Desire/effort to cut down</b>	<b>C3: Time spent using/recovering</b>	<b>C4: Craving/compulsion to use</b>	<b>D5: Role obligation failures</b>	<b>C6: Social/Interpersonal Prob.</b>	<b>C7: Sacrificing activities</b>	<b>C8: Dangerous use</b>	<b>C9 Physical/emotional problem</b>	<b>C10: Tolerance</b>	<b>C11: Withdrawal</b>	<b>Legal problems</b>
10. Alcohol	Unknown	0	0	0	0	0	0	0	0	0	0	0	0
	No indication	1	1	1	1	1	1	1	1	1	1	1	1
	Positive finding	2	2	2	2	2	2	2	2	2	2	2	2
11. Marijuana	Unknown	0	0	0	0	0	0	0	0	0	0	0	0
	No indication	1	1	1	1	1	1	1	1	1	1	1	1
	Positive finding	2	2	2	2	2	2	2	2	2	2	2	2
12. Cocaine (in any form)	Unknown	0	0	0	0	0	0	0	0	0	0	0	0
	No indication	1	1	1	1	1	1	1	1	1	1	1	1
	Positive finding	2	2	2	2	2	2	2	2	2	2	2	2
13. Heroin/Opioids	Unknown	0	0	0	0	0	0	0	0	0	0	0	0
	No indication	1	1	1	1	1	1	1	1	1	1	1	1
	Positive finding	2	2	2	2	2	2	2	2	2	2	2	2
14. Methamphetamine	Unknown	0	0	0	0	0	0	0	0	0	0	0	0
	No indication	1	1	1	1	1	1	1	1	1	1	1	1
	Positive finding	2	2	2	2	2	2	2	2	2	2	2	2
15. Other Stimulants (non-medical)	Unknown	0	0	0	0	0	0	0	0	0	0	0	0
	No indication	1	1	1	1	1	1	1	1	1	1	1	1
	Positive finding	2	2	2	2	2	2	2	2	2	2	2	2
16. Pharmaceutical Medications	Unknown	0	0	0	0	0	0	0	0	0	0	0	0
	No indication	1	1	1	1	1	1	1	1	1	1	1	1
	Positive finding	2	2	2	2	2	2	2	2	2	2	2	2
17. Hallucinogens	Unknown	0	0	0	0	0	0	0	0	0	0	0	0
	No indication	1	1	1	1	1	1	1	1	1	1	1	1
	Positive finding	2	2	2	2	2	2	2	2	2	2	2	2
18. Other drugs	Unknown	0	0	0	0	0	0	0	0	0	0	0	0
	No indication	1	1	1	1	1	1	1	1	1	1	1	1
	Positive finding	2	2	2	2	2	2	2	2	2	2	2	2

19. Injection history:  
 (1) Never injected (skip to MH history)  
 (2) Ever injected  
 (3) Currently injecting

20. How often do you inject?  
 (1) None  
 (2) Less than once in a month  
 (3) Greater than once in a month  
 (4) Once a week or more  
 (5) Daily

21. Do you share materials (needles, straws, or any other tools for using drugs)?  
 (1) Yes  
 (2) No

### HISTORY OF MENTAL HEALTH CONDITIONS

	Unknown	No indication	Substance induced	Sub-diagnostic symptoms	Diagnosis
22. Major depressive episodes	0	1	2	3	4
23. Manic episodes	0	1	2	3	4
24. Bipolar episodes	0	1	2	3	4
25. Schizophrenic episodes	0	1	2	3	4
26. Posttraumatic stress disorder	0	1	2	3	4
27. Other anxiety disorders	0	1	2	3	4
28. Psychosis	0	1	2	3	4
29. Other mental health Dx.	0	1	2	3	4

30. Are you currently seeing a mental health professional?  
 (1) No  
 (2) Yes

31. Any current medication for psychological / psychiatric conditions:  
 (1) Never  
 (2) In past  
 (3) Currently  
 (4) Both past and currently

32. List psychiatric medications currently taken:

- a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

33. Has your substance use been related to any emotional problems?  
 (1) No  
 (2) Yes

34. Any previous history of thoughts about suicide, self-harm or homicide?  
 (1) No  
 (2) Yes

35. Any previous history of **attempted** suicide, self-harm, or homicide?  
 (1) No  
 (2) Yes

36. Have you been tested for HIV, Hepatitis B or Hepatitis C?  
 (1) No  
 (2) Yes

37. If tested, how long ago?  
 (1) Within past month  
 (2) One to six months ago  
 (3) 7-12 months ago  
 (4) More than 12 months ago  
 (5) Never tested

### MEDICAL CONDITIONS

38. Has your substance use been related to any medical problems?  
 (1) No  
 (2) Yes

39. List current medications for medical conditions:  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_

## HEALTHCARE UTILIZATION

In the past 12 months, how often were you hospitalized for the following:

- 40. Detoxification \_\_\_\_\_
- 41. Alcohol/drug treatment \_\_\_\_\_
- 42. Psychiatric \_\_\_\_\_
- 43. Illness/injury \_\_\_\_\_
- 44. Pregnancy (Females only) \_\_\_\_\_
- 45. Other reason \_\_\_\_\_

Days of hospitalization in past 12 months:

- |                              | Days Hospitalized |
|------------------------------|-------------------|
| 46. Detoxification           | _____             |
| 47. Alcohol/drug treatment   | _____             |
| 48. Psychiatric              | _____             |
| 49. Illness/injury           | _____             |
| 50. Pregnancy (Females only) | _____             |
| 51. Other reason             | _____             |

In the past 12 months, how many times did you go to an emergency room for care?

- 52. Detoxification \_\_\_\_\_
- 53. Alcohol/drug treatment \_\_\_\_\_
- 54. Psychiatric \_\_\_\_\_
- 55. Illness/injury \_\_\_\_\_
- 56. Pregnancy (Females only) \_\_\_\_\_
- 57. Other reason \_\_\_\_\_

During the past 12 months, how many physician, clinic, or other scheduled outpatient visits have you made for:

- 58. Detoxification \_\_\_\_\_
- 59. Alcohol/drug treatment \_\_\_\_\_
- 60. Psychiatric \_\_\_\_\_
- 61. Illness/injury \_\_\_\_\_
- 62. Pregnancy (Females only) \_\_\_\_\_
- 63. Other reason \_\_\_\_\_

## MOTOR VEHICLE ISSUES

- 64. In the past 12 months, number of times, as a driver, involved in a motor vehicle accident (car, truck, motorcycle boat, , etc.) \_\_\_\_\_
- 65. During the past 12 months, how many times were you ticketed or arrested for driving under the influence of alcohol or drugs? \_\_\_\_\_
- 66. During the past 12 months, how many times were you ticketed or arrested for speeding or any other moving violation? \_\_\_\_\_

## ARRESTS/LEGAL ISSUES

During the past 12 months, how often were you arrested for:

- 67. Disorderly conduct \_\_\_\_\_
- 68. Assault/battery \_\_\_\_\_
- 69. Theft, robbery, burglary \_\_\_\_\_
- 70. Possession of drugs, etc. \_\_\_\_\_
- 71. Sale of drugs \_\_\_\_\_
- 72. Prostitution \_\_\_\_\_
- 73. Other reason \_\_\_\_\_

## VOCATIONAL FUNCTIONING

During the past 12 months how many months have you

- 74. Worked full time \_\_\_\_\_
- 75. Worked part time \_\_\_\_\_
- 76. been unemployed \_\_\_\_\_
- 77. not worked by choice \_\_\_\_\_

If you worked outside the home in the past 12 months have you had any problems with:

- 78. Being late for work \_\_\_ (1) No \_\_\_ (2) Yes
- 79. Missing work \_\_\_ (1) No \_\_\_ (2) Yes
- 80. Getting work done \_\_\_ (1) No \_\_\_ (2) Yes
- 81. Making mistakes \_\_\_ (1) No \_\_\_ (2) Yes
- 82. Boss or supervisor \_\_\_ (1) No \_\_\_ (2) Yes
- 83. Getting hurt \_\_\_ (1) No \_\_\_ (2) Yes
- 84. Other problem \_\_\_ (1) No \_\_\_ (2) Yes

- 85. If you worked during the past 3 months, how many days of work did you miss? \_\_\_\_\_