



The Client Diagnostic Questionnaire (CDQ)

Users' Guide



Using the Client Diagnostic Questionnaire (CDQ)

This Implementation Manual is designed for managers and leaders within HIV service organizations, including physician's offices, hospitals, clinics and community based agencies. The manual will help you implement the CDQ within your organization, whether you currently offer mental health services or not. This document is a companion to the [CDQ Training Manual: Use of the Client Diagnostic Questionnaire \(CDQ\)](#). It is directed toward staff who will administer the CDQ screening tool.



Following a general introduction to the CDQ intended for all readers, we address implementation issues within the following agency settings:

General Information.....	2
Agencies with existing mental health services.....	6
Agencies wishing to develop mental health services.....	8
Community-based agencies working with specific populations.....	11
Additional Resources.....	14

General Introduction

What is the CDQ?

The CDQ is:

- A screening tool to assess client need for mental health services.
- A tool that can be used by persons with no mental health training as well as by clinicians.
- Time-sensitive. It can be completed in 10 - 15 minutes.
- Flexible. The CDQ may be modified to meet the specific needs of individual programs.
- Versatile, allowing for implementation by a range of agency personnel, in a variety of settings, for different program purposes (e.g. needs assessment, treatment planning, outcomes evaluation).
- A tool that helps to bring needed mental health services to some of our county's more vulnerable underserved individuals.

The CDQ is not:

- A barrier to care for clients or patients.
- A time-intensive assessment procedure.
- Difficult to use for non-mental health professionals.
- A tool that can be used by non-mental health professionals to determine specific psychiatric diagnoses. Definitive diagnoses require assessment by a trained mental health professional, or by having a clinician review information collected by the CDQ.

Why use the CDQ?

- Mental health issues or psychological problems are extremely common among persons living with HIV.
- Mental health issues are largely undiagnosed and many people with a problem do not receive any mental health services or treatment.
- The lack of appropriate mental health care is even more prevalent in already vulnerable populations, including individuals who are poor, homeless, chemically involved, or recently incarcerated.
- Untreated mental health issues can cause significant suffering, making it harder for people to function on a day-to-day basis.
- Untreated mental health issues can pose barriers to service delivery in a wide range of service areas and impair a client's ability to access medical care and adhere to treatment regimens, follow up on case management referrals, and be self-sufficient in new housing etc.
- Untreated mental health issues can pose a significant threat for relapse for those who are recovering from substance abuse.
- Research has shown that a major impediment to accessing needed mental health services is a client's lack of recognition or acknowledgement of mental health problems.
- When providers lack the tools, training, or time to adequately assess mental health needs, these needs will not be recognized and therefore cannot be met.

How can the CDQ can improve client care?

- The systematic use of a standardized mental health screener will increase recognition of client mental health needs, especially by staff with little or no mental health training.
- Systematic use of a screening tool is superior to assessments based on prior history of psychiatric hospitalization or other treatment experience since many people who are in need of mental health services have not had any treatment.
- The CDQ collects information in symptom clusters that can be scored to yield the likelihood of a particular diagnosis according to standard DSM-IV criteria, the standard diagnostic schema used by mental health professionals.
- A diagnostic screener such as the CDQ provides a more precise description of the mental health treatment needs of clients and can be used as a triage instrument for treatment planning and/or referral.
- The CDQ was developed specifically to facilitate rapid and accurate recognition of mental health problems commonly seen in HIV/AIDS service settings: Depressive and Anxiety Disorders including PTSD, Alcohol and Drug Abuse Disorders. There is also a Psychosis screen.
- A validation study conducted by researchers at the Mailman School of Public Health at Columbia University demonstrated that the CDQ administered by agency staff with no prior mental health training accurately identifies clients with clinically significant mental health needs.
- The study also found that clients are receptive to the screening interview.

Implementing the CDQ

Introducing the CDQ into existing agency operations will require some changes in your agency. For example, it will be necessary to build support for the use of the tool, train staff to use the tool, alter client assessment procedures, and supervise those who conduct the screening.

The implementation process is likely to run more smoothly if you ensure that:

- There is a clear understanding of the need for the change.
- Time and energy have been given to understanding how the implementation of the CDQ will affect individual staff and the agency as a whole.
- Sufficient time has been invested in preparing to adopt the tool, including providing education and training, and facilitating paradigm or protocol shifts that need to occur.
- The desired change can be introduced incrementally into behaviors or practices that are already in place.
- Follow-up support for the change is provided.

Preparing to use the CDQ

Before implementing the CDQ, program managers should have developed a clear rationale for the systematic screening for mental health needs and a strategic plan for implementation of the CDQ as a screening tool. Be sure you know who will administer the questionnaire and to which clients, and when in the service process the screening will take place. You must also have determined what you will do with the information generated, such as knowing who will score or review the assessments, where the information will go, and how it will be transmitted to mental health providers who will use it for individual client care or larger program purposes.

Unless screening is being done for needs assessment or research purposes only, provision must be made for on-site or linked mental health services. Managers should seek input from staff as well as leadership as this strengthens the planning process and increases buy-in. It helps managers identify resource development and training needs for proper and smooth implementation.

Staffing

A separate stage in the implementation process is reorganizing staff roles and responsibilities and conducting staff development training. Using the CDQ will represent a change from usual and customary behaviors at intake or client case review. While this may represent a small or a larger change from existing agency protocols, it still represents a change that must be reflected in staff job descriptions and supervision.

Staff will vary with regard to their training needs. However, all persons who use the CDQ will require some level of training to accurately administer the assessment tool. At a minimum, prior to administering the instrument, staff should be taken through the instrument item by item to ensure they understand the purpose and function of each question. It is also essential that staff practice administering the instrument by role-playing the roles of both interviewer and client. Each staff member should practice administering the instrument at least three times.

A Training Manual: Use of the Client Diagnostic Questionnaire (CDQ), which includes a copy of the actual instrument with instructions (both are included in this packet), is designed for individuals who will be using the CDQ in agency settings. Additional training resources, including a training tape and specialized staff training programs, may be obtained from Cicatelli Associates, Inc., at either 212-594-7741, or www.cti.org.

Instructions for Agencies with an Existing Mental Health Services

Why use the CDQ?

- The CDQ is a benefit to your organization in its ability to access poor and vulnerable clients who may be in great need of your services, but whose ancillary issues (substance abuse, competing survival needs associated with homelessness etc.) or hesitancy to discuss mental or emotional issues create difficulties in accurately assessing their need for services.
- The CDQ can assist in standardizing assessment and intake procedures as well as decreasing time spent by clients and clinicians in completing the assessment protocol.
- There is a longer, "Clinician Version" of the CDQ that is suitable for use by mental health professionals or in situations where completed interviews are reviewed by a trained clinician. The longer version includes questions about possible rule outs, prior episodes of disorder and treatment history. This information is necessary for differential diagnosis according to DSM-IV criteria. The Clinician CDQ is similar to the SCID or other structured psychiatric interview schedules but takes less time to complete (20-30 min) and focuses on disorders most commonly seen among HIV populations.

Steps to Implementation:

1. Ensure that the organizational climate exists to support the introduction of the CDQ.

For some mental health providers, the process could be as simple as a change in the forms that are currently being utilized. For others, this might require the following steps:

- Educating upper management and Boards about the disproportionate number of poor and otherwise vulnerable individuals who are affected by mental health issues and have significant barriers to mental health care.
 - Create buy-in through training and organizational influence.
2. Provide training and support.
 - Be sure to provide sufficient training and support resources to allow for the change to occur smoothly.
 - Provide ongoing support after implementation.

3. Be sure to create buy-in with line staff who will be delivering the instrument.

- Introduce the tool as an improved screener to allow for optimal utilization and increase the effectiveness of the work and the services offered to the patient/client.
- Provide the staff with sufficient training so that they feel comfortable utilizing the tool. Staff will vary with regard to their training needs. However, all persons who use the CDQ will require some level of training to accurately administer the assessment tool. At a minimum, prior to administering the instrument, staff should be taken through the instrument item by item to ensure they understand the purpose and function of each question. It is also essential that staff practice administering the instrument by role-playing the roles of both interviewer and client. Each staff member should practice administering the instrument at least three times.
- Be prepared to answer questions about the need for the change and to address resistance to the change.
- Create protocol shifts where necessary to ensure that implementation happens in an organized and systematic manner.
- Be sure that clinicians review sections of the Training Manual that address administering the CDQ and the Question-by-Question Review. Regardless of prior experience, training in the use of the CDQ as a standardized instrument is necessary
- After training is complete, begin utilizing the CDQ with all new intakes. The CDQ is versatile enough to be implemented as either a clinician-led interview or an interview by non-professional staff with clinician review.

Instructions for Agencies Wishing to Develop Mental Health Services

Why use the CDQ?

- It clearly identifies clients with needs for mental health services, and will help distinguish between needs that can be met with supportive counseling or support group participation from those that require professional mental health treatment
- Increases client adherence to service plans and/or treatment regimens by addressing mental health needs
- Decreases repeated patient visits for clients better served through mental health interventions.
- Provides clients with optimal overall health related services.
- Improves services for poor and vulnerable clients who may be in great need of your services, but whose ancillary issues (substance abuse, competing survival needs associated with homelessness etc.) or hesitancy to discuss mental or emotional issues create difficulties in accurately assessing their need for services.

✿ There is a longer, "Clinician Version" of the CDQ that is suitable for in situations where completed interviews are reviewed by a trained clinician. The longer version includes questions about possible rule outs, prior episodes of disorder and treatment history. This information is necessary for differential diagnosis according to DSM-IV criteria.

Steps to Implementation:

1. Be sure to create the organizational climate necessary to support the introduction of the CDQ.

Addressing the need for mental health screening in relation to your services is of paramount importance. This must start at the very top of the organization and work its way throughout the staff to ensure that the CDQ is utilized to the optimal benefit of the patients/clients you serve. We suggest the following:

- Educating upper management and Boards about the disproportionate number of poor and otherwise vulnerable individuals who are both affected by mental health issues and the significant barriers to accessing care that exist for these individuals.
- Creating buy-in through training and organizational influence.
- Offering sufficient training and support resources to allow for the change to occur smoothly and ongoing support to be available after implementation.
- Making ongoing support available after implementation.

2. Be sure to create buy-in with line staff who will be delivering the instrument.

- Introduce the tool as an easy and effective screener to allow for optimal utilization and increase the effectiveness of the work and the services offered to the patient/client.
- Provide the staff with sufficient training so that they feel comfortable utilizing the tool. Staff will vary with regard to their training needs. However, all persons who use the CDQ will require some level of training to accurately administer the assessment tool. At a minimum, prior to administering the instrument, staff should be taken through the instrument item by item to ensure they understand the purpose and function of each question. It is also essential that staff practice administering the instrument by role-playing the roles of both interviewer and client. Each staff member should practice administering the instrument at least three times.
- Be prepared to answer questions about the need for the change and to address resistance to the change.
- Create protocol shifts where necessary to ensure that implementation happens in an organized and systematic manner.

3. Have on-site clinical back-up and on-site or service linkage agreements to ensure that persons who screen positive for mental health needs are referred for more complete clinical assessment and treatment as necessary

- Establish protocol for immediate response to highly distressed or possibly suicidal clients.
- If services provided by linkage agreements, establish protocol for implementing referrals and monitoring client access and outcome of off site services.
- Be prepared to address questions that your staff or clients might have about the need for mental health screening. The first section of the Training Manual provides background on mental health and mental illness that will be useful for this training.
- After training is complete, begin utilizing the CDQ with all new patients/clients.
- The CDQ is versatile enough to be implemented by a range of staff with little or no formal training in mental health assessment. Determine staff familiarity with mental health issues, and probe possible stereotypes and assumptions that may impede effective screening. These will need to be addressed as well as possible issues with asking sensitive questions.

- For existing patients/clients, case management visits, or routine clinical visits are excellent opportunities for CDQ screening.
- Review CDQ findings at general chart-review intervals as follow-up for assuring effective implementation and answering additional staff questions or ongoing issues.

Instructions for Community-Based Agencies Working with Specific Populations

Why use the CDQ?

- Effectively screen for mental health related issues that often exist alongside other issues of vulnerability. These may specifically include depression, anxiety disorders, stress related issues.
- Assist line staff in recognizing mental health related issues and making appropriate referrals for care.
- Increase productivity and effectiveness of staff who are not caught in attempting to address mental health issues better served through other professionals.
- Provide clients with optimal overall health related services.
- Improve services for poor and vulnerable clients who may be in great need of your services, but whose ancillary issues (substance abuse, competing survival needs associated with homelessness etc.) or hesitancy to discuss mental or emotional issues create difficulties in accurately assessing their need for services.

Steps To Implementation:

1. Be sure to create the organizational climate necessary to support the introduction of the CDQ.

Addressing the need for mental health screening in relation to your services is of paramount importance. This must start at the very top of the organization and work its way throughout the staff to ensure that the CDQ is utilized to the optimal benefit of the patients/clients you serve.

It is important to address, specifically, the issue of stigmatization and mental health issues as well. In many cases, CBOs are dealing directly with individuals who are already marginalized or stigmatized by societal norms. Remember that the CDQ is a diagnostic screening tool and is used to classify illness, not to classify or label individuals as "mentally ill." The CDQ helps individuals access the services they might need to support healthy and ongoing change in their lives. It is an empowerment tool.

For the implementation process, we suggest the following:

- Educating upper management and Boards about the disproportionate number of poor and otherwise vulnerable individuals who are both affected by mental health issues and who have significant barriers to access that exist for these individuals.
- Creating buy-in through training and organizational influence.
- Addressing directly issues of concern around stigmatization and labeling while creating strategies to minimize this potential within your agency.
- Offering sufficient training and support resources to allow for the change to occur smoothly and on-going support to be available after implementation.
- Making on-going support available after implementation.

2. It is especially important to create understanding and buy-in with line staff who will be delivering the instrument.

- Introduce the tool as an easy and effective screener to allow for optimal utilization and increase the effectiveness of the work and the services offered to the patient/client.
- Provide the opportunity for staff ask questions and raise concerns.
- Address directly the issue of stigmatization and the plans that have been created to minimize that outcome for your clients.
- Provide the staff with sufficient training so that they feel comfortable utilizing the tool. Staff will vary with regard to their training needs. However, all persons who use the CDQ will require some level of training to accurately administer the assessment tool. At a minimum, prior to administering the instrument, staff should be taken through the instrument item by item to ensure they understand the purpose and function of each question. It is also essential that staff practice administering the instrument by role-playing the roles of both interviewer and client. Each staff member should practice administering the instrument at least three times.
- Be prepared to answer questions about the need for the change and to address resistance to the change.
- Create protocol shifts where necessary to ensure that implementation happens in an organized and systematic manner.

- Be prepared to address questions that your staff or clients might have about the need for mental health screening. The first section of the Training Manual provides background on mental health and mental illness that will be useful for this training.
- After training is complete, begin utilizing the CDQ with existing clients.
- The strategies that you use will reflect directly your organizations services, style and culture. Some things to keep in mind include:
 - The level of trust that might be necessary to access honest and reliable answers to a mental health screening tool.
 - The timing of the screening. For some organizations, intake is an appropriate and reasonable time. For others, waiting until a case review or a follow-up session might make more sense.
 - The potential that a level of disenfranchisement might already exist for the client.
- The CDQ is versatile enough that it can be used by peer counselors if appropriately trained. Determine staff familiarity with mental health issues, and probe possible stereotypes and assumptions that may impede effective screening. These will need to be addressed as well as possible issues with asking sensitive questions.
- For existing clients, case management visits, in-home assessment or home visits are excellent opportunities for CDQ screening.
- Review CDQ findings at general chart-review intervals as follow-up for assuring effective implementation and answering additional staff questions or ongoing issues.

Additional Resources

Materials:

For additional copies of the CDQ instrument and the Training Manual, contact any of the following:

HRSA Information Center
2070 Chain Bridge Road, Suite 450
Vienna, Virginia 22182
888-275-4772
Attn: Carla Bustillo

Cicatelli Associates, Inc.
505 8th Ave
20th Floor
New York, New York 10018
212-594-7741

mediawise
205 North Walnut Street
Suite 200
Bloomington, Indiana 47404
812-339-9060

1. Agency/ Program: _____ **2. Interviewer** _____

3. Today's Date : ____ / ____ / ____ **4. Client ID:** | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ |
Month/ Day/ Year

5. Client Name or Initials _____

Instructions to interviewer:

This questionnaire is designed to facilitate the recognition of the most common mental health problems found in HIV/AIDS primary care or other service settings: mood, anxiety, alcohol and drug abuse, PTSD and thought disorder. Since the questionnaire relies on respondent self-report, definitive diagnoses must be verified by a clinician, taking into account how well the client understood the questions in the questionnaire, as well as other relevant information from family, client records, or other sources.

1. Interviewer instructions are printed in bold italics. Questions that you ask or statements that you make to the client are printed in plain type. Read questions as written. Additional probes may be used to ensure client understanding of the question or explore ambiguous answers.
2. For anything other than a "yes/no" answer, read the answer categories. The interviewer may need to assist the client in answering within the categories given. Never choose an answer category based on what you think the client means by their spoken response.
3. Be sure that the client is reporting symptoms experienced within the specified time period: past 4 weeks, past 6 months, or in some instances, past 30 days.
4. Within each module, proceed sequentially from question to question unless instructed either to skip to another question or to go to the next page.
5. At the end of each diagnostic module is a shaded area with instructions for scoring Positive Screen for each disorder. Scoring can be done by the interviewer or left for office use only.
6. A Summary Sheet is provided to record "positive screen" or "positive for syndrome" in the spaces provided for each diagnostic module. If no positive screen in any module, indicate in the space provided on the top of the summary sheet.
7. Space is also provided for interviewer observations and comments. Interviewer should write as detailed as possible description of positive answers to questions especially on psychosis screen. Where known, additional information that may account for symptoms (e.g. medical condition) or history of prior episodes or treatment should be indicated.
8. *If Client indicates current suicidal feelings or becomes emotionally upset or agitated during interview, please follow agency protocol for contacting your supervisor.*

The CDQ is based on the PHQ which was developed by Robert L Spitzer, MD, Janet B W Williams, DSW, Kurt Kroenke, MD, et al, and is a modification of the PRIME-MD, which was developed with an unrestricted educational grant from Pfizer, Inc. Adaptation for use by SPNS/ HOPWAP Program Projects by Angela Aidala, PhD and Jennifer Havens, MD with the assistance of Jeffrey Johnson, PhD, Peter Walsh, MD, Cevdet Tosyali, MD, Ezra Susser, MD, and Sally Dodds, PhD, LCSW. For information about using this instrument contact Angela Aidala, PhD, Columbia School of Public Health, 600 W 168th, New York, NY 10032. Phone: (212) 305-7023, email:aaa1@columbia.edu

Client Introduction

This questionnaire will help us better understand problems that you may have. We ask these questions of everyone so that we can get a better picture of the kind of help or support we could provide for you. Please try to answer every question. All your answers are be completely confidential.

Overview

1. Thinking about the past six months, that is about this time in _____ (*reference date 6 mos prior to interview*), how have things been going for you in terms of your mood or feelings? Were there any periods when you were very sad or depressed? How about any times when you were very nervous, frightened, or worried about things? Were there times when you were so active or hyper that you couldn't slow down?

2. Did anything happened to you during that time that had anything to do with your feeling (acting) this way (sad, anxious, hyper etc... refer to symptoms)? Anything that was especially hard or stressful for you?

3. During the past six months did you talk to anyone about emotional problems, your nerves or the way you were feeling or acting? *If YES*, Whom did you talk to? (*Probe*) Did you talk to professional person like a doctor or counselor? What did they say about it?

Interviewer: *If client describes symptoms or treatment history, let him/her know that you will be talking about this in more detail later in the interview. All screening and appropriate symptom questions must be asked even though topic was discussed in overview. Confirm answers already known.*

Now some questions about your moods and feelings. During the last month (past 4 weeks) was there a time when...

- | | No,
Not at
all | Several
days | More
than half
the days | Nearly
every
day |
|--|--------------------------|--------------------------|-------------------------------|--------------------------|
| 1. You were feeling sad, down, depressed, or hopeless? IF YES,
How often did you feel that way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. You had little interest or pleasure in doing things? IF YES,
How often did you feel that way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If client answers "No, Not at all" to both questions, go to next page

3. When was it you began feeling this way (the most recent time)? ... _____
4. How long did it last– was it as long as 2 weeks? No Yes

During that time, how often were you (have you been) bothered by:

- | | No,
Not at
all | Several
days | More
than half
the days | Nearly
every
day |
|--|--------------------------|--------------------------|-------------------------------|--------------------------|
| 5. Trouble falling or staying asleep? Or sleeping too much? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Feeling tired or having little energy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Poor appetite? Or overeating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Feeling bad about yourself – or that you are a failure or have let
yourself or your family down? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Trouble concentrating on things, such as reading the newspaper,
watching television, or listening to someone give you directions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Moving or speaking so slowly that other people could have
noticed? Or the opposite – being so fidgety or restless that you
were moving around a lot more than usual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. You had thoughts that you would be better off dead or thoughts
of hurting yourself in some way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Maj Dep Syn if 2 weeks (Q4) is "yes" (AND) answer to question 1 or 2 is shaded (AND) 5+ of answers to any of Q. 1, 2, 5 - 11 are shaded; Other Dep Syn same but only 2+ of the answers to Q. 1, 2, 5 - 11 are shaded

Now some questions about anxiety...

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. In the last 4 weeks, have you had an anxiety attack—
suddenly feeling fear or panic? | <input type="checkbox"/> | <input type="checkbox"/> |

If client answers “NO” go to next page

- | | | |
|---|--------------------------|--------------------------|
| 2. Has this ever happened before? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do some of these attacks come <u>suddenly out of the blue</u> —that is, in situations where you don't expect to be nervous or uncomfortable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do these attacks bother you a lot? Are you worried about having another attack? | <input type="checkbox"/> | <input type="checkbox"/> |

Think about your last really bad attack.

- | | | |
|---|--------------------------|--------------------------|
| 5. Were you short of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did your heart race, pound, or skip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you have chest pain or pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did you sweat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you feel as if you were choking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did you have hot flashes or chills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did you feel dizzy, unsteady, or faint? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you have tingling or numbness in parts of your body? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you tremble or shake? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Were you afraid you were dying? | <input type="checkbox"/> | <input type="checkbox"/> |

Pan Syn if answers to Q. 1,2,3 and 4 are 'Yes' (AND) 4+ symptoms during an attack (Q. 5-15)

Over the last 4 weeks, how often have you been bothered by:

	No, Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, on edge, or worrying a lot about different things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If client answers "Not at all" go to next page

2. Feeling restless so that it is hard to sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Getting tired very easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Muscle tension, aches, or soreness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Trouble falling asleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trouble concentrating on things, such as reading a newspaper, watching TV or listening to someone give you directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Becoming easily annoyed or irritable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Anx Syn if answer to Q. 1 is shaded (AND) 3+ answers to Q. 2-7 are shaded.

Next are some questions about drinking alcohol and use of other substances. We ask these questions as part of everyone’s health profile. Everything you tell me is strictly confidential and protected.

1. During the past six months, how often do you drink beer, wine or liquor?

Never	Less than 1x month	Monthly	Weekly	3x Week	Everyday
<input type="checkbox"/>					

If client never drinks alcohol, go to last alcohol question - Q.13 next page

2. How many drinks do you usually have on those days when you drink?

One	Two	Three	Four	Five	More than five
<input type="checkbox"/>					

Have any of the following things happened to you more than one time in the last 6 months, that is from (_____) until today?
(fill in date 6 mo prior to interview)

	YES	NO
3. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with you health?	<input type="checkbox"/>	<input type="checkbox"/>
4. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
5. You missed or were late for something important because you were drinking or hung over?	<input type="checkbox"/>	<input type="checkbox"/>
6. You had a problem getting along with other people while you were drinking?	<input type="checkbox"/>	<input type="checkbox"/>
7. You drove a car after having several drinks or after drinking too much?	<input type="checkbox"/>	<input type="checkbox"/>

Alc Abu if 1+ answers to Q. 3-7 are Yes (OR) 5+ drinks a day weekly or more often

During the PAST 30 DAYS, that is, since this time in (_____) ...
(month prior to interview)

8. How many days did you have anything alcoholic to drink?

If client never drank alcohol past 30 days, go to last alcohol question - Q.13 below

During the past 30 days...

- | | YES | NO |
|--|--------------------------|--------------------------|
| 9. Have you thought you should cut down on your drinking alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has anyone complained about your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you felt guilty or upset about your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Was there a single day in which you had five or more drinks
of beer, wine or liquor | <input type="checkbox"/> | <input type="checkbox"/> |

ASK EVERYONE

13. Did you or anyone close to you ever think you had a problem
with alcohol? Yes No

Alc Abu 30 day if 2+ answers to questions 9-12 are YES

**Now here are some questions about drug use. (Remind client of confidentiality)
Remember that everything you tell me is strictly confidential and protected**

Have you ever used any of the following drugs, even one time...

GO DOWN THE ENTIRE LIST, then go back and for any drug used, ask about use past six months

	Ever used		If YES for any drug ask: During the PAST SIX MONTHS, how often did you use (drug)?					
	Yes	No	Never	Less than 1x month	Monthly	Weekly	3x Week	Every day
1. Marijuana, hashish (pot, reefer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Crack, freebase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Heroin, speedball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Methadone without a prescription or more than a doctor told you to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sedatives or tranquilizers (downers) without a prescription or more than a doctor told you to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Stimulants (uppers, speed, ice) without a prescription or more than a doctor told you to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hallucinogens (PCP, angel dust, ecstasy, mushrooms, LSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sniffed or inhaled anything to get high (poppers, sprays, glue) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF EVER USED ANY DRUG: 10. Have you ever had a drug injected or skin popped with a needle, even one time? Yes No

IF EVER USED NEEDLE: 11. Have you had a drug injected or skin popped with a needle at any time during the past six months?

If No Drug Use IN 6 MONTHS go to PAGE 11 Trauma

Ask all clients who have used any drug in past 6 mos

Have any of the following things happened to you more than one time in the last 6 months, that is from (_____) until today?
fill in date 6 mo prior to interview

	YES	NO
12. You used drugs even though a doctor suggested that you stop using because of a problem with your health?	<input type="checkbox"/>	<input type="checkbox"/>
13. You used drugs, were high or hung over from drugs while you were working, going to school, taking care of children or other responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
14. You missed or were late for something important because you were using drugs or hung over?	<input type="checkbox"/>	<input type="checkbox"/>
15. You had a problem getting along with other people while you were using drugs	<input type="checkbox"/>	<input type="checkbox"/>
16. You drove a car after using drugs	<input type="checkbox"/>	<input type="checkbox"/>
17. You had legal problems because of drug use	<input type="checkbox"/>	<input type="checkbox"/>

DRUG ABU if 1+ answers to Q 12 - Q 17 are Yes (OR) Heroin, Coke/Crack or Methamphetamine 3+ per week

During the PAST 30 DAYS, that is, since this time in (_____) ...
month prior to interview

How many days did you use...

- 14. Marijuana |__|__|
- 15. Cocaine |__|__|
- 16. Crack |__|__|
- 17. Heroin or speedball |__|__|
- 18. Sedatives, Downers |__|__|
- 19. Stimulants, Uppers |__|__|
- 20. Hallucinogens |__|__|
- 21. Inhalants |__|__|

If client never used any drug past 30 days, go to next page

During the past 30 days...

- | | YES | NO |
|--|--------------------------|--------------------------|
| 22. Have you thought you should cut down on your drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has anyone complained about your drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you felt guilty or upset about your drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you used any drug 3 or more times a week or more often? | <input type="checkbox"/> | <input type="checkbox"/> |

Dru Abu 30 day if 2+ answers to questions 22-25 are Yes

ASK EVERYONE

Now some questions about terrible or frightening things that may have happened to you.

People often have traumatic experiences. I mean terrible, frightening events. I am going to read a list of some possible events that sometimes happen to people. Please tell me if you ever experienced...

	YES	NO
1. A serious accident or fire at home or at your job	<input type="checkbox"/>	<input type="checkbox"/>
2. A natural disaster such as hurricane, major earthquake, flood, or other similar disaster	<input type="checkbox"/>	<input type="checkbox"/>
3. Direct combat experience in a war	<input type="checkbox"/>	<input type="checkbox"/>
4. Physical assault or abuse in your adult life by your partner	<input type="checkbox"/>	<input type="checkbox"/>
5. Physical assault or abuse in your adult life by someone other than your partner	<input type="checkbox"/>	<input type="checkbox"/>
6. Physical assault or abuse as a child	<input type="checkbox"/>	<input type="checkbox"/>
7. Seeing people hitting or harming one another in your family when you were growing up	<input type="checkbox"/>	<input type="checkbox"/>
8. Sexual assault or rape in your adult life	<input type="checkbox"/>	<input type="checkbox"/>
9. Sexual assault or rape as a child	<input type="checkbox"/>	<input type="checkbox"/>
10. Seeing someone physically assaulted or abused	<input type="checkbox"/>	<input type="checkbox"/>
11. Seeing someone seriously injured or violently killed	<input type="checkbox"/>	<input type="checkbox"/>
12. Losing a child through death	<input type="checkbox"/>	<input type="checkbox"/>
13. Any other terrible or frightening thing that may have happened to you. Specify _____	<input type="checkbox"/>	<input type="checkbox"/>

***If client answers "NO" to all questions go to Page 13, PSY
If client answers "YES" to one or more questions go to the NEXT PAGE***

If client answers "YES" to ONLY ONE event listed on the previous page, Ask Q. 1A

- 1A. You have told me about the time _____ (name event).
I would like to ask you a little more about this event **skip to Q.2**

If client answers "YES" to MORE THAN ONE event on the previous page, Ask Q. 1 B

- 1B. You have told me about a number of things that have happened to you. Which of these events was the most terrible or frightening for you? _____ (specify event or series of related events the client names)

I would like to ask you a little more about this event (series of events)...

2. How frightened were you...

Not at all Just a little Bad Very Bad Scared to Death

During the past six months...

- | | YES | NO |
|--|--------------------------|--------------------------|
| 3. Do you keep remembering it even when you don't want to? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have nightmares about it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do things that remind you of it make you very upset? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever have flashbacks - a sudden feeling that the event was happening all over again? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you worry a lot that it might happen again? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you avoid things that remind you of it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you sometimes have trouble remembering exactly what happened? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you feel alone even when with other people, or feel cut off from people? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you feel numb or like you no longer have strong feelings for anything? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you jumpy or on guard when there is no reason to be? | <input type="checkbox"/> | <input type="checkbox"/> |

PTS Syn if answer to 2 is "Bad" or worse (AND) 1+ answers to Q 3-6 (AND) 2+ answers to Q.8-11 are YES

Now I am going to ask you about some beliefs and feelings that some people have. Some people have these feelings and beliefs after they have been drinking alcohol or taking drugs. I would like to know if you have ever had some of these beliefs or feelings during the PAST 4 WEEKS (30 days) when you have not been drinking alcohol or taking drugs.

During the past 4 weeks, how often . . .	Never	One Time	More than one time
1. Have you heard noises or voices that other people say they can't hear? If YES: Tell me what was it that you heard? If a voice: What did the voice(s) say? Did the voice(s) tell you to do anything? What? Is it like the voice is inside your head or coming from the outside? _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you felt that there were people who wanted to harm or hurt you? If YES: Who are these people? Why do they want to hurt you? Do your fears about this make it hard for you to leave your home or where you usually sleep? _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt that there was something odd or unusual going on around you? If YES: Can you tell me something about it? Do you feel like people are plotting against you? Do things seem to have special meaning to you? Like numbers or street signs or something like that? _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had visions or seen things that other people say they can't see? If YES: Tell me about what you have seen. Does this hapen when you are awake? Where does it happen? Are you seeing someone who has recently died? _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you felt that you had special powers that other people don't have? If YES: Tell me about these powers. How are they different from what other people can do? How have you used these powers? _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you thought that you were possessed by a spirit or the devil? If YES: Can you tell me about that? Did the spirit/devil make you do anything? What? _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, how often . . .	Never	One Time	More than one time
7. Have you felt that your thoughts were taken from you by some outside or external source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES: Who or what takes your thoughts? How do you think that happens? _____			

8. Have you had ideas or thoughts that nobody else could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES: Tell me about these ideas. How do you know that nobody else can understand? _____			

9. Have you felt that thoughts were put into your head that were not your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES: What are some of these thoughts? How do you think they get into your head? _____			

10. Have you felt that your mind was taken over by forces you couldn't control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES: Who or what takes control of your mind? How do you think that happens? _____			

Additional Comments or Observations: _____

Psy Screen Positive if 2+ answers are shaded (OR) 3+ symptoms one time only. Do not score unless experiences described are implausible and outside of ordinary or culturally supported experiences

These next questions are about different services you may have received (Confirm information if known)

1. Have you ever talked to a mental health specialist such as a psychiatrist, psychologist, or specially trained social worker, about emotional problems, your nerves, or the way you were feeling or behaving?

- No Yes → **If YES:** What did the _____ (mental health professional) say?
Probe for diagnosis, if any

2. Have you ever been prescribed medications to help with emotional or psychological problems or ways you were feeling or behaving?

- No Yes → **If YES:** What medication(s)?

3. Have you ever been in the hospital because of emotional or psychological problems or ways you were feeling or behaving?

- No Yes → **If YES:** When was that? Why were you hospitalized?

4. Have you ever had any type of alcohol or drug treatment?

- No Yes → **If YES:** When was that? What type of treatment did you receive?

5. In the past six months, have you received any help for emotional or psychological difficulties like talking to a psychologist or psychiatrist, or taking medicine, or going into the hospital for a while?

Circle all that apply

- 1. Received outpatient therapy or counseling for psychological problems _____
- 2. Received alcohol or drug treatment _____
- 3. Medication (specify) _____
- 4. Hospitalization _____
- 5. Other (specify) _____

6. Is there anything else you feel is important to tell me about your moods, feelings, thoughts or ways of behaving during the past six months?

(Optional Demographic Questions)

Finally, we have a few background questions.

1. What is your birthdate? ____/____/____
Month/Day/Year

2. Client Gender (confirm with client)

- 1. Male
- 2. Female
- 3. Transgender

3. Which of the following best describes your racial or ethnic background...

- 1. White, nonHispanic
- 2. Black non Hispanic
- 3. Hispanic, Latino
- 4. Asian, Pacific Islander
- 5. Native American, Aleutian, Eskimo

Don't read but code if offered

- 6. Other _____
- 7. Mixed _____ codes for 2 ethnicities |__| |__|

4. Where were you born? _____ (country or state if U.S.)

5. What language do you prefer to speak? (choose one)

- 01 English
- 02 Spanish
- 03 Creole
- 08 Other (specify) _____

6. How far did you go in school? What was highest diploma or degree you have gotten, if any?

- 01 Under 7 years of schooling
- 02 Junior high school (7-9th grade)
- 03 Partial High School (10-11 grade)
- 04 High School Diploma / GED
- 05 Some college; community college degree
- 06 Four year college degree (BA, BS)
- 07 Completed graduate or professional training
- 08 Other (specify) _____

7. Do you consider yourself...

- 01 Gay/ Lesbian
- 02 Bisexual, attracted to both men and women
- 03 Heterosexual, Straight
- 04 Not sure/ undecided/ in transition
- 05 Prefer not to say

8. What was your most recent T-cell or CD4 count?

If client gives a number write it in here |__|__|__|
or else use codes below

- | | |
|---------------------|---|
| 01 0-100 | 06 Don't know T-cell count but I was told it was "good" |
| 02 101-200 | 07 Don't know T-cell count but I was told it was "bad" |
| 03 201-300 | 88 Don't know T-cell count at all/ Don't recall test result |
| 04 301-500 | |
| 05 Greater than 500 | 00 Client has never had T-cell CD4 test |

SUMMARY SHEET (FILL OUT AFTER INTERVIEW)

Review each section of the questionnaire and score the CDQ following the instructions in the shaded box on the bottom of the page at the end of each diagnostic module. Record all disorders for which the client scores positive on this sheet.

If the client does not score positive for any module, check here: **NO POSITIVE SCREEN IN ANY MODULE**

DEPRESSIVE DISORDER

- Positive for Major Depressive Syndrome
- Positive for Other Depressive Syndrome

Are client's symptoms of depression reaction to the death of a loved one? Could symptoms be caused by medical condition, medication, or drug use? Has client ever received treatment for disorder? Other comments:

ANXIETY DISORDER

- Positive for Panic Syndrome
- Positive for Generalized Anxiety Syndrome

Could symptoms be caused by medical condition, medication, or drug use? Has client ever received treatment for disorder? Other comments:

ALCOHOL ABUSE

- Positive for Alcohol Abuse, past 6 months
- Positive for Alcohol Abuse, past 30 days

Has client ever received treatment for alcohol abuse/dependence? Has client been in a controlled environment (e.g. jail, hospital) any time during the past 6 months? in the past 30 days? Other comments:

DRUG ABUSE

- Positive for Drug Abuse, past 6 months—List drug(s) of abuse: _____
- Positive for Drug Abuse, past 30 days—List drug(s) of abuse: _____

Has client ever received treatment for drug abuse/dependence? Has client been in controlled environment (e.g. jail, hospital) any time during the past 6 months? In the past 30 days? Other comments:

POST TRAUMATIC STRESS DISORDER

Positive on PTSD Screen

Describe traumatic events. Could symptoms be caused by medical condition, medication, or drug use? Has client ever received treatment for disorder? Other comments:

PSYCHOSIS

Positive on Psychosis Screen

Describe symptoms. Could symptoms be caused by medical condition, medication, or drug use? Has client ever received treatment for disorder? Other comments:

TREATMENT EXPERIENCE

Client has had professional mental health treatment or has been prescribed psych medications in the past 6 months

Client is currently receiving professional mental health treatment or has been prescribed psych medications

Dates of treatment? Was treatment completed? Is/was client adherent to treatment plan? Other comments:

Interviewer Observations

Circle all that describe client based upon your observations during interview.

Manifested inappropriate affect during parts of interview	Y.....	N.....	DK
Unusually unkempt or bizarre in appearance	Y.....	N.....	DK
So withdrawn into own world that s/he found it hard to answer questions	Y.....	N.....	DK
Manifested unusual ways of thinking and reasoning about experiences	Y.....	N.....	DK
Apathetic or flat in affect during interview	Y.....	N.....	DK
Nervous and tense during interview	Y.....	N.....	DK
Intoxicated or under influence of alcohol or drugs	Y.....	N.....	DK
Needle track marks	Y.....	N.....	DK
Skin abscesses, cigarette burns, or nicotine stains	Y.....	N.....	DK
Tremors (shaking and twitching of hands and eyelids)	Y.....	N.....	DK
Unclear speech: slurred, incoherent, or too rapid	Y.....	N.....	DK
Unsteady gait: staggering, off balance	Y.....	N.....	DK
Dilated (enlarged) or constricted (pinpoint) pupils	Y.....	N.....	DK
Scratching	Y.....	N.....	DK
Swollen hands or feet	Y.....	N.....	DK
Smell of alcohol or marijuana on breath	Y.....	N.....	DK
“Nodding out” (dozing or falling asleep)	Y.....	N.....	DK
Agitation	Y.....	N.....	DK
Inability to focus	Y.....	N.....	DK

