Brief Addiction Monitor II Form
Hamilton County Data Specifications
Batch Upload File Format = *.csv

Field Order	Field	Required Field	Matching	Field Description	Location on Instrument	Field Type	Acceptable Values and Value Labels	How to Manage Missing Values
1	UCI			MACSIS Client ID #		Numeric	7-digit MACSIS member ID	Leave blank
2	CID	Yes	Primary	SHARES Client ID #	BAM Instrument at top	Numeric	6-digit SHARES member ID	n/a - Missing values not permitted
3	UPID			MACSIS Agency ID #		Numeric	4-digit MACSIS agency ID	Leave blank
4	AID	Yes		SHARES Agency ID #	Agency Reported	Numeric	4-digit SHARES agency ID	n/a - Missing values not permitted
5	ADMINDT	Yes		Administration date	BAM Instrument at top	Date	yyyymmdd – must be a valid date and not in the future	n/a - Missing values not permitted
6	ADMINMTHD			Administration method	BAM Instrument at top	Numeric	1 = Interview 2 = Self-completed 3 = Phone	Fill with 9
7	PHYSHLTH			Physical health status	Question 1	Numeric	0 = Excellent 1 = Very Good 2 = Good 3 = Fair 4 = Poor	Fill with 9
8	SLEEP			Number of nights with sleep difficulty	Question 2	Numeric	Range: 0 to 30	Fill with 99
9	DEPRESS			Number of days depressed/anxious/angry	Question 3	Numeric	Range: 0 to 30	Fill with 99
10	ALCOHOL			Number of days using alcohol	Question 4	Numeric	Range: 0 to 30	Fill with 99
11	BINGE			Number of days binge drinking	Question 5	Numeric	Range: 0 to 30	Fill with 99
12	DRUGS			Number of days using drugs	Question 6	Numeric	Range: 0 to 30	Fill with 99
13	MARIJUANA			Number of days using marijuana	Question 7A	Numeric	Range: 0 to 30	Fill with 99
14	SEDATIVES			Number of days using sedatives	Question 7B	Numeric	Range: 0 to 30	Fill with 99
15	COCAINE			Number of days using cocaine	Question 7C	Numeric	Range: 0 to 30	Fill with 99
16	STIMULANTS			Number of days using stimulants	Question 7D	Numeric	Range: 0 to 30	Fill with 99
17	OPIATES			Number of days using opiates	Question 7E	Numeric	Range: 0 to 30	Fill with 99
18	INHALENTS			Number of days using inhalents	Question 7F	Numeric	Range: 0 to 30	Fill with 99
19	OTHRDRUG			Number of days using other drugs	Question7G	Numeric	Range: 0 to 30	Fill with 99
20	CRAVINGS			Bothered by craving alcohol/drugs	Question 8	Numeric	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely	Fill with 9

Field Order	Field	Required Field	Matching	Field Description	Location on Instrument	Field Type	Acceptable Values and Value Labels	How to Manage Missing Values
21	ABSTINENT			Ability to be abstinent	Question 9	Numeric	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely	Fill with 9
22	SELFHELP			Number of days attending AA/NA	Question 10	Numeric	Range: 0 to 30	Fill with 99
23	RISKY			Number of days in risky situations	Question 11	Numeric	Range: 0 to 30	Fill with 99
24	RELIGION			Religion supports recovery	Question 12	Numeric	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely	Fill with 9
25	WORK			Number of days working	Question 13	Numeric	Range: 0 to 30	Fill with 99
26	INCOME			Enough income for necessities	Question 14	Numeric	0 = No 4 = Yes	Fill with 9
27	ARGUMENTS			Number of days arguing	Question 15	Numeric	Range: 0 to 30	Fill with 99
28	SUPPORT			Number of days with supportive family/friends	Question 16	Numeric	Range: 0 to 30	Fill with 99
29	SATISFIED			Satisfied with progress toward recovery	Question 17	Numeric	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely	Fill with 9
30	LNAME			First 3 characters of client's last name	Agency Reported	Text	First 3 characters of client's last name	n/a
31	DOB			Client's date of birth	Agency Reported	Date	yyyymmdd - must be a valid date and not in the future	n/a