

Brief Addiction Monitor (BAM)
SHARES Batch Data Upload File Specifications
Comma delimited (*.csv) file

File name should be in this format:
"FRAN_<SHARES Agency ID#>_BAM_<Upload date:YYYYMMDD>.csv"

Column Number	Required?	SHARES Field Name	Field Description	Location on Instrument	Field Type	Acceptable Responses
1						Enter a zero (0) in this field
2	Yes	CID	SHARES Client ID #	Page 1, Top	Numeric	Six-digit SHARES Member ID#
3						Leave blank
4	Yes	AID	SHARES Agency ID #	n/a	Numeric	4-digit SHARES Agency ID#
5	Yes	ADMINDT	Administration Date	Page 1, Top	Numeric	YYYYMMDD
6		ADMINMTHD	Administration Method	Page 1, Top	Numeric	1 = Interview 2 = Self-completed If missing, leave blank
7		PHYSHLTH	In the past 30 days, would you say your physical health has been:	Question 1	Numeric	0 = Excellent 1 = Very Good 2 = Good 3 = Fair 4 = Poor If missing, leave blank
8		SLEEP	In the past 30 days, how many nights di you have trouble falling asleep or staying asleep?	Question 2	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
9		DEPRESS	In the past 30 days, how many days have you felt depressed, anxious, angry, or very upset throughout most of the day?	Question 3	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
10		ALCOHOL	In the past 30 days, how many days did you drink ANY alcohol?	Question 4	Numeric	0 = 0 (Skip to #6) 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank

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11		BINGE	In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)?	Question 5	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
12		DRUGS	In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?	Question 6	Numeric	0 = 0 (Skip to #8) 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
13		MARIJUANA	In the past 30 days, how many days did you use: Marijuana (cannabis, pot, weed)?	Question 7A	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
14		SEDATIVES	In the past 30 days, how many days did you use: Sedatives/Tranquilizers (e.g., "benzos", Valium, Xanax, Ativan, Ambien, "barbs", Phenobarbital, downers, etc.)?	Question 7B	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
15		COCAINE	In the past 30 days, how many days did you use: Cocaine/Crack?	Question 7C	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
16		STIMULANTS	In the past 30 days, how many days did you use: Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?	Question 7D	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank

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17		OPIATES	In the past 30 days, how many days did you use: Opiates (e.g., Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine, Tylenol 2,3,4, Percocet, Vicodin, Fentanyl, etc.)?	Question 7E	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
18		INHALENTS	In the past 30 days, how many days did you use: Inhalents (glues/adhesives, nail polish remover, paint thinner, etc.)?	Question 7F	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
19		OTHRDRUG	In the past 30 days, how many days did you use: Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?	Question7G	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
20		CRAVINGS	In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?	Question 8	Numeric	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely If missing, leave blank
21		ABSTINENT	How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days?	Question 9	Numeric	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely If missing, leave blank
22		SELFHELP	In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?	Question 10	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank

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23		RISKY	In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")?	Question 11	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
24		RELIGION	Does your religion or spirituality help support your recovery?	Question 12	Numeric	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely If missing, leave blank
25		WORK	In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?	Question 13	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank
26		INCOME	Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?	Question 14	Numeric	0 = No 4 = Yes If missing, leave blank
27		ARGUMENTS	In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?	Question 15	Numeric	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely If missing, leave blank
28		SUPPORT	In the past 30 days, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?	Question 16	Numeric	0 = 0 1 = 1-3 2 = 4-8 3 = 9-15 4 = 16-30 If missing, leave blank

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29		SATISFIED	How satisfied are you with your progress toward achieving your recovery goals?	Question 17	Numeric	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely If missing, leave blank
30						Leave blank