



## Project New Day

### Initial Survey Exclusion Checklist

The following questions have been identified as core exclusionary criteria. Any responses meeting exclusionary criteria will result in the participant's ineligibility. Please use the checklist below to track the responses provided by the client in the initial screening survey. Responses in **red** are exclusionary responses.

**Q1)** What is your age?

- Under 21 (Exclusionary)**
- 21 and over

**Q2)** Have you taken the prescription drug Lithium in the last 30 days?

- Yes (Exclusionary)**
- No (Inclusionary)

**Q3)** Are you breastfeeding, pregnant, or intending to become pregnant in the next six months?

- Yes (Exclusionary)**
- No (Inclusionary)

**Q4)** Have you ever experienced a psychotic episode or been treated for active psychosis?

- Yes (Exclusionary)**
- No (Inclusionary)

**Q5)** Have you been diagnosed with schizophrenia, bipolar, or a personality disorder?

- Yes (Exclusionary)**
- No (Inclusionary)

**Q6)** Are you having thoughts of causing harm, or wanting to cause harm, to yourself or others?

- Yes (Exclusionary)**
- No (Inclusionary)

**Q7)** Do you have a history of causing harm, or wanting to cause harm, to yourself or others?

- Yes (Potentially Exclusionary, see Q7)**
- No (Inclusionary)

**Q8)** Please share details regarding your history of causing, or wanting to cause harm, to yourself or others.

- History of violent crimes (Exclusionary)**

Description of exclusionary content

**Q9)** Do you have any cardiovascular conditions?

- Yes (Exclusionary)
- No (Inclusionary)

**Q10)** Have you ever had a seizure?

- Yes (Exclusionary)
- No (Inclusionary)

**Q11)** Do you have renal disease?

- Yes (Exclusionary)
- No (Inclusionary)

**Q12)** Do you have high blood pressure?

- Yes (Potentially Exclusionary, see Q12)
- No (Inclusionary)

**Q13)** Are you taking medication to manage your high blood pressure?

- Yes (Inclusionary)
- No (Exclusionary)

**Q14)** Are there any first-degree relatives (children, parents, or siblings) in your family who have ever been diagnosed with schizophrenia, bipolar, or other psychotic disorders?

- Yes (Exclusionary)
- No (Inclusionary)

If **any of the above** exclusionary responses are marked, the client is not eligible to move forward in the acceptance and screening process. Using the contact information gathered in the survey, send the following email. Please fill in blanks with the client's personal information before sending.

Hello {Insert Name of Client},

We regret to inform you that you are not eligible to move forward with the Project New Day screening and acceptance procedures. One or more of your responses meet exclusionary criteria and it has been deemed unsafe for you to partake in services offered by Project New Day. While this specific program may not be suited to your current needs, please continue to visit our website as we provide information and resources that may assist you in your journey towards wellness and healing.

Thank you,

The Project New Day Team

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If **no** exclusionary responses are marked, the client is eligible to move forward in the acceptance and screening process. Using the contact information gathered in the survey, send the following email. Please fill in blanks with the client's personal information before sending.

Hello {Insert Name of Client},

We are happy to inform you that you are eligible to move forward with the Project New Day screening and acceptance procedures. The next step is to schedule a Zoom interview with one of our staff members. The interview will take approximately 1-2 hours to complete, please schedule accordingly. The conversation between you and the PND screener will cover topics related to themes addressed in the initial screening survey and additional criteria in order to further identify eligibility. All PND staff approach all interactions with clients with an open and accepting presence, the interview should be a pleasant experience. Please use the following link to schedule your first Zoom interview.

Any questions regarding your upcoming interview can be sent to our email, [info@projectnewday.foundation](mailto:info@projectnewday.foundation).

Thank you,

The Project New Day Team

## Diagnostic Rubrics

### ACE Diagnostic

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

Yes No

If yes enter 1 \_\_\_\_\_

2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you?

**or**

Ever hit you so hard that you had marks or were injured?

Yes No

If yes enter 1 \_\_\_\_\_

3. Did an adult or person at least 5 years older than you ever... Touch, fondle you or have you touch their body in a sexual way?

**or**

Try to or actually have oral, anal, or vaginal sex with you?

Yes No

If yes enter 1 \_\_\_\_\_

4. Did you often feel that ... No one in your family loved you or thought you were important or special?

**or**

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No

If yes enter 1 \_\_\_\_\_

5. Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

**or**

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No

If yes enter 1 \_\_\_\_\_

6. Were your parents ever separated or divorced?

Yes No

If yes enter 1 \_\_\_\_\_

7. Was your mother or stepmother: Often pushed, grabbed, slapped,

**or**

had something thrown at her?

**or**

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

**or**

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No

If yes enter 1 \_\_\_\_\_

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

If yes enter 1 \_\_\_\_\_

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes No

If yes enter 1 \_\_\_\_\_

10. Did a household member go to prison?

Yes No

If yes enter 1 \_\_\_\_\_

Total ACE Score \_\_\_\_\_

### **Scoring instructions**

Item responses on the ACE questions are scored 0 for "no" and 1 for "yes" answers.

### **Interpretation of score**

The higher the ACEs score, the more likely the client is at risk for negative physical and mental health/behavioral outcomes.

## **CAGE Diagnostic**

### CAGE Questions Adapted to Include Drug Use (CAGE-AID)

1. Have you ever felt you ought to cut down on your drinking or drug use?

Yes

No

If yes enter 1 \_\_\_\_\_

2. Have people annoyed you by criticizing your drinking or drug use?

Yes

No

If yes enter 1 \_\_\_\_\_

3. Have you felt bad or guilty about your drinking or drug use?

Yes

No

If yes enter 1 \_\_\_\_\_

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Yes

No

If yes enter 1 \_\_\_\_\_

### **Scoring instructions**

Item responses on the CAGE questions are scored 0 for "no" and 1 for "yes" answers, with a higher score being an indication of alcohol problems.

### **Interpretation of score**

**A total score of two or greater is considered clinically significant.** The normal cutoff for the CAGE is two positive answers, however, the Consensus Panel recommends that the primary care clinicians lower the threshold to one positive answer to cast a wider net and identify more patients who may have substance abuse disorders.

## **K10 Diagnostic**

	<i>All of the time (Score 5)</i>	<i>Most of the time (Score 4)</i>	<i>Some of the time (Score 3)</i>	<i>A little of the time (Score 2)</i>	<i>None of the time (Score 1)</i>
<i>...Tired out for no good reason?</i>					
<i>...Nervous?</i>					
<i>...So nervous that nothing could calm you down?</i>					
<i>...Hopeless?</i>					
<i>...Restless or fidgety?</i>					
<i>...So restless that you could not sit still?</i>					
<i>...Depressed?</i>					
<i>...So depressed that nothing could cheer you up?</i>					
<i>...That everything was an effort?</i>					
<i>...Worthless?</i>					

### **Scoring instructions**

Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress.

### **Interpretation of score**

K10 Score: Likelihood of having a mental disorder (psychological distress)

- 10 - 19 Likely to be well
- 20 - 24 Likely to have a mild disorder
- 25 - 29 Likely to have a moderate disorder
- 30 - 50 Likely to have a severe disorder

**DAST-10 Diagnostic**

These questions refer to drug use in the past 12 months. Please answer No or Yes.

1. Have you used drugs other than those required for medical reasons?  
Yes      No      If yes enter 1 \_\_\_\_\_
  
2. Do you use more than one drug at a time?  
Yes      No      If yes enter 1 \_\_\_\_\_
  
3. Are you always able to stop using drugs when you want to?  
Yes      No      If yes enter 1 \_\_\_\_\_
  
4. Have you had "blackouts" or "flashbacks" as a result of drug use?  
Yes      No      If yes enter 1 \_\_\_\_\_
  
5. Do you ever feel bad or guilty about your drug use?  
Yes      No      If yes enter 1 \_\_\_\_\_
  
6. Does your spouse (or parents) ever complain about your involvement with drugs?  
Yes      No      If yes enter 1 \_\_\_\_\_
  
7. Have you neglected your family because of your use of drugs?  
Yes      No      If yes enter 1 \_\_\_\_\_
  
8. Have you engaged in illegal activities in order to obtain drugs?  
Yes      No      If yes enter 1 \_\_\_\_\_
  
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?  
Yes      No      If yes enter 1 \_\_\_\_\_
  
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?  
Yes      No      If yes enter 1 \_\_\_\_\_

**Scoring instructions**

Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.



DAST Score:

**Interpretation of score**

<b>Score</b>	<b>Degree of Problems Related to Drug Abuse</b>
0	No problems reported
1-2	Low level
3-5	Moderate level
6-8	Substantial level
9-10	Severe level

Project New Day aims to aid those struggling with addiction and PTSD down a path toward healing. While it is our belief that any degree of suffering should be met with compassion, our program must prioritize those with more severe levels of trauma and addiction. Project New Day screeners will include the overall score of potential participants in their decisions regarding eligibility.