

# **Substance Abuse and Mental Health Services Administration (SAMHSA)**

## **Center for Substance Abuse Treatment (CSAT)**

### **Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs**

#### **State Opioid Response (SOR) Grant**

## **DISCHARGE**

SAMHSA's Performance Accountability and Reporting System (SPARS)  
March 2019

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Public reporting burden for this collection of information is estimated to average 36 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E21B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0208.



## A. BEHAVIORAL HEALTH DIAGNOSES

Please indicate the client’s current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), descriptors.

Select **up to three** diagnoses. For each diagnosis, indicate if it is primary, secondary, or tertiary, if known. *Note. There can only be one of each type of diagnosis (primary, secondary, tertiary).*

If the diagnosis is unknown or if none of the answers apply, scroll to the bottom of this section and select this response. Then move to the next section.

Behavioral Health Diagnoses	Diagnosed?	Primary	Secondary	Tertiary
<b><u>SUBSTANCE USE DISORDER DIAGNOSES</u></b>				
<b><u>Alcohol-related disorders</u></b>				
F10.10 – Alcohol use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.11 – Alcohol use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.20 – Alcohol use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.21 – Alcohol use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.9 – Alcohol use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>Opioid-related disorders</u></b>				
F11.10 – Opioid use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.11 – Opioid use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.20 – Opioid use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.21 – Opioid use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.9 – Opioid use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral Health Diagnoses	Diagnosed?	Primary	Secondary	Tertiary
<b><u>Cannabis-related disorders</u></b>				
F12.10 – Cannabis use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.11 – Cannabis use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.20 – Cannabis use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.21 – Cannabis use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.9 – Cannabis use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>Sedative-, hypnotic-, or anxiolytic-related disorders</u></b>				
F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>Cocaine-related disorders</u></b>				
F14.10 – Cocaine use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.11 – Cocaine use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.20 – Cocaine use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.21 – Cocaine use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.9 – Cocaine use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral Health Diagnoses	Diagnosed?	Primary	Secondary	Tertiary
<b><u>Other stimulant-related disorders</u></b>				
F15.10 – Other stimulant use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.11 – Other stimulant use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.21 – Other stimulant use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.9 – Other stimulant use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>Hallucinogenic-related disorders</u></b>				
F16.10 – Hallucinogen use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.11 – Hallucinogen use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.21 – Hallucinogen use disorder moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.9 – Hallucinogen use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>Inhalant-related disorders</u></b>				
F18.10 – Inhalant use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.11 – Inhalant use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.20 – Inhalant use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.21 – Inhalant use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.9 – Inhalant use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral Health Diagnoses	Diagnosed?	Primary	Secondary	Tertiary
<b><u>Other psychoactive substance-related disorders</u></b>				
F19.10 – Other psychoactive substance use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.11 – Other psychoactive substance use disorder, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.9 – Other psychoactive substance use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>Nicotine dependence</u></b>				
F17.20 – Tobacco use disorder, mild/moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F17.21 – Tobacco use disorder, mild/moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>MENTAL HEALTH DIAGNOSES</u></b>				
F20 – Schizophrenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F21 – Schizotypal disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F22 – Delusional disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F23 – Brief psychotic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F24 – Shared psychotic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F25 – Schizoaffective disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F28 – Other psychotic disorder not due to a substance or known physiological condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F29 – Unspecified psychosis not due to a substance or known physiological condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral Health Diagnoses	Diagnosed?	Primary	Secondary	Tertiary
F30 – Manic episode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F31 – Bipolar disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F32 – Major depressive disorder, single episode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F33 – Major depressive disorder, recurrent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F34 – Persistent mood [affective] disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F39 – Unspecified mood [affective] disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F50 – Eating disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F51 – Sleep disorders not due to a substance or known physiological condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F60.2 – Antisocial personality disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F60.3 – Borderline personality disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F60.0, F60.1, F60.4–F69 – Other personality disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F70–F79 – Intellectual disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F80–F89 – Pervasive and specific developmental disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F90 – Attention-deficit hyperactivity disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F91 – Conduct disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F93 – Emotional disorders with onset specific to childhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F94 – Disorders of social functioning with onset specific to childhood or adolescence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral Health Diagnoses	Diagnosed?	Primary	Secondary	Tertiary
F95 – Tic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F99 – Unspecified mental disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you do not know or none of the answers apply, select this below and move to the next section.

- Don't know                       None of the answers apply

**BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)**

1. In the **past 30 days**, was this client diagnosed with an opioid use disorder?

- Yes                                       No                                       Don't know

a. In the **past 30 days**, which U.S. Food and Drug Administration (FDA)-approved medication did the client receive for the treatment of an opioid use disorder?  
*Check all that apply.*

- Methadone received                      If received, specify how many days: \_\_\_\_\_
- Buprenorphine received                      If received, specify how many days: \_\_\_\_\_
- Naltrexone received                      If received, specify how many days: \_\_\_\_\_
- Extended-release naltrexone received                      If received, specify how many days: \_\_\_\_\_
- Client was diagnosed with an opioid use disorder, but did not receive an FDA-approved medication for an opioid use disorder
- Client was not diagnosed with an opioid use disorder and did not receive an FDA-approved medication for an opioid use disorder
- Don't know

2. In the **past 30 days**, was this client diagnosed with an alcohol use disorder?

- Yes                                       No                                       Don't know



a. In the **past 30 days**, which U.S. Food and Drug Administration (FDA)-approved medication did the client receive for the treatment of an alcohol use disorder?  
*Check all that apply.*

- Naltrexone received                                      If received, specify how many days: \_\_\_\_\_
- Extended-release naltrexone received                      If received, specify how many days: \_\_\_\_\_
- Disulfiram received    If received, specify how many days: \_\_\_\_\_
- Acamprosate received    If received, specify how many days: \_\_\_\_\_
- Client was diagnosed with an alcohol use disorder, but did not receive an FDA-approved medication for an alcohol use disorder
- Client was not diagnosed with an alcohol use disorder and did not receive an DFA-approved medication for an alcohol use disorder
- Don't know

**B. DRUG AND ALCOHOL USE**

1. During the **past 30 days**, how many days has the client used the following?

Substance	Number of Days	Refused	Don't Know
Any alcohol <i>(IF 0, SKIP THE NEXT TWO QUESTIONS)</i>	_____	<input type="radio"/>	<input type="radio"/>
Alcohol to intoxication (5+ drinks in one setting)	_____	<input type="radio"/>	<input type="radio"/>
Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)	_____	<input type="radio"/>	<input type="radio"/>
Illegal drugs <i>(IF ALCOHOL OR ILLEGAL DRUGS ARE 0, SKIP TO QUESTION 2)</i>	_____	<input type="radio"/>	<input type="radio"/>
Both alcohol and drugs (on the same day)	_____	<input type="radio"/>	<input type="radio"/>

**2. During the past 30 days...**

- ...on how many days did the client use each of the following substances?
- ...what route of administration did the client use for each of the following substances?

*Select the usual route of administration. If there is more than one, list the most severe route. In order by least to most severe: (1) oral, (2) nasal, (3) smoking, (4) non-IV injection, and (5) IV.*

Substance	Use in Past 30 Days			Route of Administration						
	Days of Use	Refused	Don't Know	Oral	Nasal	Smoking	Non-IV Injection	I V	Refused	Don't Know
Cocaine/Crack	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (Smack, H, Junk, Skag)	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morphine	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dilaudid	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demerol	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percocet	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Darvon	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Codeine	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tylenol 2, 3, 4	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OxyContin/Oxycodone	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Prescription Methadone	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens/Psychedel ics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines or Other Amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SAMHSA – CSAT – GPRA – DISCHARGE

Substance	Use in Past 30 Days			Route of Administration						
	Days of Use	Refused	Don't Know	Oral	Nasal	Smoking	Non-IV Injection	I V	Refused	Don't Know
Benzodiazepines: Diazepam (Valium) Alprazolam (Xanax) Traizolam (Halcion) or Estazolam (Prosom and Rohypnol, Roofies, Rocke, Cope)	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbiturates: Mephobarbital (Mebacut) or Pentobarbital Sodium (Nembutal)	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Prescription GHB (Grievous Bodily Harm, Liquid Ecstasy, Georgian Home Boy)	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (Special K, Vitamin K)	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Tranquilizers, Downers, Sedatives, or Hypnotics	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (Poppers, Snappers, Rush, Whippets)	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Illegal Drugs, specify: _____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. In the past 30 days, has the client injected drugs?**

- Yes     No *[SKIP TO C.]*     Refused *[SKIP TO C.]*     Don't know *[SKIP TO C.]*

**4. In the past 30 days, how often did the client use a syringe/needle, cooker, cotton, or water that someone else used?**

- Always     More than half the time     Half the time     Less than half the time     Never
- Refused     Don't know

## EVERYDAY DISCRIMINATION SCALE

**In your day-to-day life how often have any of the following things happened to you?**

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy or respect than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You receive poorer service than other people at restaurants or stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they think you are not smart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they are afraid of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You are threatened or harassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## C. FAMILY AND LIVING CONDITIONS

### 1. In the past 30 days, where has the client been living most of the time?

*[DO NOT READ RESPONSE OPTIONS TO CLIENTS]*

- Shelter (safe havens, transitional living center, low-demand facilities, reception centers, other temporary day or evening facility)
- Street/Outdoors (sidewalk, doorway, park, public or abandoned building)
- Institution (hospital, nursing home, jail/prison)
- Housed: Own/rent apartment, room, or house
- Housed: Someone else's apartment, room, or house
- Housed: Dormitory/college residence
- Housed: Halfway house
- Housed: Residential treatment
- Housed: Other, specify: \_\_\_\_\_
- Refused
- Don't know

### 2. How satisfied is the client with the conditions of their living space?

- Very dissatisfied     Dissatisfied     Neither satisfied nor dissatisfied     Satisfied     Very satisfied
- Refused     Don't know

### 3. During the past 30 days, how stressful have things been for the client because of their use of alcohol or other drugs?

- Not at all     Somewhat     Considerably     Extremely
- Refused     Don't know     Not Applicable (only if client did not use alcohol or illegal drugs in the past 30 days)

**4. During the past 30 days, how has the client’s use of alcohol or other drugs caused them to reduce or give up important activities?**

- Not at all                       Somewhat                       Considerably                       Extremely
- Refused                       Don’t know                       Not Applicable (only if client did not used alcohol or illegal drugs in the past 30 days)

**5. During the past 30 days, how has the client’s use of alcohol or other drugs caused them to have emotional problems?**

- Not at all                       Somewhat                       Considerably                       Extremely
- Refused                       Don’t know                       Not Applicable (only if client did not used alcohol or illegal drugs in the past 30 days)

**6. Is the client currently pregnant?**

- Yes                       No                       Refused                       Don’t know
- Not applicable, client is male

**7. Does the client have children?**

- Yes       No [*SKIP TO D.*]       Refused [*SKIP TO D.*]       Don’t know [*SKIP TO D.*]

**a. How many children does the client have? \_\_\_\_\_**

- Refused                       Don’t know

**b. Are any of the client’s children living with someone else due to a child protection court order?**

- Yes       No [*SKIP TO d.*]       Refused [*SKIP TO d.*]       Don’t know [*SKIP TO d.*]

**c. How many of the client’s children are living with someone else due to a child protection court order?**

\_\_\_\_\_

- Refused                       Don’t know

**d. Has the client lost parental rights for any of their children? If so, how many?**

\_\_\_\_\_

- Refused  Don't know

---

## **D. EDUCATION, EMPLOYMENT, AND INCOME**

**1. Is the client currently enrolled in school or a job training program?**

*If the client is incarcerated, indicate not enrolled.*

- Not Enrolled  Enrolled, Full Time  Enrolled, Part Time  
 Other, specify:  Refused  Don't know

\_\_\_\_\_

**2. What is the highest level of education the client has finished, whether or not they received a degree?**

- |   |   |
|---|---|
| <input type="radio"/> Never Attended        | <input type="radio"/> 11 <sup>th</sup> Grade  |
| <input type="radio"/> 1 <sup>st</sup> Grade | <input type="radio"/> 12 <sup>th</sup> Grade/High School Diploma or Equivalent                                    |
| <input type="radio"/> 2 <sup>nd</sup> Grade | <input type="radio"/> College or University/1 <sup>st</sup> Year Completed  |
| <input type="radio"/> 3 <sup>rd</sup> Grade | <input type="radio"/> College or University/2 <sup>nd</sup> Year Completed/Associate Degree                       |
| <input type="radio"/> 4 <sup>th</sup> Grade | <input type="radio"/> College or University/3 <sup>rd</sup> Year Completed  |
| <input type="radio"/> 5 <sup>th</sup> Grade | <input type="radio"/> Bachelors' Degree or Higher   |
| <input type="radio"/> 6 <sup>th</sup> Grade | <input type="radio"/> Vocational/Technical Program after High School but no Vocational/Technical Diploma Received |
| <input type="radio"/> 7 <sup>th</sup> Grade | <input type="radio"/> Vocational/Technical Diploma after High School  |
| <input type="radio"/> 8 <sup>th</sup> Grade | <input type="radio"/> Refused   |
| <input type="radio"/> 9 <sup>th</sup> Grade | <input type="radio"/> Don't know  |

**3. Is the client currently employed? (Focus on the previous week).**  
*If the client is incarcerated and has no work outside of jail, indicate unemployed, not looking for work.*

Employed	Not Employed	Other
<input type="radio"/> Employed, Full Time (35+ hours per week, or would have been)	<input type="radio"/> Unemployed, Looking for Work	<input type="radio"/> Other, specify: _____
<input type="radio"/> Employed, Part-Time	<input type="radio"/> Unemployed, Disabled	<input type="radio"/> Refused
	<input type="radio"/> Unemployed, Volunteer Work	<input type="radio"/> Don't know
	<input type="radio"/> Unemployed, Retired	
	<input type="radio"/> Unemployed, Not Looking for Work	

**4. Approximately how much money did the client receive (pre-tax individual income, not household) in the past 30 days, from...**

Money Source	Money Made in Past 30 Days	Refused	Don't Know
Wages	\$_____	<input type="radio"/>	<input type="radio"/>
Public Assistance	\$_____	<input type="radio"/>	<input type="radio"/>
Retirement	\$_____	<input type="radio"/>	<input type="radio"/>
Disability	\$_____	<input type="radio"/>	<input type="radio"/>
Non-Legal Income	\$_____	<input type="radio"/>	<input type="radio"/>
Family and/or Friends	\$_____	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	\$_____	<input type="radio"/>	<input type="radio"/>

**5. Does the client have enough money to meet their needs?**

- Not at all     
  A little     
  Moderately     
  Mostly     
  Completely  
 Refused     
  Don't know



## E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the **past 30 days**, how many times has the client been arrested? \_\_\_\_\_

*If the response is 0, skip to 3.*

- Refused  Don't know

2. In the **past 30 days**, how many times has the client been arrested for drug-related offenses? \_\_\_\_\_

- Refused  Don't know

3. In the **past 30 days**, how many nights has the client spent in jail or prison? \_\_\_\_\_

- Refused  Don't know

4. In the **past 30 days**, how many times has the client committed a crime? \_\_\_\_\_

*This should include use of illegal drugs.*

- Refused  Don't know

5. Is the client currently awaiting charges, trial, or sentencing?

- Yes  No  Refused  Don't know

6. Is the client currently on parole or probation?

- Yes  No  Refused  Don't know

---

## F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

1. How would the client rate their overall health right now?

- Excellent  Very Good  Good  Fair  Poor  
 Refused  Don't know

**2. During the past 30 days, did the client receive...**

Yes	No	Reason for Treatment	Number of Nights	Refused	Don't Know
<b><u>Inpatient Treatment for...</u></b>					

- |                       |                       |                                  |       |                       |                       |
|-----------------------|-----------------------|----------------------------------|-------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | Physical Complaint               | _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | Mental or Emotional Difficulties | _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | Alcohol or Substance Abuse       | _____ | <input type="radio"/> | <input type="radio"/> |

Yes	No	Reason for Treatment	Number of Times	Refused	Don't Know
<b><u>Outpatient Treatment for...</u></b>					

- |                       |                       |                                  |       |                       |                       |
|-----------------------|-----------------------|----------------------------------|-------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | Physical Complaint               | _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | Mental or Emotional Difficulties | _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | Alcohol or Substance Abuse       | _____ | <input type="radio"/> | <input type="radio"/> |

Yes	No	Reason for Treatment	Number of Times	Refused	Don't Know
<b><u>Emergency Room Treatment for...</u></b>					

- |                       |                       |                                  |       |                       |                       |
|-----------------------|-----------------------|----------------------------------|-------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | Physical Complaint               | _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | Mental or Emotional Difficulties | _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | Alcohol or Substance Abuse       | _____ | <input type="radio"/> | <input type="radio"/> |

**3. During the past 30 days, did the client engage in sexual activity?**

- Yes
  No *[SKIP TO 4]*  
 Not Permitted to Ask *[SKIP TO 4]*
 Refused *[SKIP TO 4]*
 Don't know *[SKIP TO 4]*

**a. Altogether, how many of the following did the client have?**

Type of Sexual Contact	Number of Contacts	Refused	Don't Know
Sexual contacts (vaginal, oral, or anal)	_____	<input type="radio"/>	<input type="radio"/>
Unprotected sexual contacts (vaginal, oral, or anal)	_____	<input type="radio"/>	<input type="radio"/>
...with an individual who is or was HIV positive or had AIDS	_____	<input type="radio"/>	<input type="radio"/>
...with an individual who is or was an injection drug user	_____	<input type="radio"/>	<input type="radio"/>
...with an individual who is or was high on some substance	_____	<input type="radio"/>	<input type="radio"/>

**4. Has the client ever been tested for HIV?**

- Yes       No *[SKIP TO 5]*       Refused *[SKIP TO 5]*       Don't know *[SKIP TO 5]*

**a. Does the client know the results of the HIV testing?**

- Yes       No

**5. How would the client rate their quality of life?**

- Very poor       Poor       Neither poor nor good       Good       Very good
- Refused       Don't know

**6. Does the client have enough energy for everyday life?**

- Not at all       A little       Moderately       Mostly       Completely
- Refused       Don't know

**How satisfied is the client with...**

	Very Dissatisfied	Dissatisfied	Neither dissatisfied or satisfied	Satisfied	Very satisfied	Refused	Don't Know
(7) ...their health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) ...their ability to perform daily activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(9) ...themselves?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. In the past 30 days, not due to use of alcohol or drugs, how many days has the client:**  
*If the client reports 0 for EVERY item, skip to F.*

	Number of Days	Refused	Don't Know
Experienced serious depression	_____	<input type="radio"/>	<input type="radio"/>
Experienced serious anxiety or tension	_____	<input type="radio"/>	<input type="radio"/>
Experienced hallucinations	_____	<input type="radio"/>	<input type="radio"/>
Experienced trouble understanding, concentrating, or remembering	_____	<input type="radio"/>	<input type="radio"/>
Experienced trouble controlling violent behavior	_____	<input type="radio"/>	<input type="radio"/>
Attempted suicide	_____	<input type="radio"/>	<input type="radio"/>
Been prescribed medication for psychological/emotional problem	_____	<input type="radio"/>	<input type="radio"/>

**11. In the past 30 days, how much has the client been bothered by these psychological or emotional problems?**

- Not at all     
  Slightly     
  Moderately     
  Considerably     
  Extremely  
 Refused     
  Don't know

---

**F. VIOLENCE AND TRAUMA**

**12. Has the client ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief?)**

- Yes     
  No *[SKIP TO 13]*     
  Refused *[SKIP TO 13]*     
  Don't know *[SKIP TO 13]*

a. Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or present, the client:

Yes	No	Experience	Refused	Don't Know
<input type="radio"/>	<input type="radio"/>	Had nightmares about it or thought about it when they did not want to	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Tried hard not to think about it or went out of their way to avoid situations that reminded them of it	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Was constantly on guard, watchful, or easily startled	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Felt numb and detached from others, activities, or their surroundings	<input type="radio"/>	<input type="radio"/>

13. In the past 30 days, how often has the client been hit, kicked, slapped, or otherwise physically hurt?

- Never
  A few times
  More than a few times  
 Refused
  Don't know

## G. SOCIAL CONNECTEDNESS

In the past 30 days, did the client attend:

Yes	No	Reason for Treatment	Number of Times	Refused	Don't Know
<input type="radio"/>	<input type="radio"/>	(1) Any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization (such as Alcoholics or Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.)	_____	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	(2) Any religious/faith affiliated recovery self-help groups	_____	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	(3) Meetings of organization that support recovery other than the organizations described above	_____	<input type="radio"/>	<input type="radio"/>

**4. In the past 30 days, did the client have interactions with family and/or friends that were supportive of their recovery?**

- Yes                       No                       Refused                       Don't know

**5. To whom does the client turn when they are having trouble?**

*Select only one response.*

- No one
- Clergy Member                       Family Member                       Friends
- Other, specify:                       Refused                       Don't know

\_\_\_\_\_

**6. How satisfied is the client with their personal relationships?**

- Very dissatisfied     Dissatisfied     Neither satisfied nor dissatisfied     Satisfied     Very satisfied
- Refused     Don't know

---

**H. PROGRAM-SPECIFIC QUESTIONS**

**1. Please indicate the degree to which you agree or disagree with the following statements:**

- a) Receiving treatment in a nonresidential setting has enabled me to maintain parenting and family responsibilities while receiving treatment.
- Strongly disagree
  - Disagree
  - Undecided
  - Agree
  - Strongly agree
  - REFUSED
  - DON'T KNOW
- b) As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.
- Strongly disagree
  - Disagree
  - Undecided
  - Agree
  - Strongly agree
  - REFUSED
  - DON'T KNOW

**J. DISCHARGE STATUS**

1. On what date was the client discharged?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

2. What is the client's discharge status?

- 01: Completion/Graduate [*SKIP TO 3*]       2: Termination

a. **If the client was terminated**, what was the reason for termination?

*Select only one response.*

- 01: Left on own against staff advice with satisfactory progress
- 02: Left on own against staff advice without satisfactory progress
- 03: Involuntarily discharged due to nonparticipation
- 04: Involuntarily discharged due to violation of rules
- 05: Referred to another program or other services with satisfactory progress
- 06: Referred to another program or other services with unsatisfactory progress
- 07: Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
- 08: Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
- 09: Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
- 10: Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
- 11: Transferred to another facility for health reasons
- 12: Death

13: Other, specify: \_\_\_\_\_

**3. Did your program test the client for HIV?**

Yes [*SKIP TO K*]

No

**4. Did your program refer the client for HIV testing?**

Yes

No



## K. SERVICES RECEIVED

Identify the number of DAYS of service provided to the client during the client’s course of treatment/recovery in your program.

### Service Modality

*Select at least ONE modality and if a service was not provided, enter a zero.*

Service Modality	Number of Days	Service Modality	Number of Days
Case Management	_____	Detoxification ( <i>select only one</i> )	
Day Treatment	_____	Hospital Inpatient	_____
Inpatient/Hospital (Other than Detox)	_____	Free Standing Residential	_____
Outpatient	_____	Ambulatory Detoxification	_____
Outreach	_____	After Care	_____
Intensive Outpatient	_____	Recovery Support	_____
Methadone	_____	Other Modality Services, specify:	_____
Residential/Rehabilitation	_____	_____	

### Treatment Services

Identify the number of SESSIONS of service provided to the client during the client’s course of treatment/recovery in your program.

*If a service was not provided, enter a zero.*

Treatment Services	Number of Sessions	Treatment Services	Number of Sessions
Screening	_____	Group Counseling	_____
Brief Intervention	_____	Family/Marriage Counseling	_____
Brief Treatment	_____	Co-Occurring Treatment/Recovery Services	_____
Referral to Treatment	_____	Pharmacological Interventions	_____
Assessment	_____	HIV/AIDS Counseling	_____
Treatment/Recovery Planning	_____	Other Clinical Services, specify:	_____
Individual Counseling	_____	_____	

Case Management Services	Number of Sessions	Case Management Services	Number of Sessions
Family Services (including marriage education, parenting, child development services)	_____	Transportation	_____
Child Care	_____	HIV/AIDS Services	_____
Employment Services	_____	Supportive Transitional Drug-Free Housing Services	_____
Pre-Employment	_____	Other Case Management Services, specify: _____	_____
Employment Coaching	_____		
Individual Services Coordination	_____		

Medical Services	Number of Sessions	Medical Services	Number of Sessions
Medical Care	_____	HIV/AIDS Medical Support and Testing	_____
Alcohol/Drug Testing	_____	Other Medical Services, specify: _____	_____

After Care Services	Number of Sessions	After Care Services	Number of Sessions
Continuing Care	_____	Spiritual Support	_____
Relapse Prevention	_____	Other After Care Services, specify: _____	_____
Recovery Coaching	_____		
Self-Help and Support Groups	_____		

Education Services	Number of Sessions	Education Services	Number of Sessions
Substance Abuse Education	_____	Other Education Services, specify: _____	_____
HIV/AIDS Education	_____		

Peer-to-Peer Recovery Support Services	Number of Sessions	Peer-to-Peer Recovery Support Services	Number of Sessions
Peer Coaching or Mentoring	_____	Information and Referral	_____
Housing Support	_____	Other Peer-to-Peer Recovery Support Services, specify:	_____
Alcohol- and Drug-Free Social Activities	_____	_____	_____

***[STOP NOW; THE INTERVIEW IS COMPLETE].***