

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

INTAKE

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

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. RECORD MANAGEMENT

Grant SOR SOR 2

Tracking Information: Grantee, Agency, Program, & Staff

PIHP or Grantee _____

Agency _____

Program _____

If a recovery house, address: _____

Staff Name _____

Staff Email _____@_____

Client Information

Client ID _____

Client Type Treatment client Client in recovery

Contract/Grant ID _____

Interview Type intake Yes

Interview Date _____ / _____ / _____
Month Day Year

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
<u>SUBSTANCE USE DISORDER DIAGNOSES</u>				
<u>Alcohol-related disorders</u>				
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"/>
<u>Opioid-related disorders</u>				
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
<u>Cannabis-related disorders</u>				
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"/>
<u>Sedative-, hypnotic-, or anxiolytic-related disorders</u>				
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"/>
<u>Cocaine-related disorders</u>				
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
<u>Other stimulant-related disorders</u>				
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"/>
<u>Hallucinogenic-related disorders</u>				
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"/>
<u>Inhalant-related disorders</u>				
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
<u>Other psychoactive substance-related disorders</u>				
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"/>
<u>Nicotine dependence</u>				
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"/>
<u>MENTAL HEALTH DIAGNOSES</u>				
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"/>
F95 – Tic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral Health Diagnoses	Diagnosed?	Primary	Secondary	Tertiary
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

3. Was the client screened **by your program** for co-occurring mental health and substance use disorders?

- Yes No [*SKIP TO NEXT SECTION.*]

a. Did the client screen positive for co-occurring mental health and substance use disorders?

- Yes No

A. PLANNED SERVICES

Identify the modality and services you plan to provide to the client during the client's course of treatment/recovery in your program.

If none of the answers apply, scroll to the bottom of this section and select this response. Then move to the next section.

Treatment Modality

Select at least ONE modality.

Treatment Modality	Yes	No	Treatment Modality	Yes	No
Case Management	<input type="radio"/>	<input type="radio"/>	Detoxification (<u>select only one</u>)		
Day Treatment	<input type="radio"/>	<input type="radio"/>	Hospital Inpatient	<input type="radio"/>	<input type="radio"/>
Inpatient/Hospital (Other than Detox)	<input type="radio"/>	<input type="radio"/>	Free Standing Residential	<input type="radio"/>	<input type="radio"/>
Outpatient	<input type="radio"/>	<input type="radio"/>	Ambulatory Detoxification	<input type="radio"/>	<input type="radio"/>
Intensive Outpatient	<input type="radio"/>	<input type="radio"/>	After Care	<input type="radio"/>	<input type="radio"/>
Methadone	<input type="radio"/>	<input type="radio"/>	Recovery Support	<input type="radio"/>	<input type="radio"/>
Residential/Rehabilitation	<input type="radio"/>	<input type="radio"/>	Other, specify: _____	<input type="radio"/>	<input type="radio"/>

Treatment Services

Select at least ONE specific service from the following list of services:

- Treatment Services
- Case Management Services
- Medical Services
- After Care Services
- Education Services
- Peer-to-Peer Recovery Support Services

Treatment Services	Yes	No	Treatment Services	Yes	No
Screening	<input type="radio"/>	<input type="radio"/>	Group Counseling	<input type="radio"/>	<input type="radio"/>
Brief Intervention	<input type="radio"/>	<input type="radio"/>	Family/Marriage Counseling	<input type="radio"/>	<input type="radio"/>
Brief Treatment	<input type="radio"/>	<input type="radio"/>	Co-Occurring Treatment/Recovery Services	<input type="radio"/>	<input type="radio"/>
Referral to Treatment	<input type="radio"/>	<input type="radio"/>	Pharmacological Interventions	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	HIV/AIDS Counseling	<input type="radio"/>	<input type="radio"/>
Treatment/Recovery Planning	<input type="radio"/>	<input type="radio"/>	Other Clinical Services, specify: _____	<input type="radio"/>	<input type="radio"/>
Individual Counseling	<input type="radio"/>	<input type="radio"/>			

Case Management Services	Yes	No	Case Management Services	Yes	No
Family Services (including marriage education, parenting, child development services)	<input type="radio"/>	<input type="radio"/>	Transportation	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	HIV/AIDS Services	<input type="radio"/>	<input type="radio"/>
Employment Services			Supportive Transitional Drug-Free Housing Services	<input type="radio"/>	<input type="radio"/>
Pre-Employment	<input type="radio"/>	<input type="radio"/>	Other Case Management Services, specify:	<input type="radio"/>	<input type="radio"/>
Employment Coaching	<input type="radio"/>	<input type="radio"/>	_____		
Individual Services Coordination	<input type="radio"/>	<input type="radio"/>			

Medical Services	Yes	No	Medical Services	Yes	No
Medical Care	<input type="radio"/>	<input type="radio"/>	HIV/AIDS Medical Support and Testing	<input type="radio"/>	<input type="radio"/>
Alcohol/Drug Testing	<input type="radio"/>	<input type="radio"/>	Other Medical Services, specify:	<input type="radio"/>	<input type="radio"/>

After Care Services	Yes	No	After Care Services	Yes	No
Continuing Care	<input type="radio"/>	<input type="radio"/>	Spiritual Support	<input type="radio"/>	<input type="radio"/>
Relapse Prevention	<input type="radio"/>	<input type="radio"/>	Other After Care Services, specify:	<input type="radio"/>	<input type="radio"/>
Recovery Coaching	<input type="radio"/>	<input type="radio"/>	_____		
Self-Help and Support Groups	<input type="radio"/>	<input type="radio"/>			

Education Services	Yes	No	Education Services	Yes	No
Substance Abuse Education	<input type="radio"/>	<input type="radio"/>	Other Education Services, specify:	<input type="radio"/>	<input type="radio"/>
HIV/AIDS Education	<input type="radio"/>	<input type="radio"/>	_____		

Peer-to-Peer Recovery Support Services	Yes	No	Peer-to-Peer Recovery Support Services	Yes	No
Peer Coaching or Mentoring	<input type="radio"/>	<input type="radio"/>	Information and Referral	<input type="radio"/>	<input type="radio"/>
Housing Support	<input type="radio"/>	<input type="radio"/>	Other Peer-to-Peer Recovery Support Services, specify:	<input type="radio"/>	<input type="radio"/>
Alcohol- and Drug-Free Social Activities	<input type="radio"/>	<input type="radio"/>	_____		

If none of the answers apply, select this below and move to the next section.

- Don't know None of the answers apply

A. CLIENT DEMOGRAPHIC INFORMATION

1. What is the client's identified gender?

- Male Female Transgender
- Other, specify: _____ Refused

2. Does the client identify as Hispanic or Latino?

- Yes No Refused

a. What ethnic group does the client identify as?

Select all that apply.

Ethnic Groups	Yes	No	Refused	Ethnic Groups	Yes	No	Refused
Central American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Puerto Rican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	South American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dominican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mexican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____			

3. How does the client identify racially?

Select all that apply.

Racial Groups	Yes	No	Refused	Racial Groups	Yes	No	Refused
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	American Indian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What is the client's date of birth?

Report month and year only.

_____/_____
Month Year

Refused

A. MILITARY FAMILY AND DEPLOYMENT

5. Has the client ever served in the Armed Forces, in the Reserves, or in the National Guard?

- No (*SKIP TO 6.*) Refused (*SKIP TO 6.*) Don't know (*SKIP TO 6.*)
- Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard

a. Is the client currently on active duty in the Armed Forces, in the Reserves, or in the National Guard?

- No, separated or retired from the Armed Forces, Reserves, or National Guard
- Yes, in the Armed Forces Yes, in the Reserves Yes, in the National Guard
- Refused Don't know

b. Has the client ever been deployed to a combat zone?

Select all that apply.

- Never Deployed
- Iraq or Afghanistan
(e.g. Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF], Operation New Dawn [OND])
- Persian Gulf (e.g. Operation Desert Field, Dessert Storm)
- Vietnam/South East Asia
- Korea
- WWII
- Deployed to a combat zone not listed above (e.g. Bosnia, Somalia)
- Refused
- Don't know

6. Is anyone in the client's family or someone they are close to on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, in the Reserves, or in the National Guard?

- No (*SKIP TO B.*)
- Refused (*SKIP TO B.*)
- Don't know (*SKIP TO B.*)
- Yes, only one
- Yes, more than one

If there is more than one family member or person close to the client on active duty or retired from the Armed Forces, the Reserves, or the National Guard, please indicate:

- The relationship between the client and the individual (e.g. mother, father, brother, sister, spouse, partner, child, or other specify)
- Whether each of these individuals has experienced the following items

7. Has the service member(s) been deployed in support of combat operations (Iraq or Afghanistan)?

Relationship to Client (mother, father, brother, sister, spouse, partner, child, or other specify)	Yes	No	Refused	Don't Know
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Has the service member(s) been physically injured during combat operations?

Relationship to Client (mother, father, brother, sister, spouse, partner, child, or other specify)	Yes	No	Refused	Don't Know
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Has the service member(s) developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?

Relationship to Client (mother, father, brother, sister, spouse, partner, child, or other specify)	Yes	No	Refused	Don't Know
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Has the service member(s) died or been killed?

Relationship to Client (mother, father, brother, sister, spouse, partner, child, or other specify)	Yes	No	Refused	Don't Know
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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"/>

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
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/Psychedelics, 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"/>
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 th Grade |
| <input type="radio"/> 1 st Grade | <input type="radio"/> 12 th Grade/High School Diploma or Equivalent |
| <input type="radio"/> 2 nd Grade | <input type="radio"/> College or University/1 st Year Completed |
| <input type="radio"/> 3 rd Grade | <input type="radio"/> College or University/2 nd Year Completed/Associate Degree |
| <input type="radio"/> 4 th Grade | <input type="radio"/> College or University/3 rd Year Completed |
| <input type="radio"/> 5 th Grade | <input type="radio"/> Bachelors' Degree or Higher |
| <input type="radio"/> 6 th Grade | <input type="radio"/> Vocational/Technical Program after High School but no Vocational/Technical Diploma Received |
| <input type="radio"/> 7 th Grade | <input type="radio"/> Vocational/Technical Diploma after High School |
| <input type="radio"/> 8 th Grade | <input type="radio"/> Refused |
| <input type="radio"/> 9 th 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
<u>Inpatient Treatment for...</u>					

- | | | | | | |
|-----------------------|-----------------------|----------------------------------|-------|-----------------------|-----------------------|
| <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
<u>Outpatient Treatment for...</u>					

- | | | | | | |
|-----------------------|-----------------------|----------------------------------|-------|-----------------------|-----------------------|
| <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
<u>Emergency Room Treatment for...</u>					

- | | | | | | |
|-----------------------|-----------------------|----------------------------------|-------|-----------------------|-----------------------|
| <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

[STOP NOW; THE INTERVIEW IS COMPLETE.]