Form Approved OMB No. 0930-0208

Expiration Date: 02/28/2022

**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**

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 15E57B, 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.

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# A. RECORD MANAGEMENT

### Client ID | |

**| | | | | |**

**| | | |**

**| | | |**



**Client Type:**

Treatment client  Client in recovery

**Contract/Grant ID | | | | | | | | | | | Interview Type *[CIRCLE ONLY ONE TYPE.]***

|  |  |  |
| --- | --- | --- |
| Intake ***[GO TO INTERVIEW DATE.]*** |  | |
| 6-month follow-up: Did you conduct a follow-up interview?  ***[IF NO, GO DIRECTLY TO SECTION I.]*** | Yes | No |
| 3-month follow-up ***[ADOLESCENT PORTFOLIO ONLY]***: Did you conduct a follow-up interview? | Yes | No |
| ***[IF NO, GO DIRECTLY TO SECTION I.]*** |  |  |
| Discharge**:** Did you conduct a discharge interview?  ***[IF NO, GO DIRECTLY TO SECTION J.]*** | Yes | No |
| **Interview Date | | | / | | | / | | | | |** |  |  |
| Month Day Year |  |  |

# A. PLANNED SERVICES

#### *[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE.]*

**Identify the services you plan to provide to the client during the client’s course of treatment/recovery. *[SELECT “YES” OR “NO” FOR EACH ONE.]***

**Modality Yes No**

***[SELECT AT LEAST ONE MODALITY.]***

1. Case Management
2. Day Treatment
3. Inpatient/Hospital (Other Than Detox)
4. Outpatient
5. Outreach
6. Intensive Outpatient
7. Methadone
8. Residential/Rehabilitation
9. Detoxification (Select Only One)
   1. Hospital Inpatient
   2. Free-Standing Residential
   3. Ambulatory Detoxification
10. After Care
11. Recovery Support
12. Other (Specify)

***[SELECT AT LEAST ONE SERVICE.]***

**Treatment Services Yes No**

***[SBIRT GRANTS: YOU MUST SELECT “YES” FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1–4.]***

1. Screening
2. Brief Intervention
3. Brief Treatment
4. Referral to Treatment
5. Assessment
6. Treatment/Recovery Planning
7. Individual Counseling
8. Group Counseling
9. Family/Marriage Counseling
10. Co-Occurring Treatment/

Recovery Services  

1. Pharmacological Interventions  
2. HIV/AIDS Counseling  
3. Other Clinical Services

(Specify)  

**Case Management Services Yes No**

1. Family Services (Including Marriage Education, Parenting, Child Development

Services)  

1. Child Care  
2. Employment Service
   1. Pre-Employment
   2. Employment Coaching
3. Individual Services Coordination
4. Transportation
5. HIV/AIDS Service
6. Supportive Transitional Drug-Free Housing Services  
7. Other Case Management Services

(Specify)  

**Medical Services Yes No**

1. Medical Care  
2. Alcohol/Drug Testing  
3. HIV/AIDS Medical Support and Testing  
4. Other Medical Services

(Specify)  

**After Care Services Yes No**

1. Continuing Care
2. Relapse Prevention
3. Recovery Coaching
4. Self-Help and Support Groups
5. Spiritual Support
6. Other After Care Services

(Specify)  

**Education Services Yes No**

1. Substance Abuse Education  
2. HIV/AIDS Education  
3. Other Education Services

(Specify)  

**Peer-to-Peer Recovery Support Services Yes No**

1. Peer Coaching or Mentoring
2. Housing Support
3. Alcohol- and Drug-Free Social Activities
4. Information and Referral
5. Other Peer-to-Peer Recovery Support

Services (Specify)  

# A. DEMOGRAPHICS

#### *[ASKED ONLY AT INTAKE/BASELINE.]*

1. **What is your gender?**

MALE FEMALE

TRANSGENDER

OTHER (SPECIFY) REFUSED

1. **Are you Hispanic or Latino?**

 YES NO

REFUSED

### *[IF YES]* What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Refused** |
| Central American |  |  |  |
| Cuban |  |  |  |
| Dominican |  |  |  |
| Mexican |  |  |  |
| Puerto Rican |  |  |  |
| South American |  |  |  |
| Other |  |  | ***[IF YES, SPECIFY BELOW.]*** |

(SPECIFY) \_ \_ \_

### What is your race? Please answer yes or no for each of the following. You may say yes to more than one.

**Yes No Refused**

Black or African American Asian

Native Hawaiian or other Pacific Islander Alaska Native

White

American Indian

### What is your date of birth?\*

| | | / | | | ***[\*THE SYSTEM WILL ONLY SAVE MONTH AND YEAR.***

#### Month Day *TO MAINTAIN CONFIDENTIALITY, DAY IS NOT SAVED.]*

| | | | | Year

 REFUSED

# MILITARY FAMILY AND DEPLOYMENT

### Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? *[IF SERVED]* In which area, the Armed Forces, Reserves, or National Guard did you serve?

NO

YES, IN THE ARMED FORCES YES, IN THE RESERVES

YES, IN THE NATIONAL GUARD REFUSED

DON’T KNOW

#### *[IF NO, REFUSED, OR DON’T KNOW, SKIP TO QUESTION A6.]*

**5a. Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard?**

***[IF ACTIVE]* In which area, the Armed Forces, Reserves, or 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

**5b. Have you ever been deployed to a combat zone? *[CHECK ALL THAT APPLY.]***

 NEVER DEPLOYED

IRAQ OR AFGHANISTAN (E.G., Operation Enduring Freedom [OEF]/ Operation Iraqi Freedom [OIF]/ Operation New Dawn [OND])

PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM) VIETNAM/SOUTHEAST ASIA

KOREA WWII

DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA) REFUSED

DON’T KNOW

#### *[SBIRT GRANTEES: FOR CLIENTS WHO SCREENED NEGATIVE, THE INTAKE INTERVIEW IS NOW* COMPLETE.]



1. **Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard?**

NO

YES, ONLY ONE

YES, MORE THAN ONE REFUSED

DON’T KNOW

#### *[IF NO, REFUSED, OR DON’T KNOW, SKIP TO SECTION B.]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***[IF YES, ANSWER FOR UP TO 6 PEOPLE.]* What is the relationship of that person (Service Member) to you?**  ***[WRITE RELATIONSHIP IN COLUMN HEADING.]***  1 = Mother 2 = Father  3 = Brother 4 = Sister  5 = Spouse 6 = Partner  7 = Child 8 = Other (Specify) | | | | | | |
| **Has the Service Member experienced any of the following? *[CHECK ANSWER IN APPROPRIATE COLUMN***  ***FOR ALL THAT APPLY.]*** | **(Relationship) 1.** | **(Relationship)**  **2.** | **(Relationship)**  **3.** | **(Relationship)**  **4.** | **(Relationship)**  **5.** | **(Relationship)**  **6.** |
| **6a. Deployed in support of combat operations (e.g., Iraq or Afghanistan)?** | YES NO  REFUSED  DON’T KNOW | YES NO  REFUSED  DON’T KNOW | YES NO  REFUSED  DON’T KNOW | YES NO  REFUSED  DON’T KNOW | YES NO  REFUSED  DON’T KNOW | YES NO  REFUSED  DON’T KNOW |
| **6b. Was physically injured during combat operations?** | YES  NO  REFUSED  DON’T KNOW | YES  NO  REFUSED  DON’T KNOW | YES  NO  REFUSED  DON’T KNOW | YES  NO  REFUSED  DON’T KNOW | YES  NO  REFUSED  DON’T KNOW | YES  NO  REFUSED  DON’T KNOW |
| **6c. Developed combat** | YES | YES | YES | YES | YES | YES |
| **stress** | NO | NO | NO | NO | NO | NO |
| **symptoms/difficulties** | REFUSED | REFUSED | REFUSED | REFUSED | REFUSED | REFUSED |
| **adjusting following** | DON’T | DON’T | DON’T | DON’T | DON’T | DON’T |
| **deployment, including** | KNOW | KNOW | KNOW | KNOW | KNOW | KNOW |
| **post-traumatic stress** |  |  |  |  |  |  |
| **disorder (PTSD),** |  |  |  |  |  |  |
| **depression, or suicidal** |  |  |  |  |  |  |
| **thoughts?** |  |  |  |  |  |  |
| **6d. Died or was killed?** | YES | YES | YES | YES | YES | YES |
|  | NO | NO | NO | NO | NO | NO |
|  | REFUSED | REFUSED | REFUSED | REFUSED | REFUSED | REFUSED |
|  | DON’T | DON’T | DON’T | DON’T | DON’T | DON’T |
|  | KNOW | KNOW | KNOW | KNOW | KNOW | KNOW |

**Number**

**of Days REFUSED DON’T KNOW**

1. **During the past 30 days, how many days have you used the following:**
   1. Any alcohol ***[IF ZERO, SKIP TO ITEM B1c.]*** | | |

b1. Alcohol to intoxication (5+ drinks in one sitting) | | | b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt

high) | | |

1. Illegal drugs ***[IF B1a OR B1c = 0, REFUSED (RF), DON’T***

#### *KNOW (DK), THEN SKIP TO ITEM B2.]* | | |

1. Both alcohol and drugs (on the same day) | | |

### Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-intravenous (IV) injection 5. IV

\*NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

1. **During the past 30 days, how many days have you used any of the following: *[IF THE VALUE IN ANY ITEM B2a–B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Number**  **of Days** | **RF DK** | **Route\*** | **RF DK** |
| a. Cocaine/Crack | | | | |  | | | |  |
| b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary |  |  |  |  |
| Jane) | | | | |  | | | |  |
| c. Opiates: |  |  |  |  |
| 1. Heroin (Smack, H, Junk, Skag) | | | | |  | | | |  |
| 2. Morphine | | | | |  | | | |  |
| 3. Dilaudid | | | | |  | | | |  |
| 4. Demerol | | | | |  | | | |  |
| 5. Percocet | | | | |  | | | |  |
| 6. Darvon | | | | |  | | | |  |
| 7. Codeine | | | | |  | | | |  |
| 8. Tylenol 2, 3, 4 | | | | |  | | | |  |
| 9. OxyContin/Oxycodone | | | | |  | | | | ‘ |
| d. Non-prescription methadone | | | | |  | | | |  |
| e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, |  |  |  |  |
| Boomers, Yellow Sunshine), Mushrooms, or Mescaline | | | | |  | | | |  |
| f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank) | | | | |  | | | |  |

# DRUG AND ALCOHOL USE (CONTINUED)

### Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

\*NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

1. **During the past 30 days, how many days have you used any of the following: *[IF THE VALUE IN ANY ITEM B2a–B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number**  **of Days** | **RF DK** | **Route\* RF DK** |
| g. 1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estasolam (Prosom and Rohypnol, also known as roofies, roche, and cope) | | | | |  | | | |
| 2. Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal) | | | | |  | | | |
| 3. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy) | | | | |  | | | |
| 4. Ketamine (known as Special K or Vitamin K) | | | | |  | | | |
| 5. Other tranquilizers, downers, sedatives, or hypnotics | | | | |  | | | |
| h. Inhalants (poppers, snappers, rush, whippets) | | | | |  | | | |
| i. Other illegal drugs (Specify) | | | | |  | | | |

1. **In the past 30 days, have you injected drugs? *[IF ANY ROUTE OF ADMINISTRATION IN B2a–B2i = 4 or 5, THEN B3 MUST = YES.]***

 YES NO

REFUSED DON’T KNOW

#### *[IF NO, REFUSED, OR DON’T KNOW, SKIP TO SECTION C.]*

1. **In the past 30 days, how often did you 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

# FAMILY AND LIVING CONDITIONS

1. **In the past 30 days, where have you been living most of the time? *[DO NOT READ RESPONSE OPTIONS TO CLIENT.]***

SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER [TLC], 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: *[IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:]*

OWN/RENT APARTMENT, ROOM, OR HOUSE SOMEONE ELSE’S APARTMENT, ROOM, OR HOUSE DORMITORY/COLLEGE RESIDENCE

HALFWAY HOUSE RESIDENTIAL TREATMENT

OTHER HOUSED (SPECIFY)  REFUSED

DON’T KNOW

1. **How satisfied are you with the conditions of your living space?**

Very dissatisfied Dissatisfied

Neither satisfied nor dissatisfied Satisfied

Very satisfied REFUSED DON’T KNOW

1. **During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? *[IF B1a OR B1c > 0, THEN C3 CANNOT = “NOT APPLICABLE.”]***

Not at all Somewhat Considerably Extremely

NOT APPLICABLE ***[USE ONLY IF B1A AND B1C = 0.]***

REFUSED DON’T KNOW

1. **During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? *[IF B1a OR B1c > 0, THEN C4 CANNOT = “NOT APPLICABLE.”]***

Not at all Somewhat Considerably Extremely

NOT APPLICABLE ***[USE ONLY IF B1A AND B1C = 0.]***

REFUSED

 DON’T KNOW

# FAMILY AND LIVING CONDITIONS (CONTINUED)

### During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?

#### *[IF B1a OR B1c > 0, THEN C5 CANNOT = “NOT APPLICABLE.”]*

Not at all Somewhat Considerably Extremely

NOT APPLICABLE ***[USE ONLY IF B1a AND B1c = 0.]***

REFUSED

 DON’T KNOW

1. ***[IF NOT MALE]* Are you currently pregnant?**

YES NO

REFUSED

 DON’T KNOW

### Do you have children?

YES NO

REFUSED

 DON’T KNOW

#### *[IF NO, REFUSED, OR DON’T KNOW, SKIP TO SECTION D.]*

* 1. **How many children do you have? *[IF C7 = YES, THEN THE VALUE IN C7a MUST BE > 0.]***

| | | REFUSED DON’T KNOW

### Are any of your children living with someone else due to a child protection court order?

 YES NO

REFUSED DON’T KNOW

#### *[IF NO, REFUSED, OR DON’T KNOW, SKIP TO ITEM C7D.]*

* 1. ***[IF YES]* How many of your children are living with someone else due to a child protection court order? *[THE VALUE IN C7c CANNOT EXCEED THE VALUE IN C7a.]***

| | |  REFUSED  DON’T KNOW

* 1. **For how many of your children have you lost parental rights? *[THE CLIENT’S PARENTAL RIGHTS WERE TERMINATED.] [THE VALUE IN ITEM C7d CANNOT EXCEED THE VALUE IN C7a.]***

| | | REFUSED DON’T KNOW

# EDUCATION, EMPLOYMENT, AND INCOME

1. **Are you currently enrolled in school or a job training program? *[IF ENROLLED]* Is that full time or part time? *[IF CLIENT IS INCARCERATED, CODE D1 AS “NOT ENROLLED.”]***

NOT ENROLLED ENROLLED, FULL TIME ENROLLED, PART TIME

OTHER (SPECIFY) REFUSED

DON’T KNOW

### What is the highest level of education you have finished, whether or not you received a degree?

NEVER ATTENDED 1ST GRADE

2ND GRADE

3RD GRADE

4TH GRADE

5TH GRADE

6TH GRADE

7TH GRADE

8TH GRADE

9TH GRADE

10TH GRADE

11TH GRADE

12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT COLLEGE OR UNIVERSITY/1ST YEAR COMPLETED

COLLEGE OR UNIVERSITY/2ND YEAR COMPLETED/ASSOCIATE’S DEGREE (AA, AS) COLLEGE OR UNIVERSITY/3RD YEAR COMPLETED

BACHELOR’S DEGREE (BA, BS) OR HIGHER

VOCATIONAL/TECHNICAL (VOC/TECH) PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA

VOC/TECH DIPLOMA AFTER HIGH SCHOOL REFUSED

 DON’T KNOW

#### Are you currently employed? *[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE* PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK. IF CLIENT IS “ENROLLED, FULL TIME” IN D1 AND INDICATES “EMPLOYED, FULL TIME” IN D3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS “UNEMPLOYED, NOT LOOKING FOR WORK.”]

EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN) EMPLOYED, PART TIME

UNEMPLOYED, LOOKING FOR WORK UNEMPLOYED, DISABLED UNEMPLOYED, VOLUNTEER WORK UNEMPLOYED, RETIRED

UNEMPLOYED, NOT LOOKING FOR WORK

OTHER (SPECIFY) REFUSED

 DON’T KNOW

# EDUCATION, EMPLOYMENT, AND INCOME (CONTINUED)

1. **Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from … *[IF D3 DOES NOT = “EMPLOYED” AND THE VALUE IN D4a IS GREATER THAN ZERO, PROBE. IF D3 = “UNEMPLOYED, LOOKING FOR WORK” AND THE VALUE IN D4b = 0, PROBE. IF D3 = “UNEMPLOYED, RETIRED” AND THE VALUE IN D4c = 0, PROBE. IF D3 = “UNEMPLOYED, DISABLED” AND THE VALUE IN D4d = 0, PROBE.]***

a. Wages $ | | | | , | | | |

1. Public assistance $ | | | | , | | | |
2. Retirement $ | | | | , | | | |
3. Disability $ | | | | , | | | |
4. Non-legal income $ | | | | , | | | |
5. Family and/or friends $ | | | | , | | | |

### RF DK

 



g. Other (Specify) $ | | | | , | | | |

### Have you enough money to meet your needs?

Not at all A little Moderately Mostly Completely REFUSED

DON’T KNOW

# CRIME AND CRIMINAL JUSTICE STATUS

### In the past 30 days, how many times have you been arrested?

| | | TIMES REFUSED DON’T KNOW

#### *[IF NO ARRESTS, SKIP TO ITEM E3.]*

1. **In the past 30 days, how many times have you been arrested for drug-related offenses? *[THE VALUE IN E2 CANNOT BE GREATER THAN THE VALUE IN E1.]***

| | | TIMES REFUSED DON’T KNOW

1. **In the past 30 days, how many nights have you spent in jail/prison? *[IF THE VALUE IN E3 IS GREATER THAN 15, THEN C1 MUST = INSTITUTION (JAIL/PRISON). IF C1 = INSTITUTION (JAIL/PRISON), THEN THE VALUE IN E3 MUST BE GREATER THAN OR EQUAL TO 15.]***

| | | NIGHTS REFUSED DON’T KNOW

1. **In the past 30 days, how many times have you committed a crime? *[CHECK NUMBER OF DAYS USED ILLEGAL DRUGS IN ITEM B1c. ANSWER HERE IN E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c BECAUSE USING ILLEGAL DRUGS IS A CRIME.]***

| | | | TIMES  REFUSED  DON’T KNOW

### Are you currently awaiting charges, trial, or sentencing?

YES NO

REFUSED DON’T KNOW

### Are you currently on parole or probation?

YES NO

REFUSED DON’T KNOW

# MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

### How would you rate your overall health right now?

Excellent Very good Good

Fair Poor

REFUSED DON’T KNOW

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2.** | **During the past 30 days, did you receive:** |  | | | | |
|  | **a. Inpatient treatment for:** | **YES** | ***[IF YES]***  **Altogether**  **for how many nights** | **NO** | **RF** | **DK** |
|  | i. Physical complaint |  | nights |  |  |  |
|  | ii. Mental or emotional difficulties |  | nights |  |  |  |
|  | iii. Alcohol or substance abuse |  | nights |  |  |  |
|  | **b. Outpatient treatment for:** |  | ***[IF YES]***  **Altogether** |  |  |  |
|  |  | **YES** | **for how many times** | **NO** | **RF** | **DK** |
|  | i. Physical complaint |  | times |  |  |  |
|  | ii. Mental or emotional difficulties |  | times |  |  |  |
|  | iii. Alcohol or substance abuse |  | times |  |  |  |
|  | **c. Emergency room treatment for:** | **YES** | ***[IF YES]***  **Altogether**  **for how many times** | **NO** | **RF** | **DK** |
|  | i. Physical complaint |  | times |  |  |  |
|  | ii. Mental or emotional difficulties |  | times |  |  |  |
|  | iii. Alcohol or substance abuse |  | times |  |  |  |

Yes

#### No *[SKIP TO F4.]*

NOT PERMITTED TO ASK ***[SKIP TO F4.]***

REFUSED ***[SKIP TO F4.]***

DON’T KNOW ***[SKIP TO F4.]***

***[IF YES]* Altogether, how many:**

### Contacts RF DK

* 1. Sexual contacts (vaginal, oral, or anal) did you have? | | |
  2. Unprotected sexual contacts did you have? ***[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE***

#### *VALUE IN F3a.] [IF ZERO, SKIP TO F4.]* | | | |

* 1. Unprotected sexual contacts were with an individual who is or was ***[NONE OF THE VALUES IN F3c1–F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]***
     1. HIV positive or has AIDS | | | |  
     2. An injection drug user | | | |
     3. High on some substance | | | |

### Have you ever been tested for HIV?

Yes ***[GO TO F4a.]***

#### No *[SKIP TO F5.]*

REFUSED ***[SKIP TO F5.]***

DON’T KNOW ***[SKIP TO F5.]***

### Do you know the results of your HIV testing?

Yes No

### How would you rate your quality of life?

Very poor Poor

Neither poor nor good Good

Very good REFUSED

 DON’T KNOW

Very dissatisfied Dissatisfied

Neither satisfied nor dissatisfied Satisfied

Very satisfied REFUSED DON’T KNOW

### Do you have enough energy for everyday life?

Not at all A little Moderately Mostly Completely REFUSED

 DON’T KNOW

### How satisfied are you with your ability to perform your daily activities?

Very dissatisfied Dissatisfied

Neither satisfied nor dissatisfied Satisfied

Very satisfied REFUSED DON’T KNOW

### How satisfied are you with yourself?

 Very dissatisfied Dissatisfied

Neither satisfied nor dissatisfied Satisfied

Very satisfied REFUSED DON’T KNOW

### In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

**Days RF DK**

* 1. Experienced serious depression | | |
  2. Experienced serious anxiety or tension | | |
  3. Experienced hallucinations | | |
  4. Experienced trouble understanding, concentrating, or

remembering | | |

* 1. Experienced trouble controlling violent behavior | | |  
  2. Attempted suicide | | |
  3. Been prescribed medication for psychological/emotional

problem | | |  

#### *[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION F10, SKIP TO ITEM* F12.]

1. **How much have you been bothered by these psychological or emotional problems in the past 30 days?**

Not at all Slightly Moderately Considerably Extremely REFUSED

 DON’T KNOW

# VIOLENCE AND TRAUMA

### Have you 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

REFUSED

 DON’T KNOW

#### *[IF NO, REFUSED, OR DON’T KNOW, SKIP TO ITEM F13.]*

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

**12a. Have had nightmares about it or thought about it when you did not want to?**

 YES NO

REFUSED DON’T KNOW

### 12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

YES NO

REFUSED DON’T KNOW

### 12c. Were constantly on guard, watchful, or easily startled?

YES NO

REFUSED DON’T KNOW

### 12d. Felt numb and detached from others, activities, or your surroundings?

YES NO

REFUSED DON’T KNOW

### In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

Never

A few times

More than a few times REFUSED

DON’T KNOW

# SOCIAL CONNECTEDNESS

### In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a nonprofessional, peer- operated organization that is devoted to helping individuals who have addiction-related problems, such as Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?

YES ***[IF YES]*** SPECIFY HOW MANY TIMES | | | REFUSED DON’T KNOW NO

REFUSED

 DON’T KNOW

### In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?

YES ***[IF YES]*** SPECIFY HOW MANY TIMES | | | REFUSED DON’T KNOW NO

REFUSED

 DON’T KNOW

### In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

YES ***[IF YES]*** SPECIFY HOW MANY TIMES | | | REFUSED DON’T KNOW NO

REFUSED DON’T KNOW

### In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

YES NO

REFUSED DON’T KNOW

1. **To whom do you turn when you are having trouble? *[SELECT ONLY ONE.]***

NO ONE

CLERGY MEMBER FAMILY MEMBER FRIENDS REFUSED

DON’T KNOW

OTHER (SPECIFY)

### How satisfied are you with your personal relationships?

 Very dissatisfied Dissatisfied

Neither satisfied nor dissatisfied Satisfied

Very satisfied REFUSED DON’T KNOW

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