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TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE ABUSE TREATMENT AND HIV/AIDS SERVICES (TCE-HIV)

MULTI-SITE EVALUATION PROJECT

CLIENT FOCUS GROUP DISCUSSION GUIDE

CONDUCTED BY:

JBS International, Inc., Alliance for Quality Education, Battelle Memorial Institute, and the Oregon Health & Science University

Grantee Name:						
Grantee ID Number:						
Date Completed:		/ _		/ .		
1	Month		Day		Year	

Notice to Respondents

Public reporting time for this collection is estimated to average 60 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA OMB Officer, 1 Choke Cherry Road Room 7-1044, Rockville, MD 20850. 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 OMB control number. The OMB control number for this project is XXXX-XXXX.

TCE-HIV Multi-Site Evaluation Client Focus Group Guide

The purpose of this guide is to provide an overview of the information that will be gathered through focus groups with clients involved in the Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV) Project. A "client" refers to an individual from the Grantee organization/program who has engaged in TCE-HIV sponsored treatment and/or program activities.

Members of the Multi-Site Evaluation Team will conduct the client focus group in a setting convenient to the focus group participants. Up to nine clients will participate in the focus group. Those clients who have been in the TCE-HIV program for at least 14 days will be considered for participation. The focus group participants will reflect diversity in age and gender. The focus group discussion will last approximately 1 hour.

The goals of the client focus groups conducted during TCE-HIV Multi-Site Evaluation site visits include discussion of:

- (1) clients' satisfaction with the treatment program.
- (2) barriers and facilitators of treatment services.
- (3) client-level behaviors (i.e., substance use/abuse, risk behavior, quality of life).

Final discussion guides for each Grantee will be customized based on the nature of individual Grantee's treatment modality (i.e., outpatient vs. residential). The information gathered from this focus group will be used to better understand clients' perceptions of the TCE-HIV funded program and will be synthesized with information gathered from other TCE-HIV Grantees to inform the Multi-Site Evaluation of the TCE-HIV program.

Following completion of the client focus group, the facilitator(s) should complete the post focus group summary form to validate that each discussion section topic was covered during the focus group discussion. Space is also provided on the form to record other germane topics discussed during the focus group and additional notes/comments relating to the discussion.

For ease of future qualitative analysis coding and thematic content analysis, any key findings/themes that emerged during the focus group discussion should also be recorded in the table. The associated page number note references and a listing of respondents whose statements support reported findings should also be noted, where applicable.

TCE-HIV Multi-Site Evaluation Client Focus Group Discussion Guide

NOTE: Co-facilitator will hand out consent forms after participants have entered the room and are seated.

Opening: Moderator's Introduction (5 minutes):

Hello and welcome. Thank you for taking time to participate in this focus group. My name is and I am conducting this discussion on behalf of the Center for Substance Abuse Treatment (CSAT). CSAT has funded four organizations, JBS International, the Alliance for Quality Education, Battelle Memorial Institute, and the Oregon Health & Science University, to conduct a Multi-Site Evaluation of its national Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV). (Introduce team members, give brief description of qualifications, and describe functions during the focus group). As part of the evaluation, we are conducting several focus groups around the country with clients of TCE-HIV programs. Although the Multi-Site Evaluation Team is funded by CSAT, we are not part of that federal agency, any other federal agency, or this local program. We are independent evaluators of the TCE-HIV program. I will review the consent form with you. It describes exactly what is expected of you and you will need to sign it stating that you agreed to participate in this discussion.

We are here today to learn about your experiences in the [INSERT PROGRAM NAME]. We are interested in hearing about your successes, challenges, and any feedback about your involvement in the program. The information that you provide will be extremely helpful to CSAT as it seeks to learn how clients may be benefiting from the TCE-HIV program.

Before we begin, I would like to establish some guidelines for our discussion. During our discussion, it would be most helpful if one person talks at a time. Please know that there are no right or wrong answers, just different points of view, and we want to hear all of them. Everyone's experience is important to us, so please feel free to share your point of view even if it is different from what others have said. Also, keep in mind that we are interested in both positive and negative comments. I mentioned earlier that my colleagues and I are conducting this focus group on behalf of CSAT, but it's important to let you know that we are not CSAT employees.

The discussion will last about 1 hour.

I also want to mention to you that we are providing some refreshments for you to enjoy. Please help yourself to these snacks during our discussion.

<u>Initial Instructions (2 minutes):</u>

- A. Before we begin, so I—and you—can know who is here, I'd like to let each of you introduce yourself (first name only) and tell us a little something about yourself.
- B. May I have everyone's permission to tape this session? (Only if everyone gives permission will taping be allowed). Even though we are recording this session, we will not associate your comments and experiences with your name; and the program staff will not have access to the discussion that we share here today.

Are there any questions before we get started?

	Community Context (ninutes)	*Understand how the program is viewed in the community) (15
enterin		ts in the same program, it is likely that your experiences prior to (insert name of program) as well as your experiences while in .
dissatis talking	fied you've been with	ur thoughts about the program, including how satisfied or the program services. I'd like to begin our discussion today by bughts about the program, and how it is viewed by people who live
A	name of program> questions based on	nat do people in the community/neighborhood think about <insert (note="" ?="" a="" and="" be="" clients="" community="" context="" e.g.,="" facilitator:="" individuals)<="" may="" ng,="" of="" others="" physical="" prepared="" refer="" setting;="" some="" specific="" tailor="" td="" the="" to="" will=""></insert>
	PROBE 1:	What, if any, positive impressions do people in the community/neighborhood have about <name agency="" grantee="" of="" or="" project="" tce-hiv="" title=""></name>
	PROBE 2:	What, if any, negative impressions do people in the community/neighborhood have about <name agency="" grantee="" of="" or="" project="" tce-hiv="" title=""></name>
	PROBE 3:	Do people think that there is a need for this program in the community/neighborhood? Why? Why not?
	PROBE 4:	Do people think this program has changed the community/neighborhood? If so, how has the program changed the community/neighborhood?
E	Pow would you de	scribe drug use in this community/neighborhood?

- B. How would you describe drug use in this community/neighborhood?
- C. How would you describe the HIV problem in this community/neighborhood?

Thank you for sharing your opinions about the program's image in the community/neighborhood and thanks for providing your thoughts on the drug use and HIV in the community/neighborhood.

II. Client Satisfaction (*Understand how the clients feel about the services and treatment they received as part of the program) (10 minutes)

Now, let's talk a little about how the program is viewed by you—the clients.

- A. What things about this program do you like?
 - PROBE 1: What is it about this program that would make you want to continue receiving service?
 - PROBE 2: When you needed services, were you able to see someone as soon as you wanted?
 - PROBE 3: Do/did the people who you went to for services spend enough time with you?
 - PROBE 4: Do/did you help to develop your service/treatment goals?
 - PROBE 5: Are/were the people you received services from sensitive to your cultural background (race, religion, language, sexual orientation, etc.)
 - PROBE 6: Were you given information about different services that were available to you?
 - PROBE 7: Were you given enough information to effectively handle your problems?
- B. What things can/could have been improved?
 - PROBE 1: What things do/did you dislike about the program?
- C. What did you like about the outreach pretreatment (i.e., how people approached you and talked about recovery)?
- D. What did you like about the treatment program?

Thank you for talking about how satisfied or not you have been with the program services.

III. Barriers/Facilitators to Receiving Services (15 minutes)

Let's move on to a discussion of barriers and facilitators to your treatment in this program.

- A. What are some things or people that may have prevented you from receiving treatment or program services?
- B. What type of things or people may have prevented you from being successful in this program?
 - PROBE 1: Was the location of this program accessible?
 - PROBE 2: Was the staff here helpful to you as you were going through treatment? How so? How not?
 - PROBE 3: Was the staff available when you needed them? Please describe instances where you think they were available to you.
 - PROBE 4: How, if at all, has the staff been sensitive to your cultural background? Have you been assigned to counselors of the same race? Is that important to you?
- C. What could be done to make the program and services more appealing?
- D. What suggestions do you have for the program staff that might help make the program better?

Thanks for sharing how you feel about the program and for providing suggestions for improvement in certain program areas.

IV. Client Behaviors (15 minutes)

Now I'd like to move into a discussion of how things in your life may have changed because of this program.

- A. Has anything in your life changed as a result of your participation in this program?
 - PROBE 1: How, if at all, has your alcohol use changed?
 - PROBE 2: Has your injection drug use changed?
 - PROBE 3: Has your sense or level of anxiety or nervousness changed?
 - PROBE 4: Have you engaged in unprotected sex less frequently?
 - PROBE 5: What, if any at all, specific program services have helped you make the changes we've just discussed?
- B. Have you seen changes in other aspects of your life as a result of participation in the program?
 - PROBE 1: How, if at all, has your living situation changed?
 - PROBE 2: Have your relationships with those close to you changed since you've been in treatment? How so?
 - PROBE 3: Have you had less involvement with the criminal justice system since you've been in treatment?
 - PROBE 4: Have you worked at a job (full or part-time)? (ask if the job is part of an outpatient employment program)

V. Closing Comments (*Concluding remarks) (5 minutes)

Thank you very much for taking the time to discuss your experiences in this program. In closing, I wanted to give you the opportunity to ask questions or make additional comments.

- A. Do you have any questions, comments, or feedback regarding our discussion?
- B. Are there any topic areas, issues, or concerns relating to the TCE-HIV Multi-Site Evaluation that you would suggest?

Attachment 1a: Document 1 - Client Focus Group Discussion Guide

CLIENT FOCUS GROUP FACILITATOR FORM

The following form should be completed by the facilitator(s) and it is not part of the focus group guide.

Post-Focus Group Summary [Completed by Facilitator]

Table: Discussion Topics Covered in Interview and Key Findings/Themes

√	Section	Key Interview Findings/Themes by Topic Area	Respondents Supporting Finding*	Supporting Page(s) in Notes				
	Community/ Contextual Conditions							
	Client Satisfaction							
	Barriers/ Facilitators							
	Client Behaviors							
Sta	* Code respondents based on Data Sheet numbering: Respondent 1 as R1, Respondent 2 as R2, etc. (e.g., Statements by R1 supported Key Theme 1) Other Topic Areas Discussed							
Lis	t of Documents Ob	otained						
Ob	Observations Regarding Interview Setting (e.g., description of location, disruptions, etc.)							
Ob	servations Regard	ing Interview Respondents (e.g., engagement level, relucta	ance etc.)					

Attachment 1a: Document 1 - Client Focus Group Discussion Guide

	Additional Notes and Comments
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TCE-HIV Multi-Site Evaluation INTAKE/BASELINE Client-Level Survey

Funding for data collection supported by the
Center for Substance Abuse Treatment (CSAT)
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services (HHS)

Instructions: These instructions are for program staff administering the TCE-HIV Multi-Site Evaluation Client-Level Survey. The Client-Level Survey should be administered by program staff at baseline (based on the program's definition of baseline), discharge, and 6 months post baseline to all clients receiving TCE-HIV services. **Please note that this version of the Client-Level Survey is to be used at INTAKE/BASELINE only.**

The Client-Level Survey includes six sections: Background Information, Risky Behaviors, HIV Testing/HIV Status, Social Support, Mental Health and Medical Health, and Motivation for Treatment. All questions in Sections A – F should be asked of the client.

Please read the introduction to each section (in *italics*) and then read each question to the client <u>as it is written</u>. For some questions, you will read the response options to clients. Other questions are openended and you will not read the response options to clients. Please see the note in *italics* next to each question to determine whether you should read the response options. Some questions require the use of response options cards. Please provide the response options card to clients when noted.

You may provide clarification to the client to help him or her understand the question, but please do not change the wording of the questions.

The Client-Level Survey should take approximately 25 minutes to administer.

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TCE-HIV Multi-Site Evaluation Client-Level Survey

INTAKE/BASELINE

Substance Abuse and Mer	d by the Center for Substance Abuse Treatment (CSAT) ntal Health Services Administration (SAMHSA) of Health and Human Services (HHS)					
Grantee ID	TIO					
Partner ID (if applicable)	TI0					
Client ID (Please use the same Client	nt ID that was assigned to the client for the GPRA)					
Date of Administration (mm/dd/yyyy)///						
	·					
PROGRAM STAFF: Please of	complete the following client background					
questions using information	collected from the Intake/Baseline GPRA.					
Client's Gender	☐ Male ☐ Female ☐ Transgender ☐ Refused					
	Other (specify)					
Client's Ethnicity: Is the client	☐ Yes ☐ No ☐ Refused					
Hispanic or Latino?						
Client's Race	☐ Alaska Native					
	☐ American Indian					
	Asian					
	☐ Black or African American					
	Native Hawaiian or Other Pacific Islander					
	White					
	∐ Refused					
Client's Age						

Public reporting burden for this collection of information is estimated to average 25 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 SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, 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 OMB control number. The control number for this project is ####-####.

Client ID:							
	Client ID: (Please use the same Client ID that was assigned to the client for the GPRA)						
Program Staf services. We a who gave us for be kept strictly number for you	Program Staff: The purpose of these questions is to get more information about how best to provide services. We are asking these questions because it is a requirement for us from the Federal government who gave us funding to provide services to you. All your background information and survey answers will be kept strictly confidential. All survey answers will be provided to the Federal government using only a number for you so there will be no way they can identify who you are. If you have any questions, comments, or concerns, please contact Resa Matthew, Ph.D. at 240-645-4608.						
	A. Backç	ground	Informa	tion			
Program Staf	f: First, I am going to ask you sor	ne ques	tions ab	out yourself.			
A1. What is	your marital status? Do not read	respons	e option	S.			
☐ 1 ☐ 4 ☐ 88	Never Married/Single Separated Refused	☐ 2 ☐ 5	Marrie Divorc		☐ 3 ☐ 6	Living as Married Widowed	
	ast 30 days, with whom or where read response options.	have yo	u lived?	You may say yes	s to more	e than one.	
	Alone With children alone With significant other alone With significant other and child In prison (long-term) In residential treatment Refused	ren		With parents With other fam With friends In jail (short-ter In a hospital Other (specify)			
	B. R	isky Be	haviors				
you at risk for open and hone	f: The next set of questions asks substance use disorders or HIV/A est answers are very important. T	AIDS. I re There are	ealize th e no righ	ese questions ar t or wrong answe	re very p ers.	ersonal, but your	
B1. Did yo	u use alcohol or drugs in the pas	t 30 day	s? Do n	ot read response	options	-	
1	Yes (specify what substances v	were use	ed in pas	st 30 days)			
□ 0 □ 88	No G66 Refused	Don't I	Know				
quest	Program Staff: If clients reported alcohol or drug use in Question B1 above please skip to question B3 below. Only ask question B2 below to clients who reported no alcohol or drug use in Question B1 above.						

B2.	reasons f	ported that during the past 30 days you did <u>not</u> use alcohol or drugs. What were your so for <u>not</u> using any alcohol or drugs? You may say yes to more than one. <i>Please read</i> see options.										
	□ 1 Ir	n jail/p	rison		4	Medical hospita	alization					
	□ 2	n pro	bation/pa	arole	5	Inpatient menta	al health	treatment				
	□ 3 L	Lack of money				Residential sub	ostance u	se treatment				
	☐ 7 C	ther (specify)									
	☐ 77 N	lot ap	olicable -	- used ald	cohol a	nd/or drugs in th	e past 30	days.				
	☐ 88 Refused											
	Program Staff: The next set of questions asks about your sexual behaviors. Again, I realize these uestions are very personal, but your open and honest answers are very important.											
B3.	In the pas			you enga	ige in ι	inprotected sexu	ual activit	y with a male	partner? Do not			
	☐ 1 Y	'es	□ 0	No	<u> </u>	Don't Know	88	Refused				
B4.	In the pas		-	you enga	ige in ι	inprotected sexu	ual activit	y with a fema	le partner? Do not			
	☐ 1 Y	'es	□ 0	No	<u> </u>	Don't Know	88	Refused				
B5.	In the pas female pa						ual activit	y with both a	male partner and a			
	☐ 1 Y	'es	□ 0	No	<u> </u>	Don't Know	□ 88	Refused				
	ual contac	ct dur	ing the	oast 30 d	ays. If		ot repor	t having unp	ving unprotected protected sexual ow.			
f the c	lient repo	rted f				rual contact ON , B6c, B6e, B6g			er, please ask only			
If the	client rep	orted				exual contact C , B6d, B6f, B6h			artner, please ask			
If the	client rep	orted				exual contact w ver all question			tner and a female			
B6.	In the pas	st 30 c	lays, did	you have	·				Did you use any of			
			Oral S	Sex		Vaginal Sex	Aı	nal Sex	the following before or during (check all that apply)			
	nprotected xual		1 # of tir	nes	□ 1	# of times	□ 1 # 0	f times	1 Alcohol			
	ntact with		0 No		□ 0	No	□ 0 No		☐ 2 Marijuana			
	male irtner?		66 Don't	Know	☐ 66	Don't Know	☐ 66 D	on't Know	☐ 3 Heroin			
μa			77 N/A		77	N/A	☐ 77 N	'A	4 Cocaine/ Crack			
			88 Refu	sed	88 🔲	Refused	■ 88 Re	efused	5 Other			
									66 Don't Know			

		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)
					☐ 77 N/A
b.	Unprotected				88 Refused
Б.	sexual	☐ 1 # of times	1 # of times	1 # of times	1 Alcohol
	contact with	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	a female partner?	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	partiter:	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
		☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
					☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
C.	Unprotected sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	male	□ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	partner in	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	exchange for money,	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	drugs, or	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	shelter?				☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
d.	Unprotected sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	female	□ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	partner in	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	exchange for money,	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	drugs, or	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	shelter?				☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
e.	Unprotected sex with a	1 # of times	☐ 1 # of times	1 # of times	1 Alcohol
	male	□ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	know has, or might have a	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	sexually	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
	transmitted disease				☐ 66 Don't Know
	(STD)?				☐ 77 N/A
	11				☐ 88 Refused
f.	Unprotected sex with a	1 # of times	1 # of times	1 # of times	☐ 1 Alcohol
	female	□ 0 No	□ 0 No	□ 0 No	☐ 2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin

		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)
	know has, or	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	might have sexually	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	transmitted				☐ 66 Don't Know
	disease				☐ 77 N/A
	(STD)?				☐ 88 Refused
g.	Unprotected sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	male	□ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	know has, or might have	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	HIV/AIDS?	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
					☐ 66 Don't Know
					☐ 77 N/A
					88 Refused
h.	Unprotected sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	female	□ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	know has, or might have,	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	HIV/AIDS?	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
					☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
i.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	male	□ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	know is, or might be an	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	injection	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
	drug user?				☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
j.	Unprotected sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	female	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you know is, or	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	might be an	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	injection	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
	drug user?				☐ 66 Don't Know
					☐ 77 N/A
					88 Refused

C. HIV Testing/HIV Status

Program Staff: These questions ask about whether you have ever been tested for HIV and your HIV status as well as other sexually transmitted infections (STIs).

			onths, ha				d with a	sexually tra	ansmitt	ed infectio	n (STI) d	other
	<u> </u>	Yes	□ 0	No	□ 66	Don'	t Know	88	Refus	ed		
C2. Ha	C2. Have you ever tested positive for HIV? Do not read response options.											
☐ 1 Yes ☐ 0 No ☐ 66 Don't Know ☐ 88 Refused												
Pro	Program Staff: If client answered No, Don't Know, or Refused to Question C2, please skip to Question D1											
C3. Ho	w long	have yo	ou knowr	you we	ere HIV	positive	? Do n	ot read resp	onse o	ptions.		
	1	30 day	s or less	5	_ 2	Grea	iter thar	n 30 days				
	☐ 66	Don't I			□ 77	Not a	applicab	ole – Not HI	V positi	ve.		
	<u> </u>	Refuse	ed									
behavio	Program Staff: Next, I am going to ask you some questions about whether you have changed your behavior since you found out you were HIV positive. I am going to read each answer option and please use Response Card A to tell me how much you have changed your behavior. Please select only one choice for each statement. [Please read response options].											
			d out you luch have			Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused
C4.	(need	les/syrir	injection nges) wit th anythi	hout fire		1	_ 2	3	<u> </u>	<u> </u>	□ 77	88
C5.	(need	les/syrir	injection nges) wit s, or migl	h some		_ 1	_ 2	3	4	<u>5</u>	77	■ 88
C6.	Havin conta		tected s	exual		1	_ 2	<u> </u>	4	<u> </u>	□ 77	□ 88
C7.	some		tected sexchange		ney,	1	_ 2	3	4	<u> </u>	□ 77	□ 88
C8.	partne have	er you k	tected so now has ally transo))?	, or mig		_ 1	_ 2	3	4	<u> </u>	77	□ 88
C9.	partne		tected sonow has			1	_ 2	3	☐ 4	<u> </u>	□ 77	■ 88
C10.			tected so		nt be	1	_ 2	3	4	<u> </u>	77	■ 88

	Since you found out you were HIV positive, how much have you changed	Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused
	an injection drug user?							
C11.	Having unprotected sex while you were under the influence of drugs or alcohol?	1	_ 2	3	4	<u>5</u>	77	□ 88

D. Social Support

Program Staff: Next, I am going to ask you some questions about the important people in your life. I am going to read each answer option and please indicate how much you agree or disagree with each statement below using Response Card B. Please select only one choice for each statement. [Please read response options].

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly	Refused
D1.	You have people close to you who motivate and encourage your recovery.	1	2	<u> </u>	4	<u> </u>	□ 88
D2.	You have close family members who help you stay away from drugs.	1	_ 2	<u> </u>	4	<u> </u>	■ 88
D3.	You have good friends who do not use drugs.	1	_ 2	<u> </u>	4	<u> </u>	□ 88
D4.	You have people close to you who can always be trusted.	1	_ 2	□ 3	4	<u> </u>	□ 88
D5.	You have people close to you who understand your situation and problems.	1	_ 2	3	4	<u> </u>	■ 88
D6.	You work in situations where drug use is common.	1	_ 2	□ 3	4	☐ 5	□ 88
D7.	You have people close to you who expect you to make positive changes in your life.	1	2	3	<u> </u>	<u> </u>	88
D8.	You have people close to you who help you develop confidence in yourself.	1	2	3	<u> </u>	<u> </u>	88
D9.	You have people close to you who respect you and your efforts in this program.	1	2	3	<u> </u>	<u> </u>	□ 88

D10.	In the past 30 days, did you attend any self-help groups for recovery (e.g., NA, AA, SMART Recovery)? Do not read response options.											
	☐ 1 ☐ 0 ☐ 88	Yes (specify h No Refused	ow many	times)								
			E. Men	tal Health a	and Med	dical Hea	alth					
_	am Staff al health	: These questio	ns ask ab	out differen	t areas (of your li	fe such as y	our em	otional and	,		
Mental	<u>Health</u>											
you to	tell me h	: Next I have a now much that p sponse Card A.	roblem ha	as distresse	d or bot	hered yo						
		g the past 30 days	s, how muc	h were you	Not at all	A little bit	Moderately	Quite a bit	Extremely	Refused		
E1.	Nerv	ousness or sha	kiness ins	side	<u> </u>	_ 2	☐ 3	<u> </u>	<u> </u>	□ 88		
E2.	Thou	ughts of ending	your life		1	_ 2	☐ 3	4	<u> </u>	88		
E3.	Sudo	denly scared for	no reaso	n	<u> </u>	_ 2	<u> </u>	<u> </u>	<u> </u>	□ 88		
E4.	Feel	ing lonely			<u> </u>	_ 2	<u> </u>	4	<u> </u>	88		
E5.	Feel	ing blue			<u> </u>	_ 2	<u> </u>	<u> </u>	<u> </u>	88		
E6.	Feel	ing no interest i	n things		<u> </u>	_ 2	<u> </u>	<u> </u>	<u> </u>	88		
E7.	Feel	ing fearful			1	2	☐ 3	4	<u> </u>	□ 88		
E8.	Feel	ing hopeless ab	out the fu	iture	1	2	☐ 3	4	<u> </u>	□ 88		
E9.	Feel	ing tense or key	ed up		1	2	☐ 3	4	<u> </u>	□ 88		
E10.	Spel	ls of terror or pa	anic		1	2	☐ 3	4	<u> </u>	□ 88		
E11.	Feel	ing so restless	you could	n't sit still	1	2	☐ 3	4	<u> </u>	□ 88		
E12.	Feel	ings of worthles	sness		1	☐ 2	☐ 3	4	<u> </u>	□ 88		
E13.	help yo	past 30 days, hou cope with streense Card A to p	essful life	events? I ai	m going	to read	each answe	r option				
	□ 1	Not at all	□ 2	A little bit		з Мо	derately					
	· ☐ 4	Quite a bit	□ ₂	Extremely	_		fused					
E14.	During	the past 3 mon nt, outpatient, e	ths, did yo	ou receive s	ervices	for ment	al or emotio	nal diffic	culties (i.e.	i		
	☐ 1 ☐ 88	Yes (specify h	ow many	times)			0 No					

E15.	During the past 3 months, were you prescribed a medication for mental or emotional difficulties (e.g., Prozac, Cymbalta)?									
	☐ 1 ☐ 88	Yes (specify mo	edicatior	ns)		<u> </u>	No			
E16.	Is this y	our first time in	a substa	nce abuse treatr	ment pro	gram? I	Do not re	ead response options.		
	<u> </u>	Yes	□ 0	No	□ 88	Refuse	ed			
	Progr	am Staff: If clie	nt answ	ered Yes to Que	estion E	16, plea	ase skip	to Question E19		
E17.		any times have y read response o		n in substance al	buse trea	atment b	pefore co	oming to this program?		
	☐ 1 ☐ 4	One time > than 7 times	☐ 2 ☐ 77	2 – 4 times Not Applicable		5 – 7 ti Refuse				
E18.		pe of substance d response optic		reatment progra	m were	you in b	efore co	ming to this program? Do		
	☐ 1 ☐ 77	Outpatient Not Applicable	☐ 2 ☐ 88	Residential Refused	3	Both	□ 4	Opioid Treatment		
E19.	Why ar	e you enrolling in	n this tre	atment program	? Do no	t read re	esponse	options.		
	☐ 1 ☐ 88	Self-admitted Refused	_ 2	Court Mandate	d	<u></u> 3	Other (specify)		
E20.	Which	drug(s) do you w	ant to a	ddress in this tre	atment p	orogram	?			
	Specify	/:								
	☐ 66	Don't Know	88	Refused						
E21.		are receiving othed by this agency						ch of your care is		
	□ 0	I do not receive	other s	ubstance abuse	treatme	nt servic	es			
	1	I receive most of	of my ca	re from <u>this</u> ager	ncy/orga	nization				
	_ 2	I receive about agency/organiz		ny care from this	agency	organiz/	ation and	d half from another		
	☐ 3	I receive most of	of my ca	re from another	agency/d	organiza	ition			

Medical Health

E22.	In the past 30 days, did you have any type of health insurance for yourself? <i>Please read response options.</i>										
		Yes, private health insurance Yes, Medicare Yes, Medicaid 0		r Governn	oyer/union, nent health i fused		-	ed)			
E23.	treatme	the past 30 days, did you receient) for physical illness or injury se options.									
	☐ 1 ☐ 88	Yes (specify how many times) Refused		_							
E24.		the past 30 days, for about how sual activities, such as self-care									
		Number of days		∃88 Ref	fused						
	F. Motivation for Treatment										
Each of For each how m	of the folloch stated uch you If the clie	f: The following questions ask a lowing statements describes a v ment, I am going to read each a agree or disagree with each sta ent's primary substance of choic es suggested in [] below.	vay that you inswer optio atement righ	might (or n and plea t now. [Ple	might not) fo se use Res ease read re	eel abou ponse (esponse	ut your dru Card C to options].	ug use. indicate			
F1.	so	nave already started making ome changes in my <u>use of</u> rugs [drinking].	Strongly Disagree	Disagree 2	Undecided or Unsure	Agree	Strongly Agree 5	Refused			
F2.	m m	was <u>using drugs</u> [drinking] too luch at one time, but I've lanaged to change <u>that</u> [my rinking].	1	_ 2	3	4	<u>5</u>	□ 88			
F3.	cł l'r	m not just thinking about nanging my <u>drug use</u> [drinking], m already doing something pout it.	1	_ 2	3	4	<u>5</u>	88			
F4.	<u>us</u> fo	nave already changed my <u>drug</u> se [drinking], and I am looking or ways to keep from slipping ack to my old pattern.	1	_ 2	3	4	<u> </u>	□ 88			
F5.	CI	am actively doing things now to ut down or stop <u>my use of drugs</u> lrinking].	<u> </u>	2	3	<u> </u>	<u> </u>	□ 88			

		Strongly Disagree	Disagree	Undecided or Unsure	Agree	Strongly Agree	Refused					
F6.	I want help to keep from going back to the <u>drug</u> [drinking] problems that I had before.	ĭ1	_ 2	3	<u> </u>	<u></u> 5	□ 88					
F7.	I am working hard to change my drug use [drinking].	1	_ 2	<u> </u>	4	<u> </u>	88					
F8.	I have made some changes in my drug use [drinking], and I want some help to keep from going back to the way I used [to drink] before.	<u> </u>	2	3	4	<u></u> 5	□ 88					
	End of INTAKE/BASELINE Client-Level Survey Thank you for your time!											

Program Staff: Please complete the following section on client drug testing after administration of the INTAKE/BASELINE Client-Level Survey. Please consult the client's medical record as necessary to complete this section. 1. How frequently does your program conduct drug testing? *Mark all that apply.* $\prod 1$ Intake $\prod 2$ At each session Пз Randomly □ 5 **1** 4 □ 6 Discharge Post-discharge Never Пз Other (specify) _ 2. For what reason(s) does your program conduct drug testing? Mark all that apply. $\prod 1$ $\prod 2$ Пз Scheduled For Cause Other (specify) $\prod 4$ At the request of the legal system (e.g., parole officer, court mandated) 3. Has the client received a drug test in the past 90 days? Пο ☐ 66 Unknown \Box 1 Yes (specify how many times) No Program Staff: Only complete the following questions if the client has received a drug test in the past 90 days 4. When did the client last receive a drug test? Month, Day, Year: □ 66 Unknown 5. What method was used to conduct the client's most recent drug test? ☐ 1 Saliva ☐ 2 Blood ☐ 3 Urine $\prod 4$ Hair □ 5 Sweat ☐ 6 Breath ☐ 66 Unknown 6. Was the sample collection directly observed? \square_1 Yes \square 0 Nο ☐ 66 Unknown 7. The client's most recent drug test checked for the presence of which substances and/or drug groups? Mark all that apply. Alcohol **Amphetamines** Barbiturates Benzodiazepines Cocaine/Crack \Box Marijuana Methamphetamine Opiates Phencyclidine (PCP) Other (specify) ___ **1**66 Unknown 8. What were the results of the client's most recent drug test? \Box 1 Negative for all drugs tested $\prod 2$ Positive (specify for which substances) _____ Пз Other outcome (i.e., neither negative nor positive), specify _____ 9. If the test was positive for recent use of alcohol or other drugs, what actions were taken as a result of the positive test? Client counseled not to use drugs and/or alcohol More frequent visits required (specify frequency) More frequent drug testing required (specify frequency) Other action(s) (specify) Unknown

RESPONSE CARD A	RESPONSE CARD B	RESPONSE CARD C
1 = Not at all	1 = Disagree Strongly	1 = Strongly Disagree
2 = A little bit	2 = Disagree	2 = Disagree
3 = Moderately	3 = Uncertain	3 = Undecided or Unsure
4 = Quite a bit	4 = Agree	4 = Agree
5 = Extremely	5 = Agree Strongly	5 = Strongly Agree

TCE-HIV Multi-Site Evaluation **DISCHARGE Client-Level Survey**

Funding for data collection supported by the
Center for Substance Abuse Treatment (CSAT)
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services (HHS)

Instructions: These instructions are for program staff administering the TCE-HIV Multi-Site Evaluation Client-Level Survey. The Client-Level Survey should be administered by program staff at baseline (based on the program's definition of baseline), discharge, and 6 months post baseline to all clients receiving TCE-HIV services. **Please note that this version of the Client-Level Survey is to be used at the DISCHARGE only.**

The Client-Level Survey includes six sections: Background Information, Risky Behaviors, HIV Testing/HIV Status, Social Support, Mental Health and Medical Health, and Motivation for Treatment. All questions in Sections A – F should be asked of the client.

Please read the introduction to each section (in *italics*) and then read each question to the client <u>as it is written</u>. For some questions, you will read the response options to clients. Other questions are openended and you will not read the response options to clients. Please see the note in *italics* next to each question to determine whether you should read the response options. Some questions require the use of response options cards. Please provide the response options card to clients when noted.

You may provide clarification to the client to help them understand the question, but please do not change the wording of the questions.

The Client-Level Survey should take approximately 25 minutes to administer.

Form Approved OMB No. ####-#### Expiration Date: ##/######

TCE-HIV Multi-Site Evaluation Client-Level Survey

DISCHARGE

Substance Abuse and Mer	d by the Center for Substance Abuse Treatment (CSAT) ntal Health Services Administration (SAMHSA) of Health and Human Services (HHS)								
Grantee ID	TIO								
Partner ID (if applicable)	TI0								
Client ID (Please use the same Client	nt ID that was assigned to the client for the GPRA)								
Date of Administration (mm/dd/yyyy) / / /									
Date of Administration (min/dd/yyyy)									
PROGRAM STAFF: Please complete the following client background questions using information collected from the Discharge GPRA.									
Client's Gender	☐ Male ☐ Female ☐ Transgender ☐ Refused ☐ Other (specify)								
Client's Ethnicity: Is the client Hispanic or Latino?	☐ Yes ☐ No ☐ Refused								
Client's Race	☐ Alaska Native ☐ American Indian ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Refused								
Client's Age									

Public reporting burden for this collection of information is estimated to average 25 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 SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, 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 OMB control number. The control number for this project is ####-####.

Client ID: (Please use the same Client ID that was assigned to the client for the GPRA)												
	(Please use the same Client ID t	hat was a	assigned t	to the client for the	GPRA)							
services. We a who gave us for be kept strictly number for yo	Program Staff: The purpose of these questions is to get more information about how best to provide services. We are asking these questions because it is a requirement for us from the Federal government who gave us funding to provide services to you. All your background information and survey answers will be kept strictly confidential. All survey answers will be provided to the Federal government using only a number for you so there will be no way they can identify who you are. If you have any questions, comments, or concerns please contact Resa Matthew, Ph.D. at 240-645-4608.											
A. Background Information												
Program Staff: First, I am going to ask you some questions about yourself.												
A1. What is y	our marital status? Do not read i	respons	e option:	S.								
□ 1	Never Married/Single	□ 2	Marrie	d	☐ 3	Living as Married						
4	Separated	 5	Divorc	ed	 6	Widowed						
□ 88	Refused											
A2. In the past 30 days, with whom or where have you lived? You may say yes to more than one. Please read response options.												
	Alone			With parents								
	With children alone			With other fam	ily meml	bers						
	With significant other alone			With friends								
	With significant other and childr	en		In jail (short-te	rm)							
	In prison (long-term)			In a hospital								
	In residential treatment			Other (specify)								
□ 88	Refused											
	B. Ri	sky Be	haviors									
you at risk for s	f: The next set of questions asks substance use disorders or HIV/A est answers are very important. T	IDS. I re	ealize th	ese questions ar	re very p							
B1. Did yo	u use alcohol or drugs since ente	ring trea	atment?	Do not read resp	oonse op	otions.						
1	Yes (specify what substances w	vere use	ed since	entering treatme	ent)							
□ 0	No 🗌 66	Don't k	Know									
□ 88	Refused											
questi	am Staff: If clients reported alc ion B3 below. Only ask questio Question B1 above.											

DZ.	reasons	s for not using any alcohol or drugs? You may say yes to more than one. <i>Please read</i> se options.											
		•		-	_								
		In jail/p			4 	Medical hospita							
		-	bation/pa		5 	Inpatient mental health treatment							
			f money		6	Residential substance use treatment							
			(specify)										
	☐ 77 Not applicable – used alcohol and/or drugs since entering treatment.												
	☐ 88 Refused												
Program Staff: The next set of questions asks about your sexual behaviors. Again, I realize these uestions are very personal, but your open and honest answers are very important.													
B3. In the past 30 days, did you engage in unprotected sexual activity with a male partner? Do not read response options.													
	□ 1 ¹	Yes	□ 0	No [<u> </u>	Don't Know	88	Refused					
B4.	In the pa			you enga	ge in u	nprotected sexu	ıal activit	y with a fema	le partner? Do not				
	□ 1 ¹	Yes	□ 0	No [66	Don't Know	88	Refused					
B5.	5. In the past 30 days, did you engage in unprotected sexual activity with both a male partner and a female partner? Do not read response options.												
	□ 1 ¹	Yes	□ 0	No [<u></u> 66	Don't Know	□ 88	Refused					
		act dui	ring the	past 30 da	ays. If		ot repor	t having unp	aving unprotected protected sexual ow.				
f the c	lient repo	orted l	having u			ual contact ON B6c, B6e, B6g			er, please ask only				
If the	client re	porte	d having			exual contact O B6d, B6f, B6h			artner, please ask				
If the	e client re	eporte				exual contact w r all questions			tner and a female				
B6.	In the pa	st 30 (days, did Oral s	you have		/aginal Sex	۸۰	nal Sex	Did you use any of				
			Urai v	JEX		vagiliai sex		iai Sex					
									the following before or during (check all that apply)				
	nprotected	d \Box] 1 # of tii	mes		# of times		f times	the following before or during (check all				
se	nprotected exual entact witl] 1 # of tii] 0 No	mes	1 i	# of times		f times	the following before or during (check all that apply)				
se co a i	xual ntact witl male		-		1 i		☐ 1 # 0 ☐ 0 No	f times	the following before or during (check all that apply)				
se co a i	xual intact witl] 0 No		13 01 66	No —	☐ 1 # 0 ☐ 0 No	on't Know	the following before or during (check all that apply) 1 Alcohol 2 Marijuana				
se co a i	xual ntact witl male] 0 No] 66 Don'i	t Know	1 7 0 1 66 77	No Don't Know	1 # 0 0 No 66 Do	on't Know	the following before or during (check all that apply) 1 Alcohol 2 Marijuana 3 Heroin				

		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)
					☐ 77 N/A
-	l la a sata ata al				88 Refused
b.	Unprotected sexual	1 # of times	1 # of times	1 # of times	1 Alcohol
	contact with	☐ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	a female partner?	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	partiler	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
		☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
					☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
C.	Unprotected sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	male	☐ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	partner in	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	exchange for money,	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	drugs, or	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	shelter?				☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
d.	Unprotected sex with a	1 # of times	☐ 1 # of times	1 # of times	1 Alcohol
	female	☐ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	partner in	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	exchange for money,	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	drugs, or	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
	shelter?				☐ 66 Don't Know
					☐ 77 N/A
					88 Refused
e.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	male	☐ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	partner you know had, or	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	having a	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
	sexually transmitted				☐ 66 Don't Know
	disease				☐ 77 N/A
	(STD)?				☐ 88 Refused
f.	Unprotected sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	female	☐ 0 No	□ 0 No	☐ 0 No	🗌 2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin

		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)
	know had, or	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	suspected of having a	☐ 88 Refused	88 Refused	☐ 88 Refused	5 Other
	sexually				☐ 66 Don't Know
	transmitted disease				☐ 77 N/A
	(STD)?				☐ 88 Refused
g.	Unprotected sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	male	☐ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	know had, or suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	having	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	HIV/AIDS?				☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
h.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	female	☐ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	know had, or suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	having	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	HIV/AIDS?				☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
i.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	male	☐ 0 No	□ 0 No	□ 0 No	🗌 2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	knew was, or suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	being an	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	injection drug user?				☐ 66 Don't Know
	arag assir				☐ 77 N/A
	l la a rata ata al				88 Refused
j.	Unprotected sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	female	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you knew was, or	☐ 66 Don't Know	66 Don't Know	66 Don't Know	☐ 3 Heroin
	suspected of	☐ 77 N/A	☐ 77 N/A	77 N/A	4 Cocaine/ Crack
	being an	☐ 88 Refused	88 Refused	88 Refused	5 Other
	injection drug user?				66 Don't Know
	J				☐ 77 N/A
					88 Refused

C. HIV Testing/HIV Status

Program Staff: These questions ask about whether you have ever been tested for HIV and your HIV status as well as other sexually transmitted infections (STIs).

			onths, ha				d with a	sexually tra	ansmitt	ed infectio	n (STI) d	other
	1	Yes	□ 0	No	□ 66	Don'	t Know	88	Refus	ed		
C2. H	lave you	ever te	sted pos	itive for I	HIV? D	o not re	ead resp	onse optior	ns.			
	<u> </u>	Yes	□ 0	No	☐ 66	Don'	t Know	88	Refus	ed		
****/	Program	Staff:	If client	answere			Know, o n D1***	r Refused *	to Que	stion C2,	please :	skip to
C3. H	low long	have yo	ou knowr	n you we	re HIV	positive	e? Do no	ot read resp	onse o	ptions.		
	☐ 1 ☐ 66 ☐ 88	30 day Don't Refus		6	☐ 2 ☐ 77			ı 30 days ıle – Not Hl	V positi	ve.		
behavi use Re	ior since esponse	you fou Card A	ınd out y	ou were e how m	HIV po auch yo	sitive. I u have	am goii change	about wheting to read e d your beha	each an	swer optic	on and p	lease
			d out you nuch have		ged	Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused
C4.	(need	aring drug injection equipment eddles/syringes) without first aning it with anything?		1	_ 2	3	4	<u> </u>	<u> </u>	■ 88		
C5.	(need you k	les/syri	injection nges) with d, or sus IDS?	th some	one	_ 1	_ 2	3	4	<u>5</u>	77	88
C6.	Havin conta	•	tected s	exual		1	_ 2	<u> </u>	4	<u> </u>	77	88
C7.	some		otected s exchange elter?		ney,	1	_ 2	3	4	<u> </u>	□ 77	□ 88
C8.	partne suspe	er you kected of	otected s now had having a lisease (\$	l, or a sexuall		1	_ 2	3	4	<u>5</u>	<u> </u>	□ 88
C9.	partne	er you k	otected s now had having h	l, or		1	2	3	4	<u> </u>	77	□ 88
C10	Havin	a unnre	ntected s	ev with		□₁	$\prod 2$	П з	\square_{A}	\Box 5	□ 77	

	Since you found out you were HIV positive, how much have you changed	Not at all	A little bit	Moderate	ly Quite a bit	Extremely	N/A	Refused
	someone you know was, or suspected of being an injection drug user?							
C11.	Having unprotected sex while you were under the influence of drugs or alcohol?	1	_ 2	3	4	<u> </u>	□ 77	■ 88
	D. 9	Social	Suppo	ort				
going t statem	am Staff: Next, I am going to ask you so o read each answer option and please i ent below using Response Card B. Plea se options].	ndicate	how n	nuch you a	agree or d	lisagree v	vith each	
			agree ongly	Disagree	Uncertain	Agree	Agree Strongly	Refused
D1.	You have people close to you who motivate and encourage your recovery] 1	_ 2	3	4	<u> </u>	88
D2.	You have close family members who help you stay away from drugs.	o [] 1	_ 2	☐ 3	4	<u> </u>	□ 88
D3.	You have good friends who do not use drugs.] 1	_ 2	☐ 3	4	<u> </u>	□ 88
D4.	You have people close to you who can always be trusted.] 1	_ 2	3	4	<u> </u>	88
D5.	You have people close to you who understand your situation and problems.] 1	_ 2	<u></u> 3	4	<u> </u>	□ 88
D6.	You work in situations where drug use is common.] 1	_ 2	<u> </u>	4	<u> </u>	□ 88
D7.	You have people close to you who expect you to make positive change in your life.	s] 1	_ 2	<u></u> 3	4	<u> </u>	□ 88
D8.	You have people close to you who help you develop confidence in yourself.] 1	_ 2	<u></u> 3	4	<u> </u>	□ 88
D9.	You have people close to you who respect you and your efforts in this program.] 1	_ 2	3	4	<u> </u>	88
D10.	In the past 30 days, did you attend any Recovery)? Do not read response option		elp gro	ups for red	covery (e.	g., NA, A	A, SMAR	T.
	1 Yes (specify how many times)							

□ 0

No

☐ 88 Refused

E. Mental Health and Medical Health

Program Staff: These questions ask about different areas of your life such as your emotional and physical health.

Mental Health

Program Staff: Next I have a list of problems people sometimes have. As I read each one to you, I want you to tell me how much that problem has distressed or bothered you during the past 30 days including today using Response Card A. [Please read response options].

		s, how mu	ch were you	Not at all	A little bit	e Mode	rately	Quite a bit	Extremely	Refused
Ner	vousness or sha	akiness ir	nside	1	_ 2		3	4	<u> </u>	88
Tho	ughts of ending	your life		1	_ 2		3	4	5	88
Sud	denly scared for	r no reas	on	1	2		3	4	<u> </u>	88
Fee	ling lonely			1	2		3	4	<u> </u>	88
Fee	ling blue			1	_ 2] з	4	<u> </u>	88
Fee	ling no interest i	n things		1	_ 2		3	4	<u> </u>	□ 88
Fee	ling fearful			1	_ 2		3	4	<u> </u>	□ 88
Fee	ling hopeless at	out the f	uture	1	_ 2] з	4	<u> </u>	88
Fee	ling tense or key	yed up		1	_ 2] з	4	<u> </u>	88
Spe	lls of terror or pa	anic		1	_ 2] з	4	<u> </u>	88
Fee	ling so restless	you could	dn't sit still	1	2		3	4	<u> </u>	88
Fee	lings of worthles	ssness		1	_ 2		3	4	<u> </u>	88
help yo	ou cope with str	essful life	e events? I a	m going	to read	d each a	nswe	r option		
1	Not at all	<u> </u>	A little bit		3 N	/loderate	ely			
☐ 4	Quite a bit	<u> </u>	Extremely		88 R	Refused				
								nal diffic	culties (i.e.	,
1	Yes (specify h	ow many	/ times)] o N	lo	88	Refused	l
			e you prescr	ibed a me	edicatio	on for m	ental	or emot	ional diffic	ulties
<u> </u>	Yes (specify n	nedicatio	ns)] 0 N	lo			
88	Refused									
	distr Nerr Tho Sud Fee Fee Fee Fee Fee Fee In the help you Respond 1 During inpatie	distressed by Nervousness or sharthoughts of ending Suddenly scared for Feeling lonely Feeling blue Feeling no interest in Feeling fearful Feeling hopeless at Feeling tense or key Spells of terror or parelling so restless Feelings of worthless In the past 30 days, he help you cope with stransporage Card A to parelling tense of the policy of the past 3 mon inpatient, outpatient, ed. In the past 3 mon inpatient, ed. In the past 3 mon inpatient in the past 3 mon inpatient in the past 3 mon inpatient in the pas	Nervousness or shakiness in Thoughts of ending your life Suddenly scared for no reas Feeling lonely Feeling blue Feeling no interest in things Feeling fearful Feeling hopeless about the feeling tense or keyed up Spells of terror or panic Feeling so restless you could Feeling so feelings of worthlessness In the past 30 days, how often help you cope with stressful life Response Card A to provide you in a life in the past 3 months, did you inpatient, outpatient, emergence I was specify how many During the past 3 months, were (e.g., Prozac, Cymbalta)?	Nervousness or shakiness inside Thoughts of ending your life Suddenly scared for no reason Feeling lonely Feeling blue Feeling no interest in things Feeling fearful Feeling hopeless about the future Feeling tense or keyed up Spells of terror or panic Feeling so restless you couldn't sit still Feelings of worthlessness In the past 30 days, how often have you us help you cope with stressful life events? I a Response Card A to provide your answer. 1 Not at all 2 A little bit 4 Quite a bit 5 Extremely During the past 3 months, did you receive sinpatient, outpatient, emergency room)? Do the company of the past 3 months, were you prescribed. 1 Yes (specify how many times)	Nervousness or shakiness inside	distressed by all bit a bit Nervousness or shakiness inside 1 2 3 4 Thoughts of ending your life 1 2 3 4 Suddenly scared for no reason 1 2 3 4 Feeling lonely 1 2 3 4 Feeling blue 1 2 3 4 Feeling no interest in things 1 2 3 4 Feeling fearful 1 2 3 4 Feeling hopeless about the future 1 2 3 4 Feeling tense or keyed up 1 2 3 4 Spells of terror or panic 1 2 3 4 Feelings or restless you couldn't sit still 1 2 3 4 Feelings of worthlessness 1 2 3 4 Feelings of worthlessness 1 2 3 4 In the past 30 days, how often have you used drugs (including prescription drug help you cope with stressful life events? I am going to read each answer options. In Not at all 2 A little bit 3 Moderately A Quite a bit 5 Extremely 88 Refused During the past 3 months, did you receive services for mental or emotional difficinpatient, outpatient, emergency room)? Do not read response options. In Yes (specify how many times) 0 No 88 During the past 3 months, were you prescribed a medication for mental or emotional difficing the past 3 months, were you prescribed a medication f	A bit Nervousness or shakiness inside 1			

E16.	Why did you enroll in this treatment program? Do not read response options.						
	☐ 1 ☐ 88	Self-admitted 2 Court Mandated 3 Other (specify)Refused					
E17.	Which	drug(s) did you want to address in this treatment program?					
	Specify	;					
	☐ 66	Don't Know 🔲 88 Refused					
E18.		If you are receiving other substance abuse treatment services, how much of your care is provided by this agency/organization? <i>Please read response options</i> .					
	□ 0	0 I do not receive other substance abuse treatment services					
	1	1 I receive most of my care from this agency/organization					
	_ 2	I receive about half of my care from this agency/organization and half from another agency/organization					
	<u> </u>	I receive most of my care from another agency/organization					
Medica	Medical Health						
E19.	In the past 30 days, did you have any type of health insurance for yourself? <i>Please read response options</i> .						
		Yes, private health insurance (e.g., through an employer/union, privately purchased) Yes, Medicare					
E20.	treatme	the past 30 days, did you receive medical treatment (not including substance abuse ent) for physical illness or injury (i.e., inpatient, outpatient, emergency room)? Do not read se options.					
	☐ 1 ☐ 88	Yes (specify how many times) 0 No Refused					
E21.	_	the past 30 days, for about how many days did poor physical health keep you from doing ual activities, such as self-care, work, or recreation? <i>Do not read response options.</i>					
		Number of days 88 Refused					

F. Motivation for Treatment

Program Staff: The following questions ask about your attitudes toward substance abuse treatment. Each of the following statements describes a way that you might (or might not) feel about your drug use. For each statement, I am going to read each answer option and please use Response Card C to indicate how much you agree or disagree with each statement right now. [Please read response options].

Note: If the client's primary substance of choice is alcohol, please replace <u>underlined</u> words with the wording changes suggested in [] below.

		Strongly Disagree	Disagree	Undecided or Unsure	Agree	Strongly Agree	Refused
F1.	I have already started making some changes in my use of drugs [drinking].	1	_ 2	3	4	5	■ 88
F2.	I was <u>using drugs</u> [drinking] too much at one time, but I've managed to change <u>that</u> [my drinking].	<u> </u>	_ 2	3	□ 4	<u> </u>	■ 88
F3.	I'm not just thinking about changing my drug use [drinking], I'm already doing something about it.	1	_ 2	3	4	<u> </u>	88
F4.	I have already changed my druguse [drinking], and I am looking for ways to keep from slipping back to my old pattern.	1	_ 2	<u></u> 3	4	<u> </u>	□ 88
F5.	I am actively doing things now to cut down or stop my use of drugs [drinking].	<u> </u>	2	3	<u> </u>	<u> </u>	□ 88
F6.	I want help to keep from going back to the <u>drug</u> [drinking] problems that I had before.	<u> </u>	_ 2	<u> </u>	4	<u> </u>	88
F7.	I am working hard to change my drug use [drinking].	_ 1	_ 2	<u> </u>	<u> </u>	<u> </u>	88
F8.	I have made some changes in my drug use [drinking], and I want some help to keep from going back to the way I used [to drink] before.	<u> </u>	2	3	4	<u>5</u>	88

End of DISCHARGE Client Level Survey
Thank you for your time!

Program Staff: Please complete the following section on client drug testing after administration of the DISCHARGE Client-Level Survey. Please consult the client's medical record as necessary to complete this section. 1. How frequently does your program conduct drug testing? *Mark all that apply.* \square_1 Intake \square_2 At each session Пз Randomly □ 5 **1** 4 □ 6 Discharge Post-discharge Never Пз Other (specify) _ 2. For what reason(s) does your program conduct drug testing? Mark all that apply. $\prod 1$ $\prod 2$ Пз Scheduled For Cause Other (specify) $\prod 4$ At the request of the legal system (e.g., parole officer, court mandated) 3. Has the client received a drug test in the past 90 days? Пο ☐ 66 Unknown \Box 1 Yes (specify how many times) Nο Program Staff: Only complete the following questions if the client has received a drug test in the past 90 days 4. When did the client last receive a drug test? Month, Day, Year: □ 66 Unknown 5. What method was used to conduct the client's most recent drug test? ☐ 1 Saliva ☐ 2 Blood ☐ 3 Urine $\prod 4$ \square_5 Sweat ☐ 6 Breath ☐ 66 Unknown 6. Was the sample collection directly observed? \square_1 Yes \square 0 Nο ☐ 66 Unknown 7. The client's most recent drug test checked for the presence of which substances and/or drug groups? Mark all that apply. Alcohol П **Amphetamines** Barbiturates Benzodiazepines Cocaine/Crack \Box Marijuana Methamphetamine Opiates Phencyclidine (PCP) Other (specify) ___ **1**66 Unknown 8. What were the results of the client's most recent drug test? \Box 1 Negative for all drugs tested Positive (specify for which substances) _____ $\prod 2$ \square_3 Other outcome (i.e., neither negative nor positive), specify _____ 9. If the test was positive for recent use of alcohol or other drugs, what actions were taken as a result of the positive test? Client counseled not to use drugs and/or alcohol More frequent visits required (specify frequency) More frequent drug testing required (specify frequency) Other action(s) (specify) Unknown

RESPONSE CARD A	RESPONSE CARD B	RESPONSE CARD C			
1 = Not at all	1 = Disagree Strongly	1 = Strongly Disagree			
2 = A little bit	2 = Disagree	2 = Disagree			
3 = Moderately	3 = Uncertain	3 = Undecided or Unsure			
4 = Quite a bit	4 = Agree	4 = Agree			
5 = Extremely	5 = Agree Strongly	5 = Strongly Agree			