



# TCE-HIV MULTI-SITE EVALUATION PROJECT

Training on TCE-HIV Multi-Site Evaluation  
Client Level Survey Instrument Completion  
for Pilot Test

# PURPOSE OF THE TRAINING

- Introduce pilot test TCE-HIV Multi-Site Evaluation Project Client Level Survey.
- Provide guidelines for completing and the Client Level Survey for the pilot test.
- Provide assistance to enhance consistency of pilot data collected using the Client Level Survey.





# INTRODUCTION TO TCE-HIV CLIENT LEVEL SURVEY

- JBS Team
- Background
- TCE-HIV Client Level Survey

# THE JBS TEAM

- ◉ JBS International, Inc.
- ◉ Alliances for Quality Education, Inc.
- ◉ Battelle Memorial Institute
- ◉ Oregon Health & Science University



# BACKGROUND

- CSAT's TCE-HIV Program was designed to improve access to substance abuse treatment and HIV/AIDS services through increasing capacity and outreach to racial and ethnic minority populations.
- The purpose of the TCE-HIV Client Level Survey is to...
  - Serve as a supplemental information source that measures content areas not covered in GPRA.
  - Gather data regarding client outcomes before and after exposure to TCE-HIV services.



# CLIENT LEVEL SURVEY

- ◉ Similar to administration of the GPRA, the Client Level Survey for the pilot test can be administered at baseline, discharge, and 6 months post-baseline.
- ◉ For the pilot test, the Client Level Survey should be administered to **nine** TCE-HIV enrolled clients who are also administered the GPRA.
- ◉ If possible, we are requesting that you administer the Client Level Survey to **3 clients at baseline, 3 clients at discharge, and 3 clients at 6-months post-baseline.**
- ◉ If possible, the Client Level Survey should be administered to clients between **November 12, 2009 and December 1, 2009**





# CLIENT LEVEL SURVEY COMPLETION OVERVIEW

# SURVEY COMPLETION

- ◉ Please read the introduction to each section (in *italics*) and then read each question to the client as it is written.
- ◉ You will read the response options to clients for some questions. Other questions are open-ended and you will not read the response options to clients. See the note in *italics* next to each question for guidance.
- ◉ If the client requests clarification, you may assist them in understanding the question, but please do not change the wording of the question. Do not provide the response options unless indicated or unless the client requests them for clarification.





# FILLING OUT THE SURVEY

- ◉ When marking answers, please mark choices with an “X.”
- ◉ For questions that require you to write the client’s response, please record the exact statement given by the client.
- ◉ Have a calendar present to reference for questions that ask about the past 30 days.
- ◉ Have the pre-provided Response Cards available and provide the card to clients when required during survey administration.
- ◉ We believe the Client Level Survey will take about 25 minutes to administer.
  - However, we would like your feedback on how long it takes to administer each of the 9 surveys.





# CLIENT LEVEL SURVEY: QUESTION BY QUESTION TRAINING

Client ID: \_\_\_\_\_

*(Please use the same Client ID that was assigned to the client for the GPRA)*

## CLIENT IDENTIFICATION (ID)

- ➔ **Client ID:** The Client ID appears above Section A.
- The Client ID should be the **same** as the GPRA ID.
  - The GPRA Client ID is a unique client identifier that is determined by the program.
  - The GPRA Client ID can be between 1 and 15 characters and can include both numerals and letters.
  - This number should be written in the space provided next to Client ID.

**EXAMPLE: RM102919**



**Program Staff:** *First, I am going to ask you some questions about yourself.*

A1. Do you consider yourself a racial/ethnic minority? *Do not read response options.*

1 Yes     0 No     66 Don't Know     88 Refused

## SECTION A: BACKGROUND INFORMATION

- ➔ **A1: Do you consider yourself a racial/ethnic minority?** *Do not read response options.*
- Read the italicized Section A introduction above question A1 and then read question A1 as written.
  - Record the client's answer by marking the survey response that most closely matches the client's answer.
  - If they client reports that they are uncertain or do not know, mark the "Don't Know" box.
  - If the client refuses to answer the question, mark the "Refused" box.



A2. What is your sexual orientation? *Do not read response options.*

- 1 Bisexual       2 Gay       3 Lesbian  
 3 Heterosexual       4 Transsexual       5 Other (specify) \_\_\_\_\_  
 88 Refused

## SECTION A: BACKGROUND INFORMATION

➔ **A2: What is your sexual orientation? *Do not read response options.***

- Read question A2 as written.
- Record the client's answer by marking the survey response that most closely matches the client's answer.
- If the client records a response that does not match any of the provided responses, mark the "Other" box and record the client's response in the space provided.
- If the client refuses to answer the question, mark the "Refused" box.



A3. What is your marital status? *Do not read response options.*

1 Never Married

2 Married

3 Living as Married

4 Separated

5 Divorced

6 Widowed

88 Refused

## SECTION A: BACKGROUND INFORMATION

➔ **A3: What is your marital status? *Do not read response options.***

- Read question A3 as written.
- Record the client's answer by marking the survey response that most closely matches the client's answer.
- If the client refuses to answer the question, mark the "Refused" box.



A4. In the past 30 days, with whom did you live? You may say yes to more than one. *Please read response options.*

- |                          |                                     |                          |                           |
|--------------------------|-------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Alone                               | <input type="checkbox"/> | With parents              |
| <input type="checkbox"/> | With children alone                 | <input type="checkbox"/> | With other family members |
| <input type="checkbox"/> | With significant other alone        | <input type="checkbox"/> | With friends              |
| <input type="checkbox"/> | With significant other and children | <input type="checkbox"/> | Jail                      |
| <input type="checkbox"/> | Prison                              | <input type="checkbox"/> | Hospital,                 |
| <input type="checkbox"/> | 88 Refused                          |                          |                           |

## SECTION A: BACKGROUND INFORMATION

➔ **A4: In the past 30 days, with whom did you live? You may say yes to more than one. *Please read response options.***

- Read question A4 as written and then read each response option and allow the client the answer “Yes” or “No” to each.
- Record all “Yes” responses by marking the box to the left of the response option with an “X.”
- If the client answers “No” please do not mark the box.
- If the client refuses to answer the question, mark the “Refused” box.



QUESTIONS ON SECTION A?



**Program Staff:** *The next set of questions asks about your alcohol or drug use and sexual behaviors. I realize these questions are very personal, but your open and honest answers are very important. There are no right or wrong answers.*

B1. I am going to ask you about your alcohol and drug use **on a typical day during the past 30 days**. In particular, I am going to ask how many times you used alcohol and specific drugs. *Do not read response options.*

## SECTION B: SUBSTANCE USE/RISKY BEHAVIOR

➔ **B1: I am going to ask you about your alcohol and drug use on a typical day during the past 30 days. In particular, I am going to ask how many times you used alcohol and specific drugs. *Do not read response options.***

- Read the italicized Section B introduction above question B1, and then read questions B1a through B1o as written.
- Use the “On a typical day during the past 30 days how many times did you use...” question stem for questions B1a through B1o.



# SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



**B1a through B1n: On a typical day during the past 30 days how many times did you use...? *Do not read response options.***

On a typical day during the past 30 days how many times did you use...	
a. Any Alcohol	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
b. Alcohol to intoxication	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
c. Cocaine/crack ( <i>blow, bump, C, candy, Charlie, coke, flake, rock, snow, toot</i> )	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
d. Marijuana/hashish ( <i>blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed, boom, chronic, gangster, hash, hash oil, hemp</i> )	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
e. Opiates ( <i>oxycontin, oxycodone, brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse, M, Miss Emma, monkey, white stuff, Oxy, O.C., killer</i> )	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
f. Non-prescription methadone	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
g. Hallucinogens/psychedelics, PCP, MDMA, LSD, mushrooms, or	Number of times _____



## SECTION B: SUBSTANCE USE/RISKY BEHAVIOR

➔ **B1a through B1n: On a typical day during the past 30 days how many times did you use...? *Do not read response options.***

- In the space provided, record the client's response to the number of times they used the substance(s) in question on a typical day during the past 30 days.
- If the client answers that they did not use the substance on a typical day, mark the box "No Past 30 Day Use."
- If they client reports that they are uncertain or do not know, mark the "Don't Know" box.
- If the client refuses to answer the question, mark the "Refused" box.



On a typical day during the past 30 days how many times did you use...	
o. Other (specify)	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused

## SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



**B1o: On a typical day during the past 30 days how many times did you use...other drugs (specify)?** *Do not read response options.*

- If the client reports that they used other drugs on a typical day during the past 30 days, request that they specify and record the client's response in the space provided beneath "Other (specify)."
- If the client answers that they did not use other drugs on a typical day during the past 30 days, mark the "No Past 30 Day Use" box.
- If they client reports that they are uncertain or do not know, mark the "Don't Know" box.
- If the client refuses to answer the question, mark the "Refused" box.



## SECTION B: SUBSTANCE USE/RISKY BEHAVIOR

- If the client reports no drug or alcohol use in questions B1a through B1o, **move to question B2** of the survey.
- If the client reports any drug or alcohol use in questions B1a through B1o, **skip to question B4** of the survey



B2. You reported that you did not use alcohol or drugs in the past 30 days? What were your reasons for not using in the past 30 days? You may say yes to more than one. *Please read response options.*

- |                             |   |                            |                                     |
|-----------------------------|---|----------------------------|-------------------------------------|
| <input type="checkbox"/> 1  | In jail/prison  | <input type="checkbox"/> 4 | Medical hospitalization             |
| <input type="checkbox"/> 2  | On probation/parole   | <input type="checkbox"/> 5 | Inpatient mental health treatment   |
| <input type="checkbox"/> 3  | Lack of money   | <input type="checkbox"/> 6 | Residential substance use treatment |
| <input type="checkbox"/> 7  | Other (specify) _____   |                            |                                     |
| <input type="checkbox"/> 77 | Not applicable – used alcohol and/or drugs in the past 30 days. |                            |                                     |
| <input type="checkbox"/> 88 | Refused   |                            |                                     |

## SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



**B2: You reported that you did not use alcohol or drugs in the past 30 days. What were your reasons for not using in the past 30 days? You may say yes to more than one. *Please read response options.***

- Read question B2 as written and then read each response option and allow the client the answer “Yes” or “No” to each.
- Record all “Yes” responses by marking the box to the left of the response option with an “X.”
- If the client answers “No” please do not mark the box.
- Mark the “Not Applicable...” box if the client used alcohol and/or drugs in the past 30 days.
- If the client refuses to answer the question, mark the “Refused” box.



B3. Did you use alcohol or drugs in the past 60 days? *Do not read response options.*

1 Yes (specify what substances were used in past 60 days) \_\_\_\_\_

0 No

66 Don't Know

88 Refused

## SECTION B: SUBSTANCE USE/RISKY BEHAVIOR

➔ **B3: Did you use alcohol or drugs in the past 60 days?** *Do not read response options.*

- Read question B3 as written.
- If the client responds “Yes,” request that they specify what substances they have used in the past 60 days and record the client’s response in the space provided.
- If they client reports that they are uncertain or do not know, mark the “Don’t Know” box.
- If the client refuses to answer the question, mark the “Refused” box.



B4. In the past 30 days, have you shared drug injection equipment (needles/syringes, cotton, cooker, water *without first cleaning it with anything?* Do not read response options.

- 1 Yes (specify how many times) \_\_\_\_\_
- 0 No
- 77 Not applicable – has not used drug injection equipment in the past 30 days.
- 88 Refused

## SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



**B4: In the past 30 days, have you shared drug injection equipment (needles/syringes, cotton, cooker, water *without first cleaning it with anything?* Do not read response options.**

- If questions B2 and B3 were completed, skip to question B6 in the survey. If questions B2 and B3 were not completed, read question B4 as written.
- If the client responds “Yes,” request that they specify the number of times and record the client’s response in the space provided.
- Mark the “Not Applicable...” box if the client did not use drug injection equipment in the past 30 days.
- If the client refuses to answer the question, mark the “Refused” box.





B5. In the past 30 days, did you share drug injection equipment (needles/syringes) *with someone you know had, or suspected of having HIV/AIDS?* Do not read response options.

- 1 Yes (specify how many times) \_\_\_\_\_
- 0 No
- 77 Not applicable – has not used drug injection equipment in the past 30 days.
- 88 Refused

## SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



**B5: In the past 30 days, did you share drug injection equipment (needles/syringes) *with someone you know had, or suspected of having HIV/AIDS?* Do not read response options.**

- Read question B5 as written.
- If the client responds “Yes,” request that they specify the number of times and record the client’s response in the space provided.
- Mark the “Not Applicable...” box if the client did not use drug injection equipment in the past 30 days.
- If the client refuses to answer the question, mark the “Refused” box.



*Program Staff: The next set of questions asks about your sexual behaviors. Again, I realize these questions are very personal, but your open and honest answers are very important.*

B6. In the past 30 days, did you have...

## SECTION B: SUBSTANCE USE/RISKY BEHAVIOR

➔ **B6: In the past 30 days, did you have....**

- Read the italicized introduction above question B6, and then read question B6a through B6e as written.
- Use the “In the past 30 days, did you have...” question stem for questions B6a through B6e.



# SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



**B6a through B6e: In the past 30 days, did you have ...?**

	Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during... (check all that apply)
a. Unprotected sexual contact?	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 Alcohol <input type="checkbox"/> 2 Marijuana <input type="checkbox"/> 3 Heroin <input type="checkbox"/> 4 Cocaine/ Crack <input type="checkbox"/> 5 Other ____ <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
b. Unprotected sex with someone in exchange for money, drugs, or shelter?	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 Alcohol <input type="checkbox"/> 2 Marijuana <input type="checkbox"/> 3 Heroin <input type="checkbox"/> 4 Cocaine/ Crack <input type="checkbox"/> 5 Other ____ <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
c. Unprotected sex with a partner you know had, or suspected of having a sexually transmitted disease (STD)?	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 Alcohol <input type="checkbox"/> 2 Marijuana <input type="checkbox"/> 3 Heroin <input type="checkbox"/> 4 Cocaine/ Crack <input type="checkbox"/> 5 Other ____ <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
d. Unprotected sex with a partner you know had, or suspected of having HIV/AIDS?	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 Alcohol <input type="checkbox"/> 2 Marijuana <input type="checkbox"/> 3 Heroin <input type="checkbox"/> 4 Cocaine/ Crack <input type="checkbox"/> 5 Other ____



## SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



**B6a through B6e: In the past 30 days, did you have ...?**

- If the client reports that they have engaged in this behavior, ask the number of times they engaged in oral sex, vaginal sex, and anal sex and record the client's response in the space provided.
- Next, ask the client whether they used any of the substances listed in the far right column before or during engaging in this behavior.
- Read each substance listed in the column and allow the client to respond "Yes" or "No."
- If the client reports that they used a substance other than those listed, request that they specify and record their response in the space provided.
- Mark the "Not Applicable..." box if the client did not have unprotected sexual contact in the past 30 days.
- If the client refuses to answer the question, mark the "Refused" box.



QUESTIONS ON SECTION B?

**Program Staff:** *These questions about whether you have ever been tested for HIV and your HIV status.*

C1. Have you ever tested positive for HIV? *Do not read response options.*

1 Yes     0 No     66 Don't Know     88 Refused

## SECTION C: HIV TESTING / HIV STATUS

➔ **C1: Have you ever tested positive for HIV?** *Do not read response options.*

- Read the italicized Section C introduction above question C1 and then read question C1 as written.
- Record the client's answer by marking the survey response that most closely matches the client's answer.
- If they client reports that they are uncertain or do not know, mark the "Don't Know" box.
- If the client refuses to answer the question, mark the "Refused" box.



C2. How long have you known you were HIV positive? *Do not read response options.*

- |  |  |
|--|--|
| <input type="checkbox"/> 30 days or less | <input type="checkbox"/> Greater than 30 days                  |
| <input type="checkbox"/> 66 Don't Know   | <input type="checkbox"/> 77 Not applicable – Not HIV positive. |
| <input type="checkbox"/> 88 Refused      |  |

## SECTION C: HIV TESTING / HIV STATUS



**C2: How long have you known you were HIV positive?**  
*Do not read response options.*

- If the client answered “No” to question C1, **skip to Section D**. If the client answered “Yes” to question C1, read question C2 as written.
- Record the client’s answer by marking the survey response that most closely matches the client’s answer.
- If they client reports that they are uncertain or do not know, mark the “Don’t Know” box.
- Mark the “Not Applicable...” box if the client reported that they are not HIV positive.
- If the client refuses to answer the question, mark the “Refused” box.



*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. Please use Response Card A to tell me how much you have changed your behavior. Please select only one choice for each statement.*

## SECTION C: HIV TESTING / HIV STATUS

➔ **C3 through C10: Since you found out you were HIV positive, how much have you changed the following behaviors...**

- Read the italicized introduction above question C3.
- Provide the client with Response Card A.





## SECTION C: HIV TESTING / HIV STATUS



**C3 through C10: Since you found out you were HIV positive, how much have you changed the following behaviors...?**

	<b>Since you found out you were HIV positive, how much have you changed the following behaviors...</b>	Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused
C3.	Sharing drug injection equipment (needles/syringes) without first cleaning it with anything?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C4.	Sharing drug injection equipment (needles/syringes) with someone you know had, or suspected of having HIV/AIDS?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C5.	Having unprotected sexual contact?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C6.	Having unprotected sex with someone in exchange for money, drugs, or shelter?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C7.	Having unprotected sex with a partner you know had, or suspected of having a sexually transmitted disease (STD)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C8.	Having unprotected sex with a partner you know had, or suspected of having HIV/AIDS?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C9.	Having unprotected sex with someone you knew was, or suspected of being an injection drug user?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C10.	Having unprotected sex while you were under the influence of drugs or alcohol?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88



## SECTION C: HIV TESTING / HIV STATUS

➔ **C3 through C10: Since you found out you were HIV positive, how much have you changed the following behaviors...?**

- Read questions C3 through C10 as written.
- Using Response Card A, clients will be able to respond “Not at all,” “A little bit,” “Moderately,” “Quite a bit,” or “Extremely” to each question in the series
- Only one choice should be selected for each question.
- Mark the “Not Applicable...” box if the client reported that they are not HIV positive.
- If the client refuses to answer the question, mark the “Refused” box.



QUESTIONS ON SECTION C?

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

## SECTION D: SOCIAL SUPPORT

### ➔ D1 through D9: Social Support Questions

- Read the italicized introduction above question D1.
- Provide the client with Response Card B.



# SECTION D: SOCIAL SUPPORT

## ➔ D1 through D9: Social Support Questions

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



## SECTION D: SOCIAL SUPPORT

### ➔ D1 through D9: Social Support Questions

- Read questions D1 through D9 as written.
- Using Response Card B, clients will be able to respond “Disagree Strongly,” “Disagree,” “Uncertain,” “Agree,” or “Agree Strongly” to each question in the series.
- Only one choice should be selected for each question.
- If the client refuses to answer the question, mark the “Refused” box.



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 Yes (specify how many times) \_\_\_\_\_
- 0 No
- 88 Refused

## SECTION D: SOCIAL SUPPORT

➔ **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.***

- Read question D10 as written.
- If the client responds “Yes,” request that they specify the number of times and record the client’s response in the space provided.
- If the client refuses to answer the question, mark the “Refused” box.



QUESTIONS ON SECTION D?



*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.*

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ **E1 through E12: During the past 30 days, how much were you distressed by...**

- Read the italicized introduction above question E1.
- Provide the client with Response Card A.



# SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



**E1 through E12: During the past 30 days, how much were you distressed by...?**

	During the past 30 days, how much were you distressed by...	Not at all	A little bit	Moderately	Quite a bit	Extremely	Refused
E1.	Nervousness or shakiness inside	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E2.	Thoughts of ending your life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E3.	Suddenly scared for no reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E4.	Feeling lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E5.	Feeling blue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E6.	Feeling no interest in things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E7.	Feeling fearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E8.	Feeling hopeless about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E9.	Feeling tense or keyed up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E10.	Spells of terror or panic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E11.	Feeling so restless you couldn't sit still	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E12.	Feelings of worthlessness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88



## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ **E1 through E12: During the past 30 days, how much were you distressed by...?**

- Read questions E1 through E12 as written.
- Using Response Card A, clients will be able to respond “Not at all,” “A little bit,” “Moderately,” “Quite a bit,” or “Extremely” to each question in the series.
- Only one choice should be selected for each question.
- If the client refuses to answer the question, mark the “Refused” box.



E13. In the past 30 days, how often have you used drugs (including prescription drugs) or alcohol in response to stressful life events? *Please use Response Card A to provide your answer.*

- 1 Not at all       2 A little bit       3 Moderately  
 4 Quite a bit       5 Extremely       88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ **E13: In the past 30 days, how often have you used drugs (including prescription drugs) or alcohol in response to stressful life events? *Please use Response Card A to provide your answer.***

- Read question E13 as written.
- Using Response Card A, clients will be able to respond “Not at all,” “A little bit,” “Moderately,” “Quite a bit,” or “Extremely” to each question in the series.
- Only one choice should be selected for each question.
- If the client refuses to answer the question, mark the “Refused” box.



E14. In the past 30 days, on how many days did you use drugs or alcohol to help you cope with stressful life events? *Please use Response Card A to provide your answer.*

- |                            |             |                            |              |                             |            |
|----------------------------|-------------|----------------------------|--------------|-----------------------------|------------|
| <input type="checkbox"/> 1 | Not at all  | <input type="checkbox"/> 2 | A little bit | <input type="checkbox"/> 3  | Moderately |
| <input type="checkbox"/> 4 | Quite a bit | <input type="checkbox"/> 5 | Extremely    | <input type="checkbox"/> 88 | Refused    |

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



**E14: In the past 30 days, on how many days did you use drugs or alcohol to help you cope with stressful life events? *Please use Response Card A to provide your answer.***

- Read questions E14 as written.
- Using Response Card A, clients will be able to respond “Not at all,” “A little bit,” “Moderately,” “Quite a bit,” or “Extremely” to each question in the series.
- Only one choice should be selected for each question.
- If the client refuses to answer the question, mark the “Refused” box.



E15. During the past 3 months, did you receive services for mental or emotional difficulties (i.e., inpatient, outpatient, emergency room)? *Do not read response options.*

- 1 Yes (specify how many times) \_\_\_\_\_  0 No  
 88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ **E15: During the past 3 months, did you receive services for mental or emotional difficulties (i.e., inpatient, outpatient, emergency room)? *Do not read response options.***

- Read question E15 as written.
- If the client responds “Yes,” request that they specify the number of times and record the client’s response in the space provided.
- If the client refuses to answer the question, mark the “Refused” box.



E16. During the past 3 months, were you prescribed a medication for mental or emotional difficulties (e.g., Prozac, Cymbalta)?

1 Yes (specify medications) \_\_\_\_\_

0 No

88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



**E16: During the past 3 months, were you prescribed a medication for mental or emotional difficulties (e.g., Prozac, Cymbalta)?** *Do not read response options.*

- Read question E16 as written.
- If the client responds “Yes,” request that they specify the medication(s) and record the client’s response in the space provided.
- If the client refuses to answer the question, mark the “Refused” box.



E17. Is this your first time in a substance abuse treatment program? *Do not read response options.*

1 Yes

0 No

88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ **E17: Is this your first time in a substance abuse treatment program? *Do not read response options.***

- Read question E17 as written and allow the client to answer “Yes” or “No.”.
- If the client refuses to answer the question, mark the “Refused” box.
- If the client answers “Yes” to question E17, **skip to question E20** in the survey.





\*\*\*\*Program Staff: If client answered Yes to Question E17, please skip to Question E20\*\*\*\*

E18. How many times have you been in substance abuse treatment before coming to this program?  
*Please read response options.*

- 1 One time       2 2 – 4 times       3 5 – 7 times  
 4 > than 7 times       77 Not Applicable       88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



**E18: How many times have you been in substance abuse treatment before coming to this program?**  
*Please read response options.*

- This question should only be read if the client answered “No” to question E17.
- Read question E18 as written and then read each response option and allow the client the response option that best fits their prior substance abuse treatment history.
- Mark the “Not Applicable...” box if the client not been in substance abuse treatment before.
- If the client refuses to answer the question, mark the “Refused” box.



E19. What type of substance abuse treatment program were you in before coming to this program? *Do not read response options.*

- 1 Outpatient     2 Residential     3 Both     4 Opioid Treatment  
 77 Not Applicable     88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



**E19: What type of substance abuse treatment program were you in before coming to this program?**  
*Do not read response options.*

- This question should only be read if the client answered “No” to question E17.
- Record the client’s answer by marking the survey response that most closely matches the client’s answer.
- Mark the “Not Applicable...” box if the client not been in substance abuse treatment before.
- If the client refuses to answer the question, mark the “Refused” box.



E20. Why are you enrolling in this treatment program? *Do not read response options.*

- 1 Self-admitted     2 Court Mandated     3 Other (specify) \_\_\_\_\_  
 88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ **E20: Why are you enrolling in this treatment program?** *Do not read response options.*

- Read question E20 as written.
- Record the client's answer by marking the survey response that most closely matches the client's answer.
- If the client reports a reason for enrolling not provided among the response options, mark the "Other" box and record the client's response in the space provided.
- If the client refuses to answer the question, mark the "Refused" box.



E21. Which drug(s) do you want to address in this treatment program?.

Specify: \_\_\_\_\_

66 Don't Know     88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ **E21: Which drug(s) do you want to address in this treatment program?**

- Read question E21 as written.
- Record all substances that the client reports that they wish to address through the course of their treatment program in the space provided.
- If they client reports that they are uncertain or do not know, mark the “Don’t Know” box.
- If the client refuses to answer the question, mark the “Refused” box.



E22. In the past 30 days, did you have any type of health insurance for yourself? *Please read response options.*

- Yes, private health insurance (e.g., through an employer/union, privately purchased)
- Yes, Medicare                       Yes, other Government health insurance
- Yes, Medicaid                       0 No
- 88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ **E22: In the past 30 days, did you have any type of health insurance for yourself? *Please read response options.***

- Read question E22 as written and then read each response option and allow the client the answer “Yes” or “No” to each.
- Record all “Yes” responses by marking the box to the left of the response option with an “X.”
- If the client refuses to answer the question, mark the “Refused” box.



E23. During the past 30 days, did you receive medical treatment (not including substance abuse treatment) for physical illness or injury (i.e., inpatient, outpatient, emergency room)? *Do not read response options.*

1 Yes (specify how many times) \_\_\_\_\_  0 No

88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ **E23: During the past 30 days, did you receive medical treatment (not including substance abuse treatment) for physical illness or injury (i.e., inpatient, outpatient, emergency room)? *Do not read response options.***

- Read question E23 as written.
- If the client responds “Yes,” request that they specify the number of times and record the client’s response in the space provided.
- If the client refuses to answer the question, mark the “Refused” box.



E24. During the past 30 days, for about how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation? *Do not read response options.*

Number of days \_\_\_\_\_

88 Refused

## SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



**E24: During the past 30 days, for about how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation? *Do not read response options.***

- Read question E24 as written.
- Record the client's reported number of days that poor physical health kept them from doing their usual activities over the past 30 days in the space provided.
- If the client reports no days of impairment, record "0" in the space provided.
- If the client refuses to answer the question, mark the "Refused" box.



QUESTIONS ON SECTION E?



**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, please use Response Card C, to indicate how much you agree or disagree with each statement right now.*

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

## SECTION F: MOTIVATION FOR TREATMENT

### ➔ F1 through F8: Motivation For Treatment Questions

- Read the italicized introduction above question F1.
- Provide the client with Response Card C.
- **Note:** If the client's primary substance of choice is alcohol, please replace underlined words with the wording changes suggested in [ ] for questions F1 through F8.



# SECTION F: MOTIVATION FOR TREATMENT



## F1 through F8: Motivation For Treatment Questions

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



## SECTION F: MOTIVATION FOR TREATMENT



### F1 through F8: Motivation For Treatment Questions

- Read questions F1 through F8 as written.
- Using Response Card C, clients will be able to respond “Disagree,” “Undecided or Unsure,” “Agree” or “Strongly Agree” to each question in the series.
- Only one choice should be selected for each question.
- If the client refuses to answer the question, mark the “Refused” box.
- **Note:** If the client’s primary substance of choice is alcohol, please replace underlined words with the wording changes suggested in brackets.



QUESTIONS ON SECTION F?

# DRUG SCREENING SECTION

- The next section of the survey should be completed by program staff **after** administration of the Client Level Survey.
- The client should not be present at the time of completion of this portion of the survey.
- Please consult the client's medical record as necessary to complete this section.



1. Has the client received a drug screening test in the past 14 days?

1 Yes

0 No

66 Unknown

## DRUG SCREENING TEST INFORMATION

➔1: Has the client received a drug screening test in the past 14 days?

- Mark “Yes” or “No” based upon whether the client has received a drug screening test in the past 14 days.
- If the client’s drug screening test history is unknown, mark the “Unknown” box.
- If the client has had a drug screening test in the past 14 days, **proceed with the remaining questions.**
- If the client has not had a drug screening test in the past 14 days (or their status is unknown), **consider the survey complete.**



*Program Staff: Only complete the following questions if the client has received a drug screening test in the past 14 days*

2. When did the client last receive a drug screening test?

Month, Day, Year: \_\_\_\_\_

66 Unknown

## DRUG SCREENING TEST INFORMATION

➔2: When did the client last receive a drug screening test?

- This item should only be completed if the client has had a drug screening test in the past 14 days.
- Record the date (month, day, and year) of the client's most recent drug screening test according to the client's medical record.
- If the exact date of their last drug screening test is not known, mark the "Unknown" box.



3. The client's most recent drug screening test checked for the presence of which substances and/or drug groups? *Mark all that apply.*

- |                          |                     |                          |                       |
|--------------------------|---------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Alcohol             | <input type="checkbox"/> | Amphetamines          |
| <input type="checkbox"/> | Barbiturates        | <input type="checkbox"/> | Benzodiazepines       |
| <input type="checkbox"/> | Cocaine/Crack       | <input type="checkbox"/> | Marijuana             |
| <input type="checkbox"/> | Methamphetamine     | <input type="checkbox"/> | Opiates               |
| <input type="checkbox"/> | Phencyclidine (PCP) | <input type="checkbox"/> | Other (specify) _____ |
| <input type="checkbox"/> | Unknown             |                          |                       |

## DRUG SCREENING TEST INFORMATION

- ➔ **3:** The client's most recent drug screening test checked for the presence of which substances and/or drug groups? *Mark all that apply.*
- This item should only be completed if the client has had a drug screening test in the past 14 days.
  - Mark all substances that were tested for in the client's most recent drug screening test.
  - If you are unsure which substances were tested for, mark the "Unknown" box.
  - If other substances than those listed were tested for, mark "Other" and specify in the space provided.





4. How frequently do you conduct drug screening tests? *Mark all that apply.*

- |                            |                       |                            |                 |                            |   |
|----------------------------|-----------------------|----------------------------|-----------------|----------------------------|---|
| <input type="checkbox"/> 1 | Intake                | <input type="checkbox"/> 2 | At each session | <input type="checkbox"/> 3 | Randomly  |
| <input type="checkbox"/> 4 | Discharge             | <input type="checkbox"/> 5 | After discharge | <input type="checkbox"/> 6 | At the request of the legal system (e.g., parole officer, court mandated) |
| <input type="checkbox"/> 7 | Other (specify) _____ |                            |                 |                            |   |

## DRUG SCREENING TEST INFORMATION

➔ **4: How frequently do you conduct drug screening tests?**  
*Mark all that apply.*

- This item should only be completed if the client has had a drug screening test in the past 14 days.
- Mark the frequency with which you conduct drug screening tests.
- If you conduct drug screening tests at a frequency other than the response provided, mark “Other” and specify the frequency in the space provided.



5. What were the results of the client's most recent drug screening test?

1 Negative

2 Positive

3 Inconclusive

66 Unknown

## DRUG SCREENING TEST INFORMATION

➔5: What was the result of the client's most recent drug screening test?

- This item should only be completed if the client has had a drug screening test in the past 14 days.
- Mark the box that best reflects the results of the client's most recent drug screening test according to the client's medical record.
- If the results of the client's last drug screening test are not known, mark the "Unknown" box.
- If the client's most recent drug screening test was positive, **proceed to question 6.**
- If the client's most recent drug screening test was negative or inconclusive (or their test results are unknown), **consider the survey complete.**



\*\*\*\*Program Staff: Only complete the following if the client's most recent drug screening test was Positive \*\*\*\*

6. What substances and/or drug groups were detected in the client's most recent drug screening test? Mark all that apply.

- |                          |                     |                          |                       |
|--------------------------|---------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Alcohol             | <input type="checkbox"/> | Amphetamines          |
| <input type="checkbox"/> | Barbiturates        | <input type="checkbox"/> | Benzodiazepines       |
| <input type="checkbox"/> | Cocaine/Crack       | <input type="checkbox"/> | Marijuana             |
| <input type="checkbox"/> | Methamphetamine     | <input type="checkbox"/> | Opiates               |
| <input type="checkbox"/> | Phencyclidine (PCP) | <input type="checkbox"/> | Other (specify) _____ |
| <input type="checkbox"/> | 66 Unknown          |                          |                       |

## DRUG SCREENING TEST INFORMATION

➔6: What substances and/or drug groups were detected in the client's most recent drug screening test? Mark all that apply.

- This item should only be completed if the client has tested positive on their most recent drug screening test.
- Mark all substances that were detected in the client's most recent drug screening test.
- If an unknown substance was detected, mark the "Unknown" box.
- If other substances than those listed were detected, mark "Other" and specify in the space provided.



# QUESTIONS ON DRUG SCREENING TEST SECTION?

FINAL COMMENTS OR  
QUESTIONS?

