

TCE-HIV Multi-Site Evaluation 6-MONTH FOLLOW-UP 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 6-MONTH FOLLOW-UP (i.e., 6-months post-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 as it is written. For some questions, you will read the response options to clients. Other questions are open-ended 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 in understanding the question, but please do not change the wording of the questions.

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

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 #####-####.

**TCE-HIV Multi-Site Evaluation
 Client-Level Survey
 6-MONTH FOLLOW-UP**

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 Substance Abuse and Mental Health Services Administration (SAMHSA)
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Grantee ID	TIO _____
Partner ID (if applicable)	TIO _____ - _____

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

Date of Administration (mm/dd/yyyy) ____ / ____ / _____

**PROGRAM STAFF: Please complete the following client background questions
 using information collected from the 6-months post-intake/baseline GPRA.**

Client's Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify) _____
Client's Ethnicity: Is the client Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Client's Race	<input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> 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)

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 they can be directed to 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 your marital status? *Do not read response options.*

- | | | | | | |
|-----------------------------|----------------------|----------------------------|----------|----------------------------|-------------------|
| <input type="checkbox"/> 1 | Never Married/Single | <input type="checkbox"/> 2 | Married | <input type="checkbox"/> 3 | Living as Married |
| <input type="checkbox"/> 4 | Separated | <input type="checkbox"/> 5 | Divorced | <input type="checkbox"/> 6 | Widowed |
| <input type="checkbox"/> 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.

- | | | | |
|-----------------------------|-------------------------------------|--------------------------|---------------------------|
| <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"/> | In jail (short-term) |
| <input type="checkbox"/> | In prison (long-term) | <input type="checkbox"/> | In a hospital |
| <input type="checkbox"/> | In residential treatment | <input type="checkbox"/> | Other (specify) _____ |
| <input type="checkbox"/> 88 | Refused | | |

B. Risky Behaviors

Program Staff: The next set of questions asks about any behaviors that you may engage in that may put you at risk for substance use disorders or HIV/AIDS. I realize these questions are very personal, but your open and honest answers are very important. There are no right or wrong answers.

B1. Did you use alcohol or drugs since leaving treatment? *Do not read response options.*

- | | | | |
|-----------------------------|---|-----------------------------|------------|
| <input type="checkbox"/> 1 | Yes (specify what substances were used since leaving treatment) _____ | | |
| <input type="checkbox"/> 0 | No | <input type="checkbox"/> 66 | Don't Know |
| <input type="checkbox"/> 88 | Refused | | |

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. You reported that since leaving treatment you did not use alcohol or drugs. What were your reasons for not using any alcohol or drugs? You may say yes to more than one. *Please read response options.*

- 1 In jail/prison
- 2 On probation/parole
- 3 Lack of money
- 7 Other (specify) _____
- 77 Not applicable – used alcohol and/or drugs since leaving treatment.
- 88 Refused
- 4 Medical hospitalization
- 5 Inpatient mental health treatment
- 6 Residential substance use treatment

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.*

B3. In the past 30 days, did you engage in unprotected sexual activity with a male partner? *Do not read response options.*

- 1 Yes
- 0 No
- 66 Don't Know
- 88 Refused

B4. In the past 30 days, did you engage in unprotected sexual activity with a female partner? *Do not read response options.*

- 1 Yes
- 0 No
- 66 Don't Know
- 88 Refused

B5. 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 Yes
- 0 No
- 66 Don't Know
- 88 Refused

*****Program Staff:** *Only ask questions B6a – B6j of those clients who reported having unprotected sexual contact during the past 30 days. If the client did not report having unprotected sexual contact during the past 30 days, please skip to Question C1 below.*

If the client reported having unprotected sexual contact ONLY with a male partner, please ask only questions B6a, B6c, B6e, B6g, and B6i.

If the client reported having unprotected sexual contact ONLY with a female partner, please ask questions B6b, B6d, B6f, B6h, and B6j.

If the client reported having unprotected sexual contact with BOTH a male partner and a female partner please answer all questions in B6a – B6j. ***

B6. 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 with a male partner?	<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

	Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during... (check all that apply)
				<input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
b. Unprotected sexual contact with a female partner ?	<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 male partner 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
d. Unprotected sex with a female partner 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
e. Unprotected sex with a male 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
f. Unprotected sex with a female partner you	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know	<input type="checkbox"/> 1 Alcohol <input type="checkbox"/> 2 Marijuana <input type="checkbox"/> 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 suspected of having a sexually transmitted disease (STD)?	<input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<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
g. Unprotected sex with a male 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 _____ <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
h. Unprotected sex with a female 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 _____ <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
i. Unprotected sex with a male partner you knew was, or suspected of being an injection drug user?	<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
j. Unprotected sex with a female partner you knew was, or suspected of being an injection drug user?	<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. 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).

C1. In that past 12 months, have you been diagnosed with a sexually transmitted infection (STI) other than HIV? *Do not read response options.*

1 Yes 0 No 66 Don't Know 88 Refused

C2. Have you ever tested positive for HIV? *Do not read response options.*

1 Yes 0 No 66 Don't Know 88 Refused

******Program Staff: If client answered No, Don't Know, or Refused to Question C2, please skip to Question D1******

C3. How long have you known you were HIV positive? *Do not read response options.*

1 30 days or less 2 Greater than 30 days
 66 Don't Know 77 Not applicable – Not HIV positive.
 88 Refused

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].

	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
C4.	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
C5.	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
C6.	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
C7.	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
C8.	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
C9.	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
C10.	Having unprotected sex with	<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

		Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused
<p>Since you found out you were HIV positive, how much have you changed...</p> <p>someone you know was, or suspected of being an injection drug user?</p>								
C11.	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

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.	<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	
D10.	In the past 30 days, did you attend any self-help groups for recovery (e.g., NA, AA, SMART Recovery)? <i>Do not read response options.</i>							
	<input type="checkbox"/> 1 Yes (specify how many times) _____							
	<input type="checkbox"/> 0 No <input type="checkbox"/> 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].

	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

E13. In the past 30 days, how often have you used drugs (including prescription drugs) or alcohol to help you cope with stressful life events? *I am going to read each answer option and please use Response Card A to provide your answer. [Please read response options].*

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

E14. 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

E15. 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

E16. Why did you enroll in this treatment program? *Do not read response options.*

- 1 Self-admitted 2 Court Mandated 3 Other (specify) _____
 88 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? *Please read response options.*

- 0 I do not receive other substance abuse treatment services
 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
 3 I receive most of my care from another agency/organization

Medical Health

E19. 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

E20. 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

E21. 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

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 underlined 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 <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

End of 6-MONTH FOLLOW-UP Client Level Survey
Thank you for your time!

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
Client Focus Group Participant Information**

CSAT would like to learn more about you and your involvement with this organization/program. Please take a few minutes to answer these questions before the focus group begins. Your help in answering these questions is greatly appreciated and your answers will be held in confidence.

Grantee ID Number: _____ **Date:** _____

1. How long have you been a client of the program? _____

2. Is this your first time in a substance abuse treatment program? Yes No

If no, how many times have you been in treatment? _____

3. What is your gender? Male Female Transgender

4. What is your age? _____ years old

5. Are you Hispanic or Latino? Yes No

6. If yes, what ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

- | | | |
|------------------|------------------------------|-----------------------------|
| Central American | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cuban | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dominican | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mexican | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Puerto Rican | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| South American | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(If Yes in "Other", please specify) _____

7. What is your race? Please answer yes or no for each of the following. You may check all that apply.

- | | | |
|---------------------------|------------------------------|--|
| Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| American Indian | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asian | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Black or African American | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Native Hawaiian | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Pacific Islander | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| White | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(If Yes in "Other", please specify) _____

8. Education (Highest Completed):

- | | |
|---|--|
| <input type="checkbox"/> Some High School | <input checked="" type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Some vocational/technical training | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Vocational technical diploma | |

THANK YOU!

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.