

Form Approved  
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Expiration Date XX/XX/XXXX

# Client-Level Services Measures for Discretionary Programs

## CMHS PROGRAM ONLY

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Public reporting burden for this collection of information is estimated to average 23 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 baseline or reassessment, 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 2-1057, 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 0930-xxxx.



**SECTION A2  
RECORD MANAGEMENT—PLANNED SERVICES**

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THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

**What services do you plan to provide to the client during the client’s course of treatment/recovery?**

**1. Modality**

(CIRCLE AT LEAST ONE MODALITY)

- a. Case management Yes  
No
- b. Day treatment Yes  
No
- c. Inpatient/Hospital Yes  
No  
(Other than detox)
- d. Outpatient Yes  
No
- e. Outreach Yes  
No

- f. Intensive outpatient Yes  
No

- g. Medication assisted treatment (CIRCLE ONLY ONE)

**For Opioid Addiction**

- (1) Methadone Yes  
No
- (2) Buprenorphine Yes  
No
- (3) Naltrexone ® (Oral) Yes  
No
- (4) Vivitrol ® (Injectable) Yes  
No
- (5) Disulfiram ® Yes  
No
- (6) Acamprosate ® Yes  
No

**For Alcohol Addiction**

- (1) Naltrexone ® (Oral) Yes  
No
- (2) Vivitrol ® (Injectable) Yes  
No
- (3) Disulfiram ® Yes  
No
- (4) Acamprosate ® Yes  
No
- h. Residential/Rehabilitation Yes  
No

- i. Detoxification (CIRCLE ONLY ONE)  
(1) Hospital inpatient

- Yes No  
(2) Free standing residential Yes  
No

- (3) Ambulatory detoxification Yes  
No

- j. After care Yes  
No

- k. Recovery support Yes  
No

- l. Other Yes  
No

(SPECIFY):  
\_\_\_\_\_

**2. Treatment Services (CIRCLE AT LEAST ONE SERVICE)**

- a. Screening Yes  
No

- b. Brief intervention Yes  
No

- c. Brief treatment Yes  
No

- d. Referral to treatment Yes  
No

- e. Assessment Yes  
No

- f. Treatment/Recovery planning Yes  
No

- g. Individual counseling Yes  
No

- h. Group counseling Yes  
No

- i. Family/Marriage counseling Yes  
No

- j. Co-occurring treatment/  
Recovery services Yes  
No

- k. Psycho-Pharmacological  
interventions Yes  
No

Measures for Discretionary Programs—CMHS PROGRAM ONLY

- |                            |     |                                       |     |
|----------------------------|-----|---------------------------------------|-----|
| l. HIV/AIDS counseling     | Yes | b. Alcohol/drug testing               | Yes |
| No                         |     | No                                    |     |
| m. Mental health services  | Yes | c. HIV/AIDS medical support & testing | Yes |
| No                         |     | No                                    |     |
| n. Other clinical services | Yes | d. Other medical services             | Yes |
| No                         |     | No                                    |     |
| (SPECIFY): _____           |     | (SPECIFY): _____                      |     |

**3. Medical Services**  
(CIRCLE AT LEAST ONE SERVICE)

- |                 |     |
|-----------------|-----|
| a. Medical care | Yes |
| No              |     |

**SECTION A2  
RECORD MANAGEMENT—PLANNED SERVICES (CONT.)**

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THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

**4. Case Management Services**  
(CIRCLE AT LEAST ONE SERVICE)

- a. Family services (Including marriage education, parenting, child development services) Yes  
No
- b. Child care Yes  
No
- c. Employment service Yes  
(1) Pre-employment  
No  
(2) Employment coaching Yes  
No
- d. Individual services coordination Yes  
No
- e. Transportation Yes  
No
- f. HIV/AIDS service Yes  
No
- g. Supportive transitional drug-free housing services Yes  
No
- h. Care coordination Yes  
No
- i. Other case management services Yes  
No  
(SPECIFY):  
\_\_\_\_\_

**5. After Care Services**  
(CIRCLE AT LEAST ONE SERVICE)

- a. Continuing care Yes  
No
- b. Relapse prevention Yes  
Yes No
- c. Recovery coaching Yes  
No
- d. Self-help and support groups Yes  
No
- e. Spiritual support Yes  
No
- f. Other after care services Yes  
No

(SPECIFY):  
\_\_\_\_\_

**6. Education Services**  
(CIRCLE AT LEAST ONE SERVICE)

- a. Substance abuse education Yes  
No
- b. HIV/AIDS education Yes  
No
- c. Other education services Yes  
No  
(SPECIFY):  
\_\_\_\_\_

**7. Peer-To-Peer Recovery Support Services**  
(CIRCLE AT LEAST ONE SERVICE)

- a. Peer coaching or mentoring Yes  
No
- b. Housing support Yes  
No
- c. Alcohol-and drug-free social activities Yes  
No
- d. Information and referral Yes  
No
- e. Other peer-to-peer recovery support services Yes  
No  
(SPECIFY):  
\_\_\_\_\_

**CONTINUE TO SECTION A3**

**End of Section A2: Record Management—Planned Services**

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**SECTION A3**  
**DEMOGRAPHICS**

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THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

**NOTE:** THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

**1. What is your date of birth?** (MONTH AND YEAR MUST BE ENTERED. DAY IS OPTIONAL)

|\_|\_|/|\_|\_|/|\_|\_|\_|\_|  
Month Day Year

- Declined
- Don't know / Information not available

**2. Are you Hispanic, Latino/a, or Spanish origin?** (SELECT AT LEAST ONE CATEGORY)

- Yes, Central American
- Yes, Cuban
- Yes, Dominican
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, South American
- Yes, another Hispanic, Latino, or Spanish origin (SPECIFY): \_\_\_\_\_
- No, not of Hispanic, Latino/a, or Spanish origin
- Declined
- Don't know / Information not available

**3. What is your race?** (SELECT AT LEAST ONE CATEGORY)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> White                     | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Chinese      |
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Filipino     |
| <input type="checkbox"/> Alaska Native             | <input type="checkbox"/> Japanese     |
| <input type="checkbox"/> Native Hawaiian           | <input type="checkbox"/> Korean       |
| <input type="checkbox"/> Guamanian or Chamorro     | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Samoan                    | <input type="checkbox"/> Other Asian  |
| <input type="checkbox"/> Other Pacific Islander    |                                       |

- Declined
- Don't know / Information not available

**4a. (ONLY FOR CLIENTS 5 YEARS OF AGE OR OLDER) Do you speak a language other than English at home?**

- Yes
- No (SKIP TO QUESTION 5)
- Declined (SKIP TO QUESTION 5)
- Don't know / Information not available (SKIP TO QUESTION 5)

**SECTION A3  
DEMOGRAPHICS (CONT.)**

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THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

**4b. If you speak a language other than English at home, what language do you speak?**

- Spanish
- Other (SPECIFY): \_\_\_\_\_
- Declined
- Don't know / Information not available

**5. (ONLY FOR CLIENTS 5 YEARS OF AGE OR OLDER) What is your gender?**

- Male
- Female
- Transgender
- Different identity (SPECIFY): \_\_\_\_\_
- Declined
- Don't know / Information not available

**6. (ONLY FOR CLIENTS 12 YEARS OF AGE OR OLDER) Which one of the following do you consider yourself to be?**

- Straight
- Lesbian (if female) or Gay (if male)
- Bisexual
- Declined
- Don't know / Information not available

**7. (ONLY FOR CLIENTS 12 YEARS OF AGE OR OLDER) In the past 12 months, who have you had sex with?**

- Men only
- Women only
- Both men and women
- I have not had sex in the past 12 months
- Declined
- Don't know / Information not available
- Not permitted to ask

**8. (ONLY FOR CLIENTS 12 YEARS OF AGE OR OLDER) Which statement best describes your feelings?**

[IF MALE]

- I am only attracted to females
- I am mostly attracted to females
- I am equally attracted to females and males
- I am mostly attracted to males

[IF FEMALE]

- I am only attracted to males
- I am mostly attracted to males
- I am equally attracted to males and females
- I am mostly attracted to females



- |  |  |
|--|--|
| <input type="radio"/> I am only attracted to males           | <input type="radio"/> I am only attracted to females         |
| <input type="radio"/> I am not sure                          | <input type="radio"/> I am not sure                          |
| <input type="radio"/> Declined                               | <input type="radio"/> Declined                               |
| <input type="radio"/> Don't know / Information not available | <input type="radio"/> Don't know / Information not available |
- 

## DISABILITY MEASURES

### 9. Are you deaf or do you have serious difficulty hearing?

- Yes
- No
- Declined
- Don't know / Information not available

### 10. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No
- Declined
- Don't know / Information not available

### 11. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No
- Declined
- Don't know / Information not available

### 12. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Do you have serious difficulty walking or climbing stairs?

- Yes
- No
- Declined
- Don't know / Information not available

### 13. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Do you have difficulty dressing or bathing?

- Yes
- No
- Declined
- Don't know / Information not available

CONTINUE TO SECTION A4

[End of Section A3: Demographics](#)

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**SECTION A4**  
**MILITARY FAMILY AND DEPLOYMENT**

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THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

**NOTE:** THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

QUESTIONS 1A-1E SHOULD ONLY BE ANSWERED IF CLIENT IS 17 YEARS OF AGE OR OLDER. IF CLIENT IS NOT 17 YEARS OF AGE OR OLDER, SKIP TO QUESTION 2A

**1a. Have you ever served on active, reserve, or National Guard duty?**

- Yes
- No (SKIP TO QUESTION 2A)
- Declined (SKIP TO QUESTION 2A)
- Don't know / Information not available (SKIP TO QUESTION 2A)

**1b. If you ever served on active, reserve, or National Guard duty, in what branch of the military/uniformed services did you serve?**

- Army
- Marine Corps
- Navy
- Air Force
- Coast Guard
- PHS
- NOAA
- Declined
- Don't know / Information not available

**1c. If you ever served on active, reserve, or National Guard duty, in which component did you serve?**

- Active
- Reserve
- National Guard
- Declined
- Don't know / Information not available

**1d. If you ever served on active, reserve, or National Guard duty, are you currently on active duty or are you separated or retired?**

- On active duty
- Separated
- Retired
- Declined
- Don't know / Information not available

**SECTION A4  
MILITARY FAMILY AND DEPLOYMENT (CONT.)**

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THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

**1e. If you ever served on active, reserve, or National Guard duty, have you ever been deployed to a combat zone? (SELECT ALL THAT APPLY)**

- No, never deployed to a combat zone
  - Yes, Iraq or Afghanistan (e.g., OEF/OIF/OND)
  - Yes, Persian Gulf (Operation Desert Shield/Desert Storm)
  - Yes, Vietnam/Southeast Asia
  - Yes, Korea
  - Yes, Persian Gulf (Operation Desert Shield/Desert Storm)
  - Yes, World War II
  - Yes, other (SPECIFY COMBAT ZONE): \_\_\_\_\_
  - Declined
  - Don't know / Information not available
- 

**For the following questions, immediate family includes your spouse or partner, and your parents, children, brothers and sisters, whether they are biological, step, or adoptive. Please include these family members whether or not they live with you.**

**2a. Is anyone in your immediate family currently serving as a member of one the branches of the United States uniformed services on active duty, reserve components or National Guard?**

- Yes
- No (SKIP TO SECTION B)
- Declined (SKIP TO SECTION B)
- Don't know / Information not available (SKIP TO SECTION B)

**2b. If anyone in your immediate family is currently serving in the uniformed services, which member(s) are currently serving? (SELECT UP TO SIX PEOPLE)**

- My spouse
- Unmarried partner
- My mother
- My father
- My son or sons
- My daughter or daughters
- My brother or brothers
- My sister or sisters
- Another member of my immediate family (SPECIFY RELATIONSHIP): \_\_\_\_\_
- Declined
- Don't know / Information not available

**CONTINUE TO SECTION B**

**End of Section A4: MILITARY FAMILY AND DEPLOYMENT**

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**SECTION B**  
**DRUG AND ALCOHOL USE**

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**NOTE:** THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

**1. In the past 30 days, how many days have you used alcoholic beverages?**

|\_\_|\_\_| days (IF ZERO, SKIP TO QUESTION 3)

- Declined
- Don't know / Information not available

**2. (IF MALE)**

**In the past 30 days, how many days have you used alcohol to intoxication?** (DEFINE INTOXICATION AS FOUR OR MORE DRINKS IN A DAY) (VALUE IN QUESTION 2 MUST BE EQUAL TO OR LESS THAN VALUE IN QUESTION 1)

|\_\_|\_\_| days

- Declined
- Don't know / Information not available

**(IF FEMALE)**

**In the past 30 days, how many days have you used alcohol to intoxication?** (DEFINE INTOXICATION AS THREE OR MORE DRINKS IN A DAY) (VALUE IN QUESTION 2 MUST BE EQUAL TO OR LESS THAN VALUE IN QUESTION 1)

|\_\_|\_\_| days

- Declined
- Don't know / Information not available

**3. How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?**

- No risk
- Slight risk
- Moderate risk
- Great risk
- Declined
- Don't know / Information not available

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**4. In the past 30 days, how many days did you use any illegal drugs including prescription drugs that were taken for reasons or in doses other than prescribed?**

|\_\_|\_\_| days (IF ZERO, SKIP TO QUESTION 5I)

- Declined
- Don't know / Information not available

**SECTION B**  
**DRUG AND ALCOHOL USE (CONT.)**

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5. The following ten questions (5a-5j) relate to your experience with drugs. Some may be prescribed by a doctor (like pain medication), but I will only record those if you have taken them for reasons or in doses other than prescribed.

- IF THE VALUE IN ANY QUESTION 5A THROUGH 5H IS MORE THAN ZERO, THEN THE VALUE IN QUESTION 4 SHOULD BE MORE THAN ZERO.
- "ROUTE" REFERS TO ROUTE OF ADMINISTRATION. NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE FROM THE FOLLOWING OPTIONS: (1) ORAL, (2) NASAL, (3) SMOKING, (4) NON-IV INJECTION, (5) IV

**In the past 30 days, how many days have you used—**

**5a. Cocaine (coke, crack, etc.)?** |\_\_| |\_\_| days  
 Declined |\_\_| route  
 Don't know / Information not available

**5b. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?** |\_\_| |\_\_| days  
 Declined |\_\_| route  
 Don't know / Information not available

**5c. Methamphetamine (speed, crystal meth, ice, etc.)?** |\_\_| |\_\_| days  
 Declined |\_\_| route  
 Don't know / Information not available

**5d. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?** |\_\_| |\_\_| days  
 Declined |\_\_| route  
 Don't know / Information not available

**5e. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?** |\_\_| |\_\_| days  
 Declined |\_\_| route  
 Don't know / Information not available

**5f. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?** |\_\_| |\_\_| days  
 Declined |\_\_| route  
 Don't know / Information not available

**5g. Street opioids (heroin, opium, etc.)?** |\_\_| |\_\_| days  
 Declined |\_\_| route  
 Don't know / Information not available

**5h. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?** |\_\_| |\_\_| days  
 Declined |\_\_| route  
 Don't know / Information not available

**SECTION B  
DRUG AND ALCOHOL USE (CONT.)**

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- IF THE VALUE IN ANY QUESTION 5A THROUGH 5H IS MORE THAN ZERO, THEN THE VALUE IN QUESTION 4 SHOULD BE MORE THAN ZERO.
- "ROUTE" REFERS TO ROUTE OF ADMINISTRATION. NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE FROM THE FOLLOWING OPTIONS: (1) ORAL, (2) NASAL, (3) SMOKING, (4) NON-IV INJECTION, (5) IV

**5i. Cannabis (marijuana, pot, grass, hash, etc.)?** |\_\_|\_\_| day  
 Declined |\_\_| route  
 Don't know / Information not available

**5j. Other? (SPECIFY):** \_\_\_\_\_ |\_\_|\_\_| days  
 Declined |\_\_| route  
 Don't know / Information not available

---

**6. The following five questions (6a-6e) relate to your experience with tobacco or tobacco related products.**

**In the past 30 days, how many days have you used—**

**6a. Cigarettes?** |\_\_|\_\_| days  
 Declined  
 Don't know / Information not available

**6b. Chewing tobacco?** |\_\_|\_\_| days  
 Declined  
 Don't know / Information not available

**6c. Cigars?** |\_\_|\_\_| days  
 Declined  
 Don't know / Information not available

**6d. Electronic Cigarettes (e-cigarettes)?** |\_\_|\_\_| days  
 Declined  
 Don't know / Information not available

**6e. Other tobacco related products?** |\_\_|\_\_| days  
 Declined (SPECIFY): \_\_\_\_\_  
 Don't know / Information not available

CONTINUE TO SECTION C

**End of Section B: Drug and Alcohol Use**

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**SECTION C**  
**FAMILY AND HOUSING**

---

**NOTE:** THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

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

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel
- Staying or living with family/friends (e.g., room, apartment or house)
- Transition Housing
- Substance abuse treatment facility or detox center
- Residential treatment (substance abuse or mental health)
- Therapeutic community or halfway house
- Psychiatric hospital or other psychiatric facility
- Long-term care facility or nursing home
- Hospital or other residential non-psychiatric medical facility
- Permanent supportive housing
- Foster care home or foster care group home
- Jail, prison, or juvenile detention facility
- House rented by client
- House owned by client
- Other (SPECIFY): \_\_\_\_\_
- Declined
- Don't know / Information not available

**2. In the past 30 days, how many nights have you been homeless?**

|\_\_| |\_\_| nights

- Declined
- Don't know / Information not available

**CONTINUE TO SECTION D**

**End of Section C: Family and Housing**

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**SECTION D**  
**EDUCATION, EMPLOYMENT, AND INCOME**

---

**NOTE:** THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

**1a. Are you currently enrolled in school or job training program? (IF INCARCERATED, SELECT “NO/NOT ENROLLED”)**

- No/Not enrolled (SKIP TO QUESTION 2)
- Enrolled, full time
- Enrolled, part time
- Other (SPECIFY): \_\_\_\_\_
- Declined (SKIP TO QUESTION 2)
- Don't know / Information not available (SKIP TO QUESTION 2)

**1b. If you are currently enrolled in school or job training program, during the past 30 days, how many days were unexcused absences?**

- 0 days
- 1days
- 2 days
- 3 to 5 days
- 6 to 10 days
- More than 10 days
- Declined
- Don't know / Information not available

**2. What is the highest level of education you have finished (whether or not you received a degree)?**

- Preschool
  - Kindergarten
  - 1st Grade
  - 2nd Grade
  - 3rd Grade
  - 4th Grade
  - 5th Grade
  - 6th Grade
  - 7th Grade
  - 8th Grade
  - 9th Grade
  - 10th Grade
  - 11th Grade
  - 12th Grade/High School Diploma/Equivalent
  - Some college or university
  - Bachelor's degree (BA, BS) or higher
  - Vocational/Technical diploma after high school
  - I never attended school or a job training program
  - Declined
  - Don't know / Information not available
-



**SECTION D**  
**EDUCATION, EMPLOYMENT, AND INCOME (CONT.)**

---

**3. Are you currently employed (IF INCARCERATED, SELECT UNEMPLOYED, NOT LOOKING FOR WORK)**

- IF CLIENT IS UNDER 16 YEARS OF AGE, SKIP TO SECTION E.
- CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.

- IF CLIENT IS ENROLLED, FULL TIME IN QUESTION 1 AND INDICATED EMPLOYED, FULL TIME IN QUESTION 3, ASK FOR CLARIFICATION.
- IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE QUESTION 3 AS UNEMPLOYED, NOT LOOKING FOR WORK.

- Employed full time (35+ hours per week, or would have been)
- Employed part time
- Unemployed, looking for work - unemployed, disabled (SKIP TO SECTION E)
- Unemployed, volunteer work (SKIP TO SECTION E)
- Unemployed, retired (SKIP TO SECTION E)
- Unemployed, not looking for work (SKIP TO SECTION E)
- Other (SPECIFY): \_\_\_\_\_
- Declined (SKIP TO SECTION E)
- Don't know / Information not available (SKIP TO SECTION E)

**4. Are you paid at or above the minimum wage?**

- Yes
- No
- Declined
- Don't know / Information not available

**5. Are your wages paid directly to you by your employer?**

- Yes
- No
- Declined
- Don't know / Information not available

**6. Could anyone have applied for your job?**

- Yes
- No
- Declined
- Don't know / Information not available

**CONTINUE TO SECTION E**

**End of Section D: Education, Employment, and Income**

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**SECTION E**  
**CRIME AND CRIMINAL JUSTICE STATUS**

---

**NOTE:** THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

**1a. In the past 30 days, how many times have you been arrested?**

|\_\_| |\_\_| times (IF ZERO, SKIP TO QUESTION 2)

- Declined
- Don't know / Information not available

**1b. Out of the times you have been arrested in the past 30 days, how many times have you been arrested for drug-related offenses? (VALUE IN 1B CANNOT EXCEED VALUE IN QUESTION 1A)**

|\_\_| |\_\_| times

- Declined
- Don't know / Information not available

**2. Are you currently awaiting charges, trial, or sentencing?**

- Yes
- No
- Declined
- Don't know / Information not available

**3. Are you currently on parole or probation?**

- Yes
- No
- Declined
- Don't know / Information not available

**CONTINUE TO SECTION F1**

**End of Section E: Crime and Criminal Justice Status**

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**SECTION F1**  
**MENTAL AND PHYSICAL HEALTH**

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**NOTE:** THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

**1. How would you rate your overall health right now?**

- Excellent
- Very Good
- Good
- Poor
- Declined
- Don't know / Information not available

**2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following 12 statements (2a-2l).**

**2a. I do well in school and/or work.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**2b. I am getting along with my family members.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available / Not applicable

**2c. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I deal effectively with daily problems.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**SECTION F1**  
**MENTAL AND PHYSICAL HEALTH (CONT.)**

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**2d. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I am able to control my life.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**2e. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I am able to deal with crisis.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**2f. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I do well in social situations.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**2g. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) My housing situation is satisfactory.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**SECTION F1**  
**MENTAL AND PHYSICAL HEALTH (CONT.)**

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**2h. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) My symptoms are not bothering me.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**2i. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I am handling daily life.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**2j. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I get along with friends and other people.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**2k. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I am able to cope when things go wrong.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**SECTION F1**  
**MENTAL AND PHYSICAL HEALTH (CONT.)**

---

**21. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I am satisfied with our family life right now.**

- Strongly agree
  - Agree
  - Undecided
  - Disagree
  - Strongly disagree
  - Declined
  - Don't know / Information not available
- 

THE FOLLOWING THREE QUESTIONS (3-5) ARE ONLY FOR CLIENTS 10 YEARS OF AGE AND OLDER

**3. (ONLY ASK AT BASELINE) Have you ever tried to kill yourself?**

- Yes
- No
- Declined
- Don't know / Information not available

**4. (ASK AT REASSESSMENT AND DISCHARGE) At any time in the past 6 months (including today), did you seriously think about trying to kill yourself?**

- Yes
- No
- Declined
- Don't know / Information not available

**5. (ASK AT REASSESSMENT AND DISCHARGE) During the past 6 months (including today), did you try to kill yourself?**

- Yes
  - No
  - Declined
  - Don't know / Information not available
- 

**6. In the past 30 days, how many nights have you spent in a hospital for mental health care?**

|\_\_| |\_\_| nights

- Declined
- Don't know / Information not available

**SECTION F1  
MENTAL AND PHYSICAL HEALTH (CONT.)**

**7. In the past 30 days, how many nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?**

|\_\_|\_\_| nights

- Declined
- Don't know / Information not available

**8. In the past 30 days, how many times have you gone to an emergency room for a psychiatric or emotional problem?**

|\_\_|\_\_| times

- Declined
- Don't know / Information not available

**9. The following six questions (9a-9f) ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.**

QUESTIONS	RESPONSE OPTIONS						
During the <u>past 30 days</u> , about how often did you feel—	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	Declined	Don't know/ Info not Available
<b>9a. Nervous</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9b. Hopeless</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9c. Restless or fidgety</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9d. So depressed that nothing could cheer you up</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9e. That everything was an effort</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9f. Worthless</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SECTION F1**  
**MENTAL AND PHYSICAL HEALTH (CONT.)**

---

**10a. Have you been tested for Hepatitis B?**

- Yes
- No (SKIP TO QUESTION 11A)
- Declined (SKIP TO QUESTION 11A)
- Don't know (SKIP TO QUESTION 11A)

**10b. If you have been tested for Hepatitis B, what was the result?**

- Negative/Non-Reactive
- Positive/Reactive
- Invalid/Indeterminate
- Declined
- Don't know/information not available

**11a. Have you been tested for Hepatitis C?**

- Yes
- No (SKIP TO SECTION F2)
- Declined (SKIP TO SECTION F2)
- Don't know (SKIP TO SECTION F2)

**11b. If you have been tested for Hepatitis C, what was the result?**

- Negative/Non-Reactive
- Positive/Reactive
  - If Positive/Reactive, did you receive a confirmatory test?**
  - Yes
  - No
- Invalid/Indeterminate
- Declined
- Don't know/information not available

**CONTINUE TO SECTION F2**

**End of Section F1: Mental and Physical Health**

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**SECTION F2**  
**RECOVERY, SELF-HELP, AND PEER-SUPPORT**

---

**NOTE:** THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

- 1. In the past 30 days, have you attended any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?**

**In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.**

- Yes. SPECIFY NUMBER OF TIMES: |\_\_\_\_|\_\_\_\_|
- No
- Declined
- Don't know / Information not available

- 2. In the past 30 days have you attended any religious/faith affiliated recovery self-help groups?**

- Yes. SPECIFY NUMBER OF TIMES: |\_\_\_\_|\_\_\_\_|
- No
- Declined
- Don't know / Information not available

- 3. In the past 30 days, have you attended meetings of organizations that support recovery other than religious/faith and non-religious faith self-help groups?**

- Yes. SPECIFY NUMBER OF TIMES: |\_\_\_\_|\_\_\_\_|
- No
- Declined
- Don't know / Information not available

- 4. In the past 30 days, have you had interaction with family and/or friends that are supportive of your recovery?**

- Yes
- No
- Declined
- Don't know / Information not available

- 5. In the past 30 days, I generally accomplished what I set out to do.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**SECTION F2**  
**RECOVERY, SELF-HELP, AND PEER-SUPPORT (CONT.)**

---

**6. I feel capable of managing my health care needs.**

- On my own most of the time
- With support from others most of the time
- On my own
- Some of the time and with support from others
- Some of the time
- Rarely or never
- Declined
- Don't know / Information not available

**7. I have family or friends that are supportive of my recovery.**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree
- Declined
- Don't know / Information not available

**CONTINUE TO SECTION F3**

**[End of Section F2: Recovery, Self-Help, and Peer-Support](#)**

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**SECTION F3**  
**VIOLENCE AND TRAUMA**

---

**NOTE:** THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

THE FOLLOWING THREE QUESTIONS (1A-1C) TO BE COMPLETED AT BASELINE ONLY

**1a. In your life have you ever experienced an event, series of events, or set of circumstances that resulted in you feeling physically or emotionally harmed or threatened?**

- Yes
- No (SKIP TO QUESTION 2)
- Declined (SKIP TO QUESTION 2)
- Don't know / Information not available (SKIP TO QUESTION 2)

**1b. If you ever experienced an event that resulted in you feeling physically or emotionally harmed or threatened, what kind of event was this? (SELECT ALL THAT APPLY)**

- Natural or man-made disaster
- Community or school violence
- Interpersonal violence (including physical, sexual or psychological)
- Military trauma
- Other (SPECIFY): \_\_\_\_\_
- Declined
- Don't know / Information not available

**1c. Did any of the above experiences feel so frightening, horrible, or upsetting that in the past and/or the present that you:**

**(1) Have had nightmares about them or thought about them when you did not want to?**

- Yes
- No
- Declined
- Don't know / Information not available

**(2) Tried hard not to think about them or went out of your way to avoid situations that remind you of them?**

- Yes
- No
- Declined
- Don't know / Information not available

**(3) Were constantly on guard, watchful, or easily startled?**

- Yes
- No
- Declined
- Don't know / Information not available

**SECTION F3  
VIOLENCE AND TRAUMA (CONT.)**

---

**(4) Felt numb and detached from others, activities, or your surroundings?**

- Yes
- No
- Declined
- Don't know / Information not available

**2. In the past 30 days, how often have you ever experienced an event, series of events, or set of circumstances that resulted in you feeling physically or emotionally harmed or threatened?**

- Never
- A few times
- More than a few times
- Declined
- Don't know / Information not available

**CONTINUE TO SECTION G**

**End of Section F3: Violence and Trauma**

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**SECTION G**  
**SOCIAL CONNECTEDNESS**

**NOTE:** THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

- 1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.**

QUESTIONS	RESPONSE OPTIONS						
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Declined	Don't know/ Info not Available
Over the <u>past 30 days</u> —							
<b>1a. I had people with whom I did enjoyable things.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1b. In a crisis, I would have the support I need from family or friends.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1c. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I am happy with the friendships I had.</b>							
<b>1d. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I feel I belong in my community.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1e. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I knew people who would listen and understand me when I needed to talk.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1f. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I had people that I was comfortable talking with about my problems.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CONTINUE TO SECTION H**

**End of Section G: Social Connectedness**

**SECTION H**  
**PROGRAM SPECIFIC QUESTIONS**

---

SOME PROGRAMS HAVE PROGRAM SPECIFIC DATA. YOU WILL BE INFORMED IF YOU ARE REQUIRED TO COMPLETE SECTION H, AND YOU WILL HAVE A SEPARATE SECTION H FORM.

**STOP HERE FOR BASELINE INTERVIEW**

**CONTINUE TO SECTION I FOR REASSESSMENT**

**SKIP TO SECTION J FOR DISCHARGE**

**End of Section H: Program Specific Questions**

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**SECTION I**  
**REASSESSMENT STATUS**

---

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT REASSESSMENT

**1. Have you or other grant staff had contact with the client within 90 days of the last encounter?**

- Yes
- No

**2. Is the client still receiving services from your program?**

- Yes
  - No
- 

**3a. Did the program test the client for Viral Hepatitis?**

- Yes
- No (SKIP TO SECTION K)

**3b. If the client was tested for Viral Hepatitis, did the client receive the test results? (CHECK ALL THAT APPLY)**

- Hepatitis B**       Yes    No  
**Hepatitis C**       Yes    No

**3c. If the client received the Viral Hepatitis test results, what were the results? (CHECK ALL THAT APPLY)**

- Hepatitis C**
- Negative/Non-reactive
  - Positive/Reactive
  - Invalid/Indeterminate
  - Not Applicable

**4a. Did the program conduct a Confirmatory Hepatitis Test?**

- Yes
- No (SKIP TO SECTION K)

**4b. If the program conducted a Confirmatory Hepatitis Test, did the client receive the results? (CHECK ALL THAT APPLY)**

- Hepatitis B       Yes    No  
Hepatitis C       Yes    No

**SECTION I**  
**REASSESSMENT STATUS (CONT.)**

---

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT REASSESSMENT

**4c. If the client received the Confirmatory Hepatitis test results, what were the results?**

	Negative/Non-reactive	Positive/Reactive	Invalid/Indeterminate	Not Applicable
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SKIP TO SECTION K**

[End of Section I: Reassessment Status](#)

---



**SECTION J**  
**DISCHARGE STATUS**

---

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT DISCHARGE

**1. On what date was the client discharged?**

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|\_|  
Month Day Year

**2. On what date did the client last receive services?**

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|\_|  
Month Day Year

**3. What is the client's discharge status?**

- Mutually agreed cessation of treatment
  - Withdrew from/Declined treatment
  - No contact within 90 days of last encounter
  - Incarcerated (NEWLY OR RE-INCARCERATED)
  - Clinically referred out
  - Death
  - Other (SPECIFY): \_\_\_\_\_
- 

**4a. Did the program test the client for Viral Hepatitis?**

- Yes
- No (SKIP TO SECTION K)

**4b. If the client was tested for Viral Hepatitis, did the client receive the test results? (CHECK ALL THAT APPLY)**

- Hepatitis B**       Yes    No  
**Hepatitis C**       Yes    No

**4c. If the client received the Viral Hepatitis test results, what were the results? (CHECK ALL THAT APPLY)**

- Hepatitis C**
- Negative/Non-reactive
  - Positive/Reactive
  - Invalid/Indeterminate
  - Not Applicable

**5a. Did the program conduct a Confirmatory Hepatitis test?**

- Yes
- No (SKIP TO SECTION K)

**SECTION J**  
**DISCHARGE STATUS (CONT.)**

---

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT DISCHARGE

**5b. If the program conducted a Confirmatory Hepatitis test, did the client receive the results?**  
(CHECK ALL THAT APPLY)

Hepatitis B             Yes    No  
Hepatitis C             Yes    No

**5c. If the client received the Confirmatory Hepatitis test results, what were the results?**

	Negative/Non-reactive	Positive/Reactive	Invalid/Indeterminate	Not Applicable
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE TO SECTION K

**End of Section J: Discharge Status**

---

**SECTION K**  
**SERVICES RECEIVED**

THIS SECTION TO BE COMPLETED BY STAFF ONLY

IDENTIFY THE NUMBER OF DAYS OF SERVICES OR SESSIONS PROVIDED TO THE CLIENT DURING THE CLIENT’S COURSE OF TREATMENT/RECOVERY. (ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY)

1. Modality	Days	2. Treatment Services	Sessions
a. Case Management	_ _ _ _	a. Screening	_ _ _ _
b. Day Treatment	_ _ _ _	b. Brief Intervention	_ _ _ _
c. Inpatient/Hospital (Other Than Detox)	_ _ _ _	c. Brief Treatment	_ _ _ _
d. Outpatient	_ _ _ _	d. Referral to Treatment	_ _ _ _
e. Outreach	_ _ _ _	e. Assessment	_ _ _ _
f. Intensive Outpatient	_ _ _ _	f. Treatment/Recovery Planning	_ _ _ _
g. Medication Assisted Treatment		g. Individual Counseling	_ _ _ _
<b>For Opioid Addiction</b>		h. Group Counseling	_ _ _ _
(1) Methadone	_ _ _ _	i. Family/Marriage Counseling	_ _ _ _
(2) Buprenorphine	_ _ _ _	j. Co-Occurring Treatment/Recovery Services	_ _ _ _
(3) Naltrexone ® (Oral)	_ _ _ _	k. Psycho-Pharmacological Interventions	_ _ _ _
(4) Vivitrol ® (Injectable)	_ _ _ _	l. HIV/AIDS Counseling	_ _ _ _
(5) Disulfiram ®	_ _ _ _	m. Mental health services	_ _ _ _
(6) Acamprosate ®	_ _ _ _	n. Other (SPECIFY): _____	_ _ _ _
<b>For Alcohol Addiction</b>			
(1) Naltrexone ® (Oral)	_ _ _ _		
(2) Vivitrol ® (Injectable)	_ _ _ _		
(3) Disulfiram ®	_ _ _ _		
(4) Acamprosate ®	_ _ _ _		
h. Residential/Rehabilitation	_ _ _ _		
i. Detoxification (SELECT ONLY ONE):			
(1) Hospital Inpatient			
(2) Free Standing Residential	_ _ _ _		
(3) Ambulatory Detoxification	_ _ _ _		
j. After Care	_ _ _ _		
k. Recovery Support	_ _ _ _		
l. Other (SPECIFY): _____	_ _ _ _		
		<b>3. Medical Services</b>	
		a. Medical Care	_ _ _ _
		b. Alcohol/Drug Testing	_ _ _ _
		c. HIV/AIDS Medical Support & Testing	_ _ _ _
		d. Other (SPECIFY): _____	_ _ _ _

**SECTION K  
SERVICES RECEIVED (CONT.)**

---

THIS SECTION TO BE COMPLETED BY STAFF ONLY

IDENTIFY THE NUMBER OF DAYS OF SERVICES OR SESSIONS PROVIDED TO THE CLIENT DURING THE CLIENT’S COURSE OF TREATMENT/RECOVERY. (ENTER ZERO IF NO SERVICES PROVIDED)

<b>4. Case Management Services</b>	<b>Sessions</b>
a. Family Services (Including Marriage Education, Parenting, Child Development Services)	_ _ _ _
b. Child Care	_ _ _ _
c. Employment Service	
(1) Pre-Employment	_ _ _ _
(2) Employment Coaching	_ _ _ _
d. Individual Services Coordination	_ _ _ _
e. Transportation	_ _ _ _
f. HIV/AIDS Service	_ _ _ _
g. Supportive Transitional Drug-Free Housing Services	_ _ _ _
h. Care coordination	_ _ _ _
i. Other	
(SPECIFY): _____	_ _ _ _

<b>5. After Care Services</b>	
a. Continuing Care	_ _ _ _
b. Relapse Prevention	_ _ _ _
c. Recovery Coaching	_ _ _ _
d. Self-Help and Support Groups	_ _ _ _
e. Spiritual Support	_ _ _ _
f. Other After Care Services	_ _ _ _
g. Other	
(SPECIFY): _____	_ _ _ _

<b>6. Education Services</b>	<b>Sessions</b>
a. Substance Abuse Education	_ _ _ _
b. HIV/AIDS Education	_ _ _ _
c. Other	
(SPECIFY): _____	_ _ _ _

<b>7. Peer-to-Peer Recovery Support Services</b>	
a. Peer Coaching or Mentoring	_ _ _ _
b. Housing Support	_ _ _ _
c. Alcohol- and Drug-Free Social Activities	_ _ _ _
d. Information and Referral	_ _ _ _
e. Other	
(SPECIFY): _____	_ _ _ _

**END OF INSTRUMENT**

**End of Section K: Services Received**

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