

## Violence Intervention To Enhance Lives (VITEL) Evaluation **DISCHARGE Client-Level Survey**

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

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**Instructions:** These instructions are for program staff administering the VITEL Project 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 female clients receiving VITEL services. ***Please note that this version of the Client-Level Survey is to be used at the DISCHARGE only.***

The Client-Level Survey includes seven sections: Background Information, Intimate Partner Violence Risk, Substance Use/Risky Behavior, HIV Testing/HIV Status, Social Support, Mental Health and Medical Health, and Motivation for Treatment. All questions in Sections A – G 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 Burden Statement: 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 0930-xxxx. Public reporting burden for this collection of information is estimated to average 45 minutes per respondent, per year, 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 Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

Client ID: \_\_\_\_\_  
 (Client ID that was assigned to the client must **match** on DCI / "GPRA" and RHHT forms)

## VITEL Evaluation: Client-Level Survey

# DISCHARGE

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**Grantee ID** \_\_\_\_\_ **TIO** \_\_\_\_\_

**Partner ID (if applicable)** \_\_\_\_\_ **TIO** \_\_\_\_\_ - \_\_\_\_\_

**Client ID** \_\_\_\_\_  
 (Client ID that was assigned to the client must match on DCI / "GPRA" and RHT / RHHT forms)

**Date of Administration (mm/dd/yyyy)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### PROGRAM STAFF: Please complete the following client background questions using information collected from the Discharge GPRA.

<b>Client's Gender Identity</b>	<input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> Transgender (M) <input type="checkbox"/> Transgender (F) <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (specify) _____
<b>Client's Sexual Orientation</b>	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian (F) <input type="checkbox"/> Gay (M) <input type="checkbox"/> Bisexual <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (specify) _____
<b>Client's Ethnicity: Is the client Hispanic or Latino?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <i>If 'YES', what sub-group?</i> <input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Other (specify) _____
<b>Client's Race</b> (Mark all that apply)	<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian ..... <i>If so, what sub-group?</i> <input type="checkbox"/> East Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Black / African American ..... <i>If so, what sub-group (if any)?</i> <input type="checkbox"/> East African <input type="checkbox"/> North African <input type="checkbox"/> Southern African <input type="checkbox"/> West African <input type="checkbox"/> Caribbean / West Indian <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Refused
<b>Client's Generation (U.S.)</b>	<input type="checkbox"/> Generation 0 (Foreign-born) <input type="checkbox"/> Generation 1 (U.S.-born) <input type="checkbox"/> Generation 2+ (U.S.-born, offspring)

Client ID: \_\_\_\_\_  
(Client ID that was assigned to the client must **match** on DCI / "GPRA" and RHHT forms)

<b>Client's Age</b>	____
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**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 XXXXXX, at XXX-XXX-XXXX.

**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 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"/>    | Residential Treatment               | <input type="checkbox"/> | Other (specify) _____     |
| <input type="checkbox"/> 88 | Refused                             |                          |                           |

**B. Intimate Partner Violence Risk**

**Program Staff:** The next set of questions asks about your relationship with your current or former partner or spouse; specifically, I am going to ask you about the frequency with which your partner acts in the ways described. I am going to read each answer option and please use Response Card A to tell us how often these behaviors occur. I realize these questions are very personal, but your open and honest answers are very important. There are no right or wrong answers.

B1. How often does your partner? Please read response options.

<b>Hurt, Insult, Threaten with harm, and Scream at them (HITS)* IPV screening tool</b>	
a. Physically hurt you	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Rarely <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Fairly Often <input type="checkbox"/> 5 Frequently

	<input type="checkbox"/> 88 Refused
b. Insult or talk down to you	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Rarely <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Fairly Often <input type="checkbox"/> 5 Frequently <input type="checkbox"/> 88 Refused
c. Threaten you with harm	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Rarely <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Fairly Often <input type="checkbox"/> 5 Frequently <input type="checkbox"/> 88 Refused
d. Scream or curse at you	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Rarely <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Fairly Often <input type="checkbox"/> 5 Frequently <input type="checkbox"/> 88 Refused
<b>TOTAL SCORE</b>	<b>_____</b>

*Clinical Research and Methods* (Fam Med 1998;30(7):508-12). HITS is copyrighted in 2003 by Kevin Sherin MD, MPH; for permission to use HITS, Email [ksherin@yahoo.com](mailto:ksherin@yahoo.com) \*HITS is used globally in multiple languages, 2006

**Program Staff: Please score Section B using the following instructions.**

**Each item is scored from 1-5. Thus, scores for this inventory range from 4-20. A score of greater than 10 is considered positive.**

**C. Substance Use/Risky Behavior**

**Program Staff:** The next set of questions asks about your alcohol or drug use and sexual behaviors.

C1. 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.*

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 _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused

On a typical day during the past 30 days how many times did you use...	
mescaline ( <i>angel dust, boat, hog, love boat, peace pill, Adam, clarity, ecstasy, Eve, lover's speed, peace, STP, X, XTC, acid, blotter, boomers, cubes, microdot, yellow sunshines, magic mushroom, purple passion, shrooms, buttons, cactus, mesc, peyote</i> )	<p>_____</p> <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
h. Methamphetamine or other amphetamines ( <i>chalk, crank, crystal, fire, glass, go fast, ice, meth, speed, bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers</i> )	<p>Number of times</p> <p>_____</p> <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
i. Benzodiazepines ( <i>candy, downers, sleeping pills, tranks, Roche, roofies, roofinol, rope, rophies</i> )	<p>Number of times</p> <p>_____</p> <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
j. Barbiturates ( <i>barbs, reds, red birds, phennies, tooies, yellows, yellow jackets</i> )	<p>Number of times</p> <p>_____</p> <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
k. Non-prescription GHB ( <i>G, Georgia home boy, grievous bodily harm, liquid ecstasy</i> )	<p>Number of times</p> <p>_____</p> <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
l. Ketamine ( <i>cat Valiums, K, Special K, vitamin K</i> )	<p>Number of times</p> <p>_____</p> <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
m. Inhalants ( <i>laughing gas, poppers, snappers, whippets</i> )	<p>Number of times</p> <p>_____</p> <input type="checkbox"/> 0 No Past 30 Day

On a typical day during the past 30 days how many times did you use...	
	Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
n. Both alcohol and drugs on the same day	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
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

**\*\*\*Program Staff: Only ask questions C2 and C3 below to clients who reported no alcohol or drug use in Questions C1a – C1o above. If clients reported alcohol or drug use in Questions C1a – C1o above please skip to question C4 below.\*\*\***

C2. 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.*

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

C3. 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

**\*\*\*Program Staff: If you asked Questions C2 and C3 above, please skip to Question C7 below.\*\*\***

C4. In the past 30 days, did you inject any of the drugs that you reported using above?

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



**\*\*\*Program Staff: If the client answered No, Don't Know, or Refused to Question C4 above, please skip to Question C7 below.\*\*\***

C5. 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

C6. In the past 30 days, did you share drug injection equipment (needles/syringes, cotton, cooker, water) *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

**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.*

C7. In the past 30 days, did you engage in unprotected sexual activity with a male partner?

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

C8. In the past 30 days, did you engage in unprotected sexual activity with a female partner?

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

C9. In the past 30 days, did you engage in unprotected sexual activity with both a male partner and a female partner?

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

**\*\*\*Program Staff:** *Only ask questions C10a – C10j 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 D1 below.*

**If the client reported having unprotected sexual contact ONLY with a male partner, please ask only questions C10a, C10c, C10e, C10g, and C10i.**

**If the client reported having unprotected sexual contact ONLY with a female partner, please ask questions C10b, C10d, C10f, C10h, and C10j.**

**If the client reported having unprotected sexual contact with BOTH a male partner and a female partner please answer all questions in C10a – C10j. \*\*\***

C10. 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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <input type="checkbox"/> 66 Don't Know <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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

	Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during... (check all that apply)
				<input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
e. Unprotected sex <b>with a male partner</b> you know had, or suspected of having a sexually transmitted disease (STD)?	<input type="checkbox"/> 1 # of times <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
f. Unprotected sex <b>with a female partner</b> you know had, or suspected of having a sexually transmitted disease (STD)?	<input type="checkbox"/> 1 # of times <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
g. Unprotected sex <b>with a male partner</b> you know had, or suspected of having HIV/AIDS?	<input type="checkbox"/> 1 # of times <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
h. Unprotected				

	Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during... (check all that apply)
sex with a female partner you know had, or suspected of having HIV/AIDS?	<input type="checkbox"/> 1 # of times <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <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 <hr/> <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused

**D. HIV Testing/HIV Status**

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

D1. 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

D2. 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 D2, please skip to Question E1\*\*\*\***

D3. 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 B 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 the following behaviors...	Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused
D4.	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
D5.	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
D6.	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
D7.	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
D8.	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
D9.	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
D10.	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

Since you found out you were HIV positive, how much have you changed the following behaviors...		Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused
D11.	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

**Program Staff:** Next I am going to ask you some questions about linkages and referral to HIV care and services.

Since you found out you were HIV positive, have you been engaged in the following activities...		Yes	No	N/A	Refused
D1.	Were you linked to care within 3 months of your HIV diagnosis?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 77	<input type="checkbox"/> 88
D2.	Did you complete the referral to HIV care/services?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 77	<input type="checkbox"/> 88
D3.	Have you been attending routine HIV medical care within 3 months of your diagnosis?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 77	<input type="checkbox"/> 88
D4.	If you have not received routine HIV medical care within 3 months of your diagnosis, have you attended at least one medical care visit within the last six months?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 77	<input type="checkbox"/> 88
D5.	Are you currently receiving antiretroviral therapy (ART)?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 77	<input type="checkbox"/> 88
D6.	If you are not currently receiving ART, have you received ART in the last 6 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 77	<input type="checkbox"/> 88
D7.	Has your viral load consistently been <200 copies/mL in the last six months?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 77	<input type="checkbox"/> 88

### E. 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 C. Please select only one choice for each statement. [Please read response options].

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly	Refused
E1.	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
E2.	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
E3.	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
E4.	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
E5.	You have people close to you who understand your situation and	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88

- |      |  | Disagree<br>Strongly               | Disagree                   | Uncertain                  | Agree                      | Agree<br>Strongly          | Refused                     |
|------|--|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
|      | problems.  |                                    |                            |                            |                            |                            |                             |
| E6.  | 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 |
| E7.  | 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 |
| E8.  | 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 |
| E9.  | 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 |
| E10. | 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                            |                            |                            |                            |                            |                             |

## F. 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 B. [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                     |
|------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| F1.  | 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 |
| F2.  | 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 |
| F3.  | 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 |
| F4.  | 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 |
| F5.  | 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 |
| F6.  | 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 |
| F7.  | 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 |
| F8.  | 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 |
| F9.  | 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 |
| F10. | 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 |

- | During the past 30 days, how much were you distressed by... |  | Not at all                 | A little bit               | Moderately                 | Quite a bit                | Extremely                  | Refused                     |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| F11.  | 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 |
| F12.  | 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 |

F13. In the past 30 days, how often have you used drugs (including prescription drugs) or alcohol in response to stressful life events? *I am going to read each answer option and please use Response Card B 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

F14. In the past 30 days, on how many days did you use drugs or alcohol to help you cope with stressful life events? *I am going to read each answer option and please use Response Card B 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

F15. 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

F16. 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

F17. Why did you enroll in this treatment program? *Do not read response options.*

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

F18. Which drug(s) did you want to address in this treatment program?

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

- 66 Don't Know       88 Refused

F19. 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**

F20. 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

F21. 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

F22. 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

**G. 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 D 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
G1.	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
G2.	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
G3.	I'm not just thinking about changing my <u>drug use</u> [drinking], I'm already doing something	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88

		Strongly Disagree	Disagree	Undecided or Unsure	Agree	Strongly Agree	Refused
	about it.						
G4.	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
G5.	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
G6.	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
G7.	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
G8.	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

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

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**Program Staff: Please complete the following section on client drug testing after administration of the DISCHARGE Client Level Survey. Please consult the client's medical record as necessary to complete this section.**

1. Client/Patient Agree to IPV Referral:  Yes  No
  2. Provider Referred To: \_\_\_\_\_
  3. Date Referral: \_\_\_\_\_
  4. Case Manager: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
\_\_\_\_\_  
Person Making the Referral: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
\_\_\_\_\_
  5. Length of Referral Service:  One-time Consultation  Ongoing IPV/Trauma Services
  6. Type of Service:  
 Domestic Violence Shelter  Legal  Transportation  
 Advocacy  Family Counseling  Law Enforcement  
 Court/Judicial  Faith-based  Medical Services  
 Support Group  
 Traditional/Indigenous Healers
  7. Appointment Scheduled:  Yes  No  Waiting List *If yes, Date/Time:*  
\_\_\_\_\_
  8. Person Notified at Receiving Agency: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
\_\_\_\_\_
  9. Date of Notification: \_\_\_\_\_
- 
10. How frequently does your program conduct drug testing? *Mark all that apply.*  
 1 Intake  2 At each session  3 Randomly  
 4 Discharge  5 Post-discharge  6 Never  
 3 Other (specify) \_\_\_\_\_
  11. For what reason(s) does your program conduct drug testing? *Mark all that apply.*  
 1 Scheduled  2 For Cause  3 Other (specify)  
\_\_\_\_\_  
 4 At the request of the legal system (e.g., parole officer, court mandated)
  12. Has the client received a drug test in the past 90 days?  
 1 Yes (specify how many times) \_\_\_\_\_  0 No  66 Unknown

**\*\*\*\*Program Staff: Only complete the following questions if the client has received a drug test in the past 90 days \*\*\*\***

13. When did the client last receive a drug test?

Month, Day, Year: \_\_\_\_\_  66 Unknown

14. What method was used to conduct the client's most recent drug test?

1 Saliva     2 Blood     3 Urine     4 Hair     5 Sweat     6  
Breath

15. Was the sample collection directly observed?

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

16. The client's most recent drug 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"/> 66 Unknown	

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

1 Negative for all drugs tested

2 Positive (specify for which substances) \_\_\_\_\_

3 Other outcome (i.e., neither negative nor positive), specify  
\_\_\_\_\_

18. If the test was positive for recent use of alcohol or other drugs, what actions were taken as a result of the positive test?

Client counseled not to use drugs and/or alcohol

More frequent visits required

More frequent drug testing required (specify frequency) \_\_\_\_\_

Other action(s) (specify) \_\_\_\_\_

RESPONSE CARD A	RESPONSE CARD B	RESPONSE CARD C	RESPONSE CARD D
1 = Never	1 = Not at all	1 = Disagree Strongly	1 = Strongly Disagree
2 = Rarely	2 = A little bit	2 = Disagree	2 = Disagree
3 = Sometimes	3 = Moderately	3 = Uncertain	3 = Undecided or Unsure
4 = Fairly often	4 = Quite a bit	4 = Agree	4 = Agree
5 = Frequently	5 = Extremely	5 = Agree Strongly	5 = Strongly Agree