**Substance Abuse and Mental Health Services Administration (SAMHSA)**

**Center for Substance Abuse Treatment (CSAT)**

**Government Performance and Results Act (GPRA)**

**Client Outcome Measures for Discretionary Programs**

SPARS CSAT GPRA Client Outcome Measures Tool Crosswalk

SEPTEMBER 2022

This document provides a crosswalk between the expiring CSAT GPRA Services Tool (OMB No. 0930-0208 Expiration Date 02/28/2022) and the new CSAT GPRA Services Tool (OMB No. 0930-0208 Expiration Date 03/31/2025)

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**FORMAT LEGEND**

|  |  |
| --- | --- |
| **Format Style** | **Signifies** |
| +Text# | Wording that has been added to the new tool |
| ~~<Text>~~ | Wording that is removed from expiring tool |
| Black font | Wording carried over from expiring tool to new tool |
| [Square brackets] | Instructional text that is not intended to be read aloud to the client |
| {Curly brackets} | A response option not intended to be read aloud to the client |

**CATEGORY DEFINITIONS**

|  |  |
| --- | --- |
| **Revision Category** | **Definition** |
| Added | New question has been added to the new tool |
| Dropped | Existing question from the expiring tool is no longer asked in the new tool |
| Moved | A question has been relocated within the tool |
| Revised – Minor | Revisions that do not change the intent of the question and the response options. Examples of minor revisions include, but are not limited to, changes to question numbering, insubstantial text changes to questions, response options, or instructions, and adding or dropping “Don’t Know” or “Refused” response options. |
| Revised – Significant | How the question is asked and/or answered has changed but it still collects comparable information. Examples of significant revisions include, but are not limited to, changes to response options, combining multiple questions, changing the type of response options (e.g., from a scale to a Yes/No). |
| Unchanged | No change to the question or response options |

| **Expiring Tool (2019)** | **New Tool (2022)** | **Notes** | **Category** |
| --- | --- | --- | --- |
| **A. RECORD MANAGEMENT** | | | |
| **A. RECORD MANAGEMENT** (expiring tool) is retained with minor revisions as **A. RECORD MANAGEMENT** (new tool). | | | |
| **Client ID**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | **Client ID**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | Unchanged |
| Client Type:   Treatment client   Client in recovery | Client +Description by Grant# Type:  Treatment +grant# client  Client in recovery +grant# | Question text changed  Response text changed | Revised - Minor |
| Contract/Grant ID   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | Contract/Grant ID   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |  | Unchanged |
| Interview Type *[CIRCLE ONLY ONE TYPE.]*  Intake ***[GO TO INTERVIEW DATE.]***  6-month follow-up:Did you conduct a follow-up interview?  Yes  No  ***[IF NO, GO DIRECTLY TO SECTION I.]***  3-month follow-up ***[FOR SELECT PROGRAMS]:***  Did you conduct a follow-up interview?  Yes  No ***[IF NO, GO DIRECTLY TO SECTION I.]***  Discharge**:** Did you conduct a discharge interview?  Yes  No ***[IF NO, GO DIRECTLY TO SECTION J.]*** | Interview Type *[CIRCLE ONLY ONE TYPE.]*  Intake ***[GO TO INTERVIEW DATE.]***  3-month follow-up ***[FOR SELECT PROGRAMS]:* →** Did you conduct a follow-up interview?   Yes No  ***[IF NO, GO DIRECTLY TO SECTION I.]***  6-month follow-up **→** Did you conduct a follow-up interview? Yes No ***[IF NO, GO DIRECTLY TO SECTION I.]***  Discharge **→** Did you conduct a discharge interview?   Yes No ***[IF NO, GO DIRECTLY TO SECTION J.]*** | Order of 3 & 6 month follow-ups reversed | Revised - Minor |
| Interview Date  |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| /|\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Month Day Year | Interview Date  |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| /|\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Month Day Year |  | Unchanged |
| **A. RECORD MANAGEMENT - DEMOGRAPHICS *[ASKED ONLY AT INTAKE/BASELINE]*** | | | |
| **A. DEMOGRAPHICS** (expiring tool) is now **A. RECORD MANAGEMENT - DEMOGRAPHICS** (new tool).  Questions 6, 7, 7a, and 7b in **C. FAMILY AND LIVING CONDITIONS** (expiring tool) are moved to Questions 8, 9, 9a, and 9b, respectively in **A. RECORD MANAGEMENT - DEMOGRAPHICS** (new tool). | | | |
| 4. What is your date of birth?\*  |\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_| Month Day  |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|   Year   REFUSED  ***[\*THE SYSTEM WILL ONLY SAVE MONTH AND YEAR.***  ***TO MAINTAIN CONFIDENTIALITY, DAY IS NOT SAVED.]*** | +1#<~~4~~>. What is your <~~date of>~~ birth +month and year#?  |\_\_\_\_|\_\_\_\_| / <~~| \_\_\_\_|\_\_\_\_|~~> / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  Month  ~~Day~~ Year  {REFUSED}  ***<~~[\*THE SYSTEM WILL ONLY SAVE MONTH AND YEAR.~~*** ***~~TO MAINTAIN CONFIDENTIALITY, DAY IS NOT SAVED.]~~>*** | Question text changed  ‘Day’ field dropped  Renumbered question | Revised - Significant |
| 1. What is your gender?   MALE   FEMALE   TRANSGENDER   OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   REFUSED | +2#<~~1~~>. +What do you consider yourself to be?# <~~What is your gender?~~>  Male  Female  +Transgender (Male to Female)  Transgender (Female to Male)  Gender non-conforming#  Other {(SPECIFY)} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  {REFUSED} | Wording of gender identity question modified  Gender identity responses expanded  Renumbered question | Revised - Significant |
| **2. Are you Hispanic or Latino?**   YES   NO   REFUSED | **+3#<~~2~~>. Are you Hispanic, Latino+/a, or of Spanish origin?#**  O Yes  O No +***[SKIP TO QUESTION 4]#***  O {REFUSED} +***[SKIP TO QUESTION 4]#*** | Question text changed  Skip instructions changed  Renumbered question | Revised - Minor |
| ***[IF YES]* What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.**  **Ethnic Group YES NO REFUSED**  Central American     Cuban     Dominican     Mexican     Puerto Rican     South American     OTHER     *[IF YES, SPECIFY BELOW.]*  (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **+3a#.** <***~~[IF YES]~~>* What ethnic group do you consider yourself? +You may indicate more than one.# <~~Please answer yes or no for each of the following. You may say yes to more than one.~~**  **~~Ethnic Group~~>**   Central American   Cuban   Dominican   Mexican   Puerto Rican   South American   Other {(SPECIFY)} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   +{REFUSED}# | Question text changed  Response options changed  Numbered question | Revised - Minor |
| Response options are: YES, NO, REFUSED | +Response options are: Yes (selected), No (Unselected)#  <~~Response options are: YES, NO, REFUSED~~> | Response choices simplified from Yes, No, Refused to select one or more. | Revised - Minor |
| **3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.**  **Race YES NO REFUSED**  Black or African American     Asian     Nat Haw or other Pac Island     Alaska Native     White     American Indian    | **+4#<~~3~~>. What is your race? +You may indicate more than one.# <~~Please answer yes or no for each of the following. You may say yes to more than one.~~>**  **Race**   Black or African American   White   American Indian   Alaska Native   #Asian Indian   Chinese   Filipino   Japanese   Korean   Vietnamese   Other Asian   Native Hawaiian   Guamanian or Chamorro   Samoan   Other Pacific Islander #   Other {(SPECIFY)} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   +{REFUSED} # | Question text changed  Response options expanded  Renumbered question | Revised - Significant |
| Response options are: YES, NO, REFUSED | +Response options are: Yes (selected), No (Unselected)#  <~~Response options are: YES, NO, REFUSED~~> | Response choices simplified from Yes, No, Refused to select one or more. | Revised - Minor |
|  | **+5. Do you speak a language other than English at home?**   * Yes * No ***[SKIP TO QUESTION 6]*** * {REFUSED} ***[SKIP TO QUESTION 6]***   **5a. What is this language?**   * Spanish * Other {(SPECIFY)}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# | Added new questions  Note that this question is different in the Spanish version, asking if a language other than Spanish is spoken at home and response options of English or Other. | Added |
|  | +6. Do you think of yourself as… *[YOU MAY INDICATE MORE THAN ONE]*   Straight Or Heterosexual   Homosexual (Gay Or Lesbian)   Bisexual   Queer, Pansexual, And/Or Questioning   Asexual   Other {(SPECIFY)} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   {REFUSED}# | Added new question | Added |
|  | +7. What is your relationship status?   Married   Single   Divorced   Separated   Widowed   In a relationship   In multiple relationships   {REFUSED}# | Added new question | Added |
| 6*. [IF NOT MALE]* Are you currently pregnant?   YES   NO   REFUSED   DON’T KNOW | +8#<~~6~~>. *<~~[IF NOT MALE]~~>* Are you currently pregnant?  Yes  No  +Do not know  {REFUSED}# | Questions 6 from C FAMILY AND LIVING CONDITIONS in expiring tool moved to A. DEMOGRAPHICS Question 8 in new tool.  Response options changed | Revised – Minor  Moved |
| 7. Do you have children?   YES   NO   REFUSED   DON’T KNOW  ***[IF NO, REFUSED, OR DON’T KNOW, SKIP TO SECTION D.]*** | +9#<7>. Do you have children? +[Refers to children both living and/or who may have died]#  Yes  No +***[SKIP TO QUESTION 10]#***  {REFUSED} +***[SKIP TO QUESTION 10]#***  ~~ <DON’T KNOW>~~  ***<~~[IF NO, REFUSED, OR DON’T KNOW, SKIP TO SECTION D.]~~>*** | Questions 7 from C FAMILY AND LIVING CONDITIONS in expiring tool moved to A. DEMOGRAPHICS Question 9 in new tool.  Question text changed  Response options changed  Skip logic changed | Revised – Minor  Moved |
| 7a. How many children do you have? *[IF C7 = YES, THEN THE VALUE IN C7a MUST BE GREATER THAN 0.]*  |\_\_\_\_|\_\_\_\_|   Refused   Don’t know | +9#<~~7~~>a. How many children +under the age of 18# do you have? <*~~[IF C7 = YES, THEN THE VALUE IN C7a MUST BE GREATER THAN 0.]~~>*  |\_\_\_\_|\_\_\_\_|   {REFUSED}  ~~ <Don’t know>~~ | Questions 7a from C FAMILY AND LIVING CONDITIONS in expiring tool moved to A. DEMOGRAPHICS Question 9a in new tool.  Question text changed  Response options changed | Revised – Minor  Moved |
| 7b. Are any of your children living with someone else due to a child protection court order?   YES   NO   REFUSED   DON’T KNOW  ***[IF NO, REFUSED, OR DON’T KNOW, SKIP TO ITEM C7d.]*** | +9#<~~7~~>b. Are any of your children+, who are under the age of 18,# living with someone else due to a <~~child protection~~> court+’s intervention?# <~~order?~~> +*[THE VALUE IN ITEM A9b CANNOT EXCEED THE VALUE IN A9a.] #*   Yes +Number of children removed from client’s care |\_\_\_\_|\_\_\_\_|#   No +***[SKIP TO QUESTION 10]#***   {REFUSED} +***[SKIP TO QUESTION 10]#***  ~~ <DON’T KNOW>~~  ***<~~[IF NO, REFUSED, OR DON’T KNOW, SKIP TO ITEM C7d.]~~>*** | Questions 7b from C FAMILY AND LIVING CONDITIONS in expiring tool moved to A. DEMOGRAPHICS Question 9b in new tool.  Question text changed  Response options changed | Revised – Significant  Moved |
|  | +9c. Have you been reunited with any of your children, under the age of 18, who have been previously removed from your care? *[THE VALUE IN ITEM A9c CANNOT EXCEED THE VALUE IN A9a.]*   Yes Number of children with whom the client has been reunited |\_\_\_\_|\_\_\_\_|   No   {REFUSED}# | Added new question | Added |
| 5. Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? *[IF SERVED]* In which area, the Armed Forces, Reserves, or National Guard did you serve?   No   Yes, in the armed forces   Yes, in the Reserves   Yes, in the national Guard   Refused   Don’t know  ***[IF NO, REFUSED, OR DON’T KNOW, SKIP TO QUESTION A6.]*** | +10#<~~5~~>. Have you ever served in the Armed Forces, in the Reserves, <~~or~~> in the National Guard+, or in other Uniformed Services#? *[IF SERVED] <*~~In~~ ~~which~~> +What# area, the Armed Forces, Reserves, <~~or~~> National Guard+, or other# did you serve?   No   Yes, In The Armed Forces   Yes, In The Reserves   Yes, In The National Guard   +Yes, Other Uniformed Services *[Includes NOAA, USPHS]#*   {Refused}  ~~ <Don’t know>~~  ***<~~[IF NO, REFUSED, OR DON’T KNOW, SKIP TO QUESTION A6.]~~>*** | Question 3 from A. MILITARY FAMILY AND DEPLOYMENT in expiring tool moved to A DEMOGRAPHICS Question10 in new tool.  Question text changed  Response options changed | Revised – Significant  Moved |
|  | +11. How long does it take you, on average, to travel to the location where you receive services provided by this grant?  Half an hour or less  Between half an hour and one hour  Between one hour and one and a half hours  Between one and a half hours and two hours  Two hours or more  {REFUSED}# | Added new question | Added |
| **A. BEHAVIORAL HEALTH DIAGNOSES** | | | |
| **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) is dropped from the new tool.  Substance Use Disorder Diagnoses in **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) are dropped from the new tool.  Mental Health Diagnoses in **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) is moved to Question 10a in **B. SUBSTANCE USE AND PLANNED SERVICES** (new tool).  Questions 1 and 1a in **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) are combined and moved to Question 3 in **B. SUBSTANCE USE AND PLANNED SERVICES** (new tool).  Questions 2 and 2a in **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) are combined and moved to Question 2 in **B. SUBSTANCE USE AND PLANNED SERVICES** (new tool).  Questions 3 and 3a in **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) are moved to Questions 11 and 11a in **B. SUBSTANCE USE AND PLANNED SERVICES** (new tool).  Questions 4, 4a, and 5 in **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) are moved to Questions 2, 3, and 4 in **H6. PROGRAM SPECIFIC QUESTIONS** (new tool). | | | |
| ***[REPORTED BY PROGRAM STAFF]*** | ***<~~[REPORTED BY PROGRAM STAFF]~~>*** |  | Dropped |
| **Please indicate the client’s current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been cross walked to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.**  Behavioral Health Diagnoses  Diagnosed?  For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known  Select up to 3  Primary, Secondary, Tertiary  SUBSTANCE USE DISORDER DIAGNOSES  Alcohol-related disorders  F10.10 – Alcohol use disorder, uncomplicated, mild  F10.11 – Alcohol use disorder, mild, in remission  F10.20 – Alcohol use disorder, uncomplicated, moderate/severe  F10.21 – Alcohol use disorder, moderate/severe, in remission  F10.9 – Alcohol use, unspecified  Opioid-related disorders  F11.10 – Opioid use disorder, uncomplicated, mild  F11.11 – Opioid use disorder, mild, in remission  F11.20 – Opioid use disorder, uncomplicated, moderate/severe  F11.21 – Opioid use disorder, moderate/severe, in remission  F11.9 – Opioid use, unspecified | **<~~Please indicate the client’s current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been cross walked to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.~~**  ~~Behavioral Health Diagnoses~~  ~~Diagnosed?~~  ~~For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known~~  ~~Select up to 3~~  ~~Primary, Secondary, Tertiary~~  ~~SUBSTANCE USE DISORDER DIAGNOSES~~  ~~Alcohol-related disorders~~  ~~F10.10 – Alcohol use disorder, uncomplicated, mild~~  ~~F10.11 – Alcohol use disorder, mild, in remission~~  ~~F10.20 – Alcohol use disorder, uncomplicated, moderate/severe~~  ~~F10.21 – Alcohol use disorder, moderate/severe, in remission~~  ~~F10.9 – Alcohol use, unspecified~~  ~~Opioid-related disorders~~  ~~F11.10 – Opioid use disorder, uncomplicated, mild~~  ~~F11.11 – Opioid use disorder, mild, in remission~~  ~~F11.20 – Opioid use disorder, uncomplicated, moderate/severe~~  ~~F11.21 – Opioid use disorder, moderate/severe, in remission~~  ~~F11.9 – Opioid use, unspecified~~> |  | Dropped |
| Substance Use Disorder Diagnoses question (Continued)  Cannabis-related disorders  F12.10 – Cannabis use disorder, uncomplicated, mild  F12.11 – Cannabis use disorder, mild, in remission  F12.20 – Cannabis use disorder, uncomplicated, moderate/severe  F12.21 – Cannabis use disorder, moderate/severe, in remission  F12.9 – Cannabis use, unspecified  Sedative-, hypnotic-, or anxiolytic-related disorders  F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild  F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission  F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe  F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission  F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified  Cocaine-related disorders  F14.10 – Cocaine use disorder, uncomplicated, mild  F14.11 – Cocaine use disorder, mild, in remission  F14.20 – Cocaine use disorder, uncomplicated, moderate/severe  F14.21 – Cocaine use disorder, moderate/severe, in remission  F14.9 – Cocaine use, unspecified  Other stimulant-related disorders  F15.10 – Other stimulant use disorder, uncomplicated, mild  F15.11 – Other stimulant use disorder, mild, in remission  F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe  F15.21 – Other stimulant use disorder, moderate/severe, in remission  F15.9 – Other stimulant use, unspecified | <~~Cannabis-related disorders~~  ~~F12.10 – Cannabis use disorder, uncomplicated, mild~~  ~~F12.11 – Cannabis use disorder, mild, in remission~~  ~~F12.20 – Cannabis use disorder, uncomplicated, moderate/severe~~  ~~F12.21 – Cannabis use disorder, moderate/severe, in remission~~  ~~F12.9 – Cannabis use, unspecified~~  ~~Sedative-, hypnotic-, or anxiolytic-related disorders~~  ~~F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild~~  ~~F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission~~  ~~F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe~~  ~~F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission~~  ~~F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified~~  ~~Cocaine-related disorders~~  ~~F14.10 – Cocaine use disorder, uncomplicated, mild~~  ~~F14.11 – Cocaine use disorder, mild, in remission~~  ~~F14.20 – Cocaine use disorder, uncomplicated, moderate/severe~~  ~~F14.21 – Cocaine use disorder, moderate/severe, in remission~~  ~~F14.9 – Cocaine use, unspecified~~  ~~Other stimulant-related disorders~~  ~~F15.10 – Other stimulant use disorder, uncomplicated, mild~~  ~~F15.11 – Other stimulant use disorder, mild, in remission~~  ~~F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe~~  ~~F15.21 – Other stimulant use disorder, moderate/severe, in remission~~  ~~F15.9 – Other stimulant use, unspecified~~> |  |  |
| Substance Use Disorder Diagnoses question (Continued)  Hallucinogen-related disorders  F16.10 – Hallucinogen use disorder, uncomplicated, mild  F16.11 – Hallucinogen use disorder, mild, in remission  F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe  F16.21 – Hallucinogen use disorder moderate/severe, in remission  F16.9 – Hallucinogen use, unspecified  Inhalant-related disorders  F18.10 – Inhalant use disorder, uncomplicated, mild  F18.11 – Inhalant use disorder, mild, in remission  F18.20 – Inhalant use disorder, uncomplicated, moderate/severe  F18.21 – Inhalant use disorder, moderate/severe, in remission  F18.9 – Inhalant use, unspecified  Other psychoactive substance–related disorders  F19.10 – Other psychoactive substance use disorder, uncomplicated, mild  F19.11 – Other psychoactive substance use disorder, in remission  F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe  F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission  F19.9 – Other psychoactive substance use, unspecified  Nicotine dependence  F17.20 – Tobacco use disorder, mild/moderate/severe  F17.21 – Tobacco use disorder, mild/moderate/severe, in remission | <~~Hallucinogen-related disorders~~  ~~F16.10 – Hallucinogen use disorder, uncomplicated, mild~~  ~~F16.11 – Hallucinogen use disorder, mild, in remission~~  ~~F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe~~  ~~F16.21 – Hallucinogen use disorder moderate/severe, in remission~~  ~~F16.9 – Hallucinogen use, unspecified~~  ~~Inhalant-related disorders~~  ~~F18.10 – Inhalant use disorder, uncomplicated, mild~~  ~~F18.11 – Inhalant use disorder, mild, in remission~~  ~~F18.20 – Inhalant use disorder, uncomplicated, moderate/severe~~  ~~F18.21 – Inhalant use disorder, moderate/severe, in remission~~  ~~F18.9 – Inhalant use, unspecified~~  ~~Other psychoactive substance–related disorders~~  ~~F19.10 – Other psychoactive substance use disorder, uncomplicated, mild~~  ~~F19.11 – Other psychoactive substance use disorder, in remission~~  ~~F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe~~  ~~F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission~~  ~~F19.9 – Other psychoactive substance use, unspecified~~  ~~Nicotine dependence~~  ~~F17.20 – Tobacco use disorder, mild/moderate/severe~~  ~~F17.21 – Tobacco use disorder, mild/moderate/severe, in remission~~> |  |  |
| ***THIS SECTION FOR SBIRT GRANTS ONLY [ITEMS 4, 4a, AND 5 REPORTED ONLY AT INTAKE/BASELINE].*** | ***<~~THIS SECTION FOR SBIRT GRANTS ONLY [ITEMS 4, 4a, AND 5 REPORTED ONLY AT INTAKE/BASELINE].~~>*** |  | Dropped |
| **A. MILITARY FAMILY AND DEPLOYMENT** | | | |
| **A. MILITARY FAMILY AND DEPLOYMENT** (expiring tool) is dropped from the new tool  Question 5 in **A. MILITARY FAMILY AND DEPLOYMENT** (expiring tool) is moved to Question 10 in **A. DEMOGRAPHICS** (new tool)  Questions 5a, 5b, 6, 6a, 6b, 6c, and 6d in **A. MILITARY FAMILY AND DEPLOYMENT** (expiring tool) are dropped from the new tool. | | | |
| 5a. Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard? *[IF ACTIVE]* In which area, the Armed Forces, Reserves, or National Guard?   No, separated or retired from the armed forces, reserves, or national guard   Yes, in the armed forces   Yes, in the Reserves   Yes, in the national Guard   Refused   Don’t know | <~~5a. Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard?~~ *~~[IF ACTIVE]~~* ~~In which area, the Armed Forces, Reserves, or National Guard?~~  ~~ No, separated or retired from the armed forces, reserves, or national guard~~  ~~ Yes, in the armed forces~~  ~~ Yes, in the Reserves~~  ~~ Yes, in the national Guard~~  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| 5b. Have you ever been deployed to a combat zone? *[CHECK ALL THAT APPLY.]*   Never deployed   Iraq or Afghanistan (e.g., OPERATION ENDURING FREEDOM [OEF]/OPERATION IRAQI FREEDOM [OIF]/OPERATION NEW DAWN [OND])   Persian Gulf (Operation Desert Shield/Desert Storm)   Vietnam/Southeast Asia   Korea   WWII   Deployed to a combat zone not listed above (e.g., Bosnia/Somalia)   Refused   Don’t know | <~~5b. Have you ever been deployed to a combat zone?~~ *~~[CHECK ALL THAT APPLY.]~~*  ~~ Never deployed~~  ~~ Iraq or Afghanistan (e.g., OPERATION ENDURING FREEDOM [OEF]/OPERATION IRAQI FREEDOM [OIF]/OPERATION NEW DAWN [OND])~~  ~~ Persian Gulf (Operation Desert Shield/Desert Storm)~~  ~~ Vietnam/Southeast Asia~~  ~~ Korea~~  ~~ WWII~~  ~~ Deployed to a combat zone not listed above (e.g., Bosnia/Somalia)~~  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| ***[SBIRT GRANTEES: FOR CLIENTS WHO SCREENED NEGATIVE, THE INTAKE INTERVIEW IS NOW COMPLETE.]*** | ***<~~[SBIRT GRANTEES: FOR CLIENTS WHO SCREENED NEGATIVE, THE INTAKE INTERVIEW IS NOW COMPLETE.]~~>*** |  | Dropped |
| 6. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard?   No   Yes, only one   Yes, more than one   Refused   Don’t know  ***[IF NO, REFUSED, OR DON’T KNOW, SKIP TO SECTION B.]***  ***[IF YES, ANSWER FOR UP TO 6 PEOPLE.]* What is the relationship of that person (Service Member) to you? *[WRITE RELATIONSHIP IN COLUMN HEADING.]*** | <~~6. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard?~~  ~~ No~~  ~~ Yes, only one~~  ~~ Yes, more than one~~  ~~ Refused~~  ~~ Don’t know~~  ***~~[IF NO, REFUSED, OR DON’T KNOW, SKIP TO SECTION B.]~~***  ***~~[IF YES, ANSWER FOR UP TO 6 PEOPLE.]~~* ~~What is the relationship of that person (Service Member) to you?~~ *~~[WRITE RELATIONSHIP IN COLUMN HEADING.]~~>*** |  | Dropped |
| Has the Service Member experienced any of the following?  6a. Has the Deployed in support of combat operations (e.g., Iraq or Afghanistan)?  6b. Was physically injured during combat operations?  6c. Developed combat stress symptoms/difficulties adjusting following deployment, including post-traumatic stress disorder (PTSD), depression, or suicidal thoughts?  6d. Died or was killed? | <~~Has the Service Member experienced any of the following?~~  ~~6a. Has the Deployed in support of combat operations (e.g., Iraq or Afghanistan)?~~  ~~6b. Was physically injured during combat operations?~~  ~~6c. Developed combat stress symptoms/difficulties adjusting following deployment, including post-traumatic stress disorder (PTSD), depression, or suicidal thoughts?~~  ~~6d. Died or was killed?~~> |  | Dropped |
| **B. SUBSTANCE USE AND PLANNED SERVICES** | | | |
| **B. DRUG AND ALCOHOL USE** (expiring tool) is now **B. SUBSTANCE USE AND PLANNED SERVICES** (new tool).  Mental Health Diagnoses in **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) is moved to Question 10a in **B. SUBSTANCE USE AND PLANNED SERVICES** (new tool).  Questions 1 and 1a in **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) are combined and moved to Question 3 in **B. SUBSTANCE USE AND PLANNED SERVICES** (new tool).  Questions 2 and 2a in **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) are combined and moved to Question 2 in **B. SUBSTANCE USE AND PLANNED SERVICES** (new tool).  Questions 3 and 3a in **A. BEHAVIORAL HEALTH DIAGNOSES** (expiring tool) are moved to Questions 11 and 11a in **B. SUBSTANCE USE AND PLANNED SERVICES** (new tool).  Question from **A. PLANNED SERVICES** (expiring tool) is moved to Question 12 in **B. SUBSTANCE USE AND PLANNED SERVICES** (new tool). | | | |
| 1. During the past 30 days, how many days have you used the following:  a. Any alcohol *[IF ZERO, SKIP TO ITEM B1c.]*  b1. Alcohol to intoxication (5+ drinks in one sitting)  b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)  c. Illegal drugs *[IF B1a OR B1c = 0, REFUSED (RF), DON’T KNOW (DK), THEN SKIP TO ITEM B2.]*  d. Both alcohol and drugs (on the same day) | **+1#<~~1&2~~>. +USING THE TABLE BELOW, PLEASE INDICATE THE FOLLOWING:**   1. **The number of# <~~how many~~> days, <~~During~~> +in# the past 30 days, +that the client reports using a substance.# <~~days have you used the following:~~**   ~~b1. Alcohol to intoxication (5+ drinks in one sitting)~~  ~~b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)~~  ~~c. Illegal drugs~~ *~~[IF B1a OR B1c = 0, REFUSED (RF), DON’T KNOW (DK), THEN SKIP TO ITEM B2.]~~*  ~~d. Both alcohol and drugs (on the same day)~~>  ***+[DO NOT READ TO CLIENT]*** The client should be encouraged to list the substances on their own. If they are unsure, the list from the table below can be read to the client. Please note that not all substance use is considered harmful or illicit – it may be that a substance is prescribed by a licensed provider, or that the client uses the substance in accordance with official, national safety guidelines. In such instances, clarification from the client should be sought, but if the substance is only taken as prescribed or used on each occasion in accordance with official, national safety guidelines, then it is not considered misuse. If no use of a listed substance is reported, please enter a zero (‘0’) in the corresponding ‘Number of Days Used’ column. If the client refuses to answer the question, then select “REFUSED”.# | Question text changed  Instruction text changed  Response options changed  Route response options changed.  Renumbered question | Revised - Significant |
| Substance Use question (Continued)  Route of Administration Types:  1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV  \*Note the usual route. For more than one route, choose the most severe. The routes are listed from least severe (1) to most severe (5).  2. During the past 30 days, how many days have you used any of the following: *[IF THE VALUE IN ANY ITEM B2a–B2i GREATER THAN 0, THEN THE VALUE IN B1c MUST BE GREATER THAN 0.]* | +B. The route by which the substance is used.# <~~Route of Administration Types:~~>  1. Oral  2. +Intran#<~~N~~>asal  3. +Vaping#  +4#<~~3~~>. Smoking  +5#<~~4~~>. Non-IV injection  +6#<~~5~~>. +Intravenous (#IV+) Injection  0. Other#  <~~\*Note the usual route. For more than one route, choose the most severe. The routes are listed from least severe (1) to most severe (5).~~>  ***+[DO NOT READ TO CLIENT]*** Mark one route only for each substance used. But, if the client identifies more than one route, choose the corresponding route with the highest associated number value (numbers 1 – 6). Responses should capture the past 30 days of use.  **During the past 30 days, how many days have you used any substance, and how do you take the substance?**   {Refused}# |  |  |
| Substance Use question (Continued)  a. Cocaine/Crack  b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)  c. Opiates:  1. Heroin (Smack, H, Junk, Skag)  2. Morphine  3. Dilaudid  4. Demerol  5. Percocet  6. Darvon  7. Codeine  8. Tylenol 2, 3, 4  9. OxyContin/Oxycodone  d. Non-prescription methadone  e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline  f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank) | **+a. Alcohol**  1.# <~~a. Any~~> Alcohol <***~~[IF ZERO, SKIP TO ITEM B1c.]~~>***  +2. Other {(SPECIFY)}\_\_\_\_\_\_\_\_\_\_\_    **b. Opioid# <~~c. Opiates~~>**  +1#. Heroin <~~(Smack, H, Junk, Skag)~~>  +2#. Morphine  +3. Fentanyl (Prescription Diversion Or Illicit Source)  4#<~~3~~>. Dilaudid  +5#<~~4~~>. Demerol  +6#<~~5~~>. Percocet  <~~6. Darvon~~>  +7#. Codeine  +8#. Tylenol 2, 3, 4  +9#. OxyContin/Oxycodone  +10#<~~d~~>. Non-prescription methadone  +11. Non-prescription buprenorphine  12. Other {(SPECIFY)}\_\_\_\_\_\_\_\_    **C#<~~b~~>. +Cannabis**  1. Cannabis (#Marijuana<~~/Hashish~~>+)# <~~(Pot, Joints, Blunts, Chronic, Weed, Mary Jane)~~>  +2. Synthetic Cannabinoids  3. Other {(SPECIFY)}\_\_\_\_\_\_\_\_    **d. Sedative, Hypnotic, or Anxiolytics**  1. Sedatives  2. Hypnotics  3.# Barbiturates<~~: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)~~>  +4. Anxiolytics/#Benzodiazepines<~~: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estasolam (Prosom and Rohypnol, also known as roofies, roche, and cope)~~>  +5. Other {(SPECIFY)}\_\_\_\_\_\_\_\_# |  |  |
| Substance Use question (Continued)  g. 1. Benzodiazepines: Diazepam (Valium; Alprazolam (Xanax); Triazolam (Halcion); and Estasolam (Prosom and Rohypnol, also known as roofies, roche, and cope)  2. Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)  3. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)  4. Ketamine (known as Special K or Vitamin K)  5. Other tranquilizers, downers, sedatives, or hypnotics  h. Inhalants (poppers, snappers, rush, whippets)  i. Other illegal drugs (Specify) | **+e#<~~a~~>. +Cocaine#**  + 1.# Cocaine<~~/Crack~~>  +2. Crack  3. Other {(SPECIFY)}\_\_\_\_\_\_\_\_    **f. Other Stimulants**  1#<f>. Methamphetamine <~~or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)~~>  +2. Stimulant medications  3. Other {(SPECIFY)}\_\_\_\_\_\_\_\_    **g#<~~e~~>. +Hallucinogens & Psychedelics**  1.# PCP  +2.# MDMA  +3.# LSD  +4. Mushrooms  5. Mescaline  6. Salvia  7. DMT  8. Other {(SPECIFY)}\_\_\_\_\_\_\_\_#  <~~e.~~ ~~Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD~~>    **+h. Inhalants**  1.# Inhalants <~~(poppers, snappers, rush, whippets)~~>  +2. Other {(SPECIFY)}\_\_\_\_\_\_\_\_#  **#** |  |  |
| Substance Use question (Continued) | **+i. Other Psychoactive Substances**  1#<~~g3~~>. Non-prescription GHB <~~(known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)~~>  +2.# Ketamine <~~(known as Special K or Vitamin K)~~>  +3. MDPV/Bath Salts  4. Kratom  5. Khat  6#<~~g5~~>. +Other tranquilizers#<~~, downers, sedatives, or hypnotics~~>  +7. Other downers  8. Other sedatives  9. Other hypnotics  10. Other {(SPECIFY)}\_\_\_\_\_\_\_\_    **i. Tobacco and Nicotine**  1. Tobacco  2. Nicotine (Including Vape Products)  3. Other {(SPECIFY)}\_\_\_\_\_\_\_\_#  **<~~i. Other illegal drugs (Specify)~~>** |  |  |
| **2. In the past 30 days, was this client diagnosed with an alcohol use disorder?**   Yes   No   Don’t know   * 1. **2a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of an alcohol use disorder?**    Naltrexone ***[IF RECEIVED]*** Specify how many days received |\_\_\_|\_\_\_|   Extended-release naltrexone ***[IF RECEIVED]*** Specify how many days received |\_\_\_|\_\_\_|   Disulfiram ***[IF RECEIVED]*** Specify how many days received |\_\_\_|\_\_\_|   Acamprosate ***[IF RECEIVED]*** Specify how many days received |\_\_\_|\_\_\_|   Client was diagnosed with an alcohol use disorder, but did not receive an FDA-approved medication for an alcohol use disorder   Client was not diagnosed with an alcohol use disorder and did not receive an FDA-approved medication for an alcohol use disorder   Don’t know | **+2.# <~~In the past 30 days, was this client~~> +Have you been# diagnosed with an alcohol use disorder<~~?~~>, <~~2a. In the past 30 days,~~> +if so# which FDA-approved medication did +you# <~~the client~~> receive for the treatment of <~~an~~>+this# alcohol use disorder +in the past 30 days? [CHECK ALL THAT APPLY.]#**   |  |  |  |  | | --- | --- | --- | --- | | Naltrexone | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Extended‒release Naltrexone | ***[IF RECEIVED]*** | Specify how many doses received | |\_\_|\_\_| | | Disulfiram | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Acamprosate | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | <~~Client was diagnosed with an alcohol use disorder, but~~>{Did not receive an FDA-approved medication for <~~an~~>+a diagnosed# alcohol use disorder} | | | | | {+Client# <~~was not diagnosed with an alcohol use disorder and did not receive an FDA-approved medication for an alcohol use disorder~~> +does not report such a diagnosis#} | | | | | ~~<Don’t know>~~ | | | | | Questions 2 and 2a from A. BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to B. SUBSTANCE USE AND PLANNED SERVICES and combined into Question 2 in new tool.  Question text changed  Response text changed  Response options changed | Revised – Significant  Moved |
| **1. In the past 30 days, was this client diagnosed with an opioid use disorder?**   Yes   No   Don’t know   * 1. **1a. In the past 30 days, which U.S. Food and Drug Administration (FDA)-approved medication did the client receive for the treatment of an opioid use disorder?**    Methadone ***[IF RECEIVED]*** Specify how many days received |\_\_\_|\_\_\_|   Buprenorphine ***[IF RECEIVED]*** Specify how many days received |\_\_\_|\_\_\_|   Naltrexone ***[IF RECEIVED]*** Specify how many days received |\_\_\_|\_\_\_|   Extended-release naltrexone ***[IF RECEIVED]*** Specify how many days received |\_\_\_|\_\_\_|   Client was diagnosed with an opioid use disorder, but did not receive an FDA-approved medication for an opioid use disorder   Client was not diagnosed with an opioid use disorder and did not receive an FDA-approved medication for an opioid use disorder   Don’t know | **+3.#<~~1. In the past 30 days, was this client~~ >+Have you been# diagnosed with an opioid use disorder<~~?~~>, <~~1a. In the past 30 days,~~ >+if so# which <~~U.S. Food and Drug Administration (~~>FDA<~~)~~>approved medication did +you# <~~the client~~> receive for the treatment of <~~an~~>+this# opioid use disorder +in the past 30 days? [CHECK ALL THAT APPLY.]#**   |  |  |  |  | | --- | --- | --- | --- | | Methadone | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Buprenorphine | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Naltrexone | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Extended‒release Naltrexone | ***[IF RECEIVED]*** | Specify how many doses received | |\_\_|\_\_| | | <~~Client was diagnosed with an opioid use disorder, but~~>{Did not receive an FDA-approved medication for <~~an~~>+a diagnosed# OPIOID use disorder} | | | | | {+Client# <~~was not diagnosed with an opioid use disorder and did not receive an FDA-approved medication for an opioid use disorder~~> +does not report such a diagnosis#} | | | | | ~~<Don’t know>~~ | | | | | Questions 1 and 1a from A. BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to B. SUBSTANCE USE AND PLANNED SERVICES and combined into Question 3 in new tool.  Question text changed.  Response text changed  Response options changed | Revised – Significant  Moved |
|  | **+4. Have you been diagnosed with a stimulant use disorder, if so which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days?**   |  |  |  |  | | --- | --- | --- | --- | | Contingency Management | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Community Reinforcement | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Cognitive Behavioral Therapy | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Other evidence-based intervention | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | {Did not receive any intervention for a diagnosed stimulant use disorder} | | | | | {Client does not report such a diagnosis#} | | | | | Added new question | Added |
|  | **+5. Have you been diagnosed with a tobacco use disorder, if so which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? [CHECK ALL THAT APPLY.]**   |  |  |  |  | | --- | --- | --- | --- | | Nicotine Replacement | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Bupropion | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Varenicline | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | {Did not receive an FDA-approved medication for a diagnosed tobacco use disorder} | | | | | {Client does not report such a diagnosis #} | | | | | Added new question | Added |
|  | **+6. In the past 30 days, did you experience an overdose or take too much of a substance that resulted in needing supervision or medical attention?**  Yes ***[IF YES, SPECIFY BELOW, IN QUESTION 7]***  No ***[IF NO, SKIP TO QUESTION 8]***  {REFUSED} ***[SKIP TO QUESTION 8]#*** | Added new question | Added |
|  | **+7. In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one.**  Naloxone (Narcan)  Care in an Emergency Department  Care from a Primary Care Provider  Admission to a hospital  Supervision by someone else  Other {(SPECIFY)}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  {REFUSED}# | Added new question | Added |
|  | **+8. Not including this current episode, how many times in your life have you been treated at an inpatient or outpatient facility for a substance use disorder?**  One time  Two times  Three times  Four times  Five times  Six or more times  Never ***[SKIP TO QUESTION 10]***  {REFUSED} ***[SKIP TO QUESTION 10]#*** | Added new question | Added |
|  | **+9. Approximately when was the last time you received inpatient or outpatient treatment for a substance use disorder?**  Less than 6 months ago  Between 6 months and one year ago  One to two years ago  Two to three years ago  Three to four years ago  Five or more years ago  {REFUSED}# | Added new question | Added |
|  | **+10. Have you ever been diagnosed with a mental health illness by a health care professional?**  Yes  No ***[SKIP TO QUESTION 11]***  {REFUSED} ***[SKIP TO QUESTION 11]#*** | Added new question | Added |
| **Please indicate the client’s current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been cross walked to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.**  **Behavioral Health Diagnoses For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known**  **Select up to 3: Primary; Secondary; Tertiary**  **MENTAL HEALTH DIAGNOSES**  F20 – Schizophrenia  F21 – Schizotypal disorder  F22 – Delusional disorder  F23 – Brief psychotic disorder  F24 – Shared psychotic disorder  F25 – Schizoaffective disorders  F28 – Other psychotic disorder not due to a substance or known physiological condition  F29 – Unspecified psychosis not due to a substance or known physiological condition  F30 – Manic episode | **<~~Please indicate the client’s current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been cross walked to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.~~>**  **+10a.PLEASE ASK THE CLIENT TO SELF-REPORT THEIR MENTAL HEALTH ILLNESSES AS LISTED IN THE TABLE BELOW. The client should be encouraged to report their own mental health illnesses but if preferred, the list can be read to the client. PLEASE INDICATE ALL THAT APPLY.#**  **<~~Select up to 3: Primary; Secondary; Tertiary~~**  **~~MENTAL HEALTH DIAGNOSES~~>**  **+Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders#**  <~~F23~~> Brief psychotic disorder  <~~F22~~> Delusional disorder  <~~F25~~> Schizoaffective disorders  <~~F20~~> Schizophrenia  <~~F21~~> Schizotypal disorder  <~~F24~~> Shared psychotic disorder  <~~F28~~> ~~Other psychotic disorder not due to a substance or known physiological condition~~  ~~F29~~> Unspecified psychosis <~~not due to a substance or known physiological condition~~> | Mental Health Diagnoses from BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to B. SUBSTANCE USE AND PLANNED SERVICES Question10a in new tool.  Instruction text changed  Response options change | Revised – Significant  Moved |
| Mental Health Diagnoses question (Continued)  F31 – Bipolar disorder  F32 – Major depressive disorder, single episode  F33 – Major depressive disorder, recurrent  F34 – Persistent mood [affective] disorders  F39 – Unspecified mood [affective] disorder  F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders  F50 – Eating disorders  F51 – Sleep disorders not due to a substance or known physiological condition  F60.2 – Antisocial personality disorder  F60.3 – Borderline personality disorder  F60.0, F60.1, F60.4–F69 – Other personality disorders  F70–F79 – Intellectual disabilities  F80–F89 – Pervasive and specific developmental disorders  F90 – Attention-deficit hyperactivity disorders  F91 – Conduct disorders  F93 – Emotional disorders with onset specific to childhood  F94 – Disorders of social functioning with onset specific to childhood or adolescence  F95 – Tic disorder  F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence  F99 – Unspecified mental disorder  Don’t know  None of the above | **+Mood [affective] disorders#**  <~~F31~~> Bipolar disorder  <~~F33~~> Major depressive disorder, recurrent  <~~F32~~> Major depressive disorder, single episode  <~~F30~~> Manic episode  <~~F34~~> Persistent mood [affective] disorders  <~~F39~~> Unspecified mood [affective] disorder  **+Phobic Anxiety and Other Anxiety Disorders#**  <~~F40–F48 Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders~~>  +Agoraphobia without panic disorder  Agoraphobia with panic disorder  Agoraphobia, unspecified  Generalized anxiety disorder  Panic disorder  Phobic anxiety disorders  Social phobias (Social anxiety disorder)  Specific (isolated) phobias  **Obsessive-compulsive disorders**  Excoriation (skin-picking) disorder  Hoarding disorder  Obsessive-compulsive disorder  Obsessive-compulsive disorder with mixed obsessional thoughts and acts  **Reaction to severe stress and adjustment disorders**  Acute stress disorder; reaction to severe stress, and adjustment disorders  Adjustment disorders  Body dysmorphic disorder  Dissociative and conversion disorders  Dissociative identity disorder  Post traumatic stress disorder  Somatoform disorders# |  |  |
| Mental Health Diagnoses question (Continued) | **+Behavioral syndromes associated with physiological disturbances and physical factors#**  <~~F50~~> Eating disorders  <~~F51~~> Sleep disorders not due to a substance or known physiological condition  **+Disorders of adult personality and behavior#**  <~~F60.~~2> Antisocial personality disorder  +Avoidant personality disorder#  <~~F60.~~3> Borderline personality disorder  +Dependent personality disorder  Histrionic personality disorder#  <~~F70–F79~~> Intellectual disabilities  +Obsessive-compulsive personality disorder  Other specific personality disorders  Paranoid personality disorder  Personality disorder, unspecified#  <~~F80–F89~~> Pervasive and specific developmental disorders  +Schizoid personality disorder#  <~~F60.0, F60.1, F60.4–F69 – Other personality disorders~~  ~~F90 – Attention-deficit hyperactivity disorders~~  ~~F91 – Conduct disorders~~  ~~F93 – Emotional disorders with onset specific to childhood~~  ~~F94 – Disorders of social functioning with onset specific to childhood or adolescence~~  ~~F95 – Tic disorder~~  ~~F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence~~  ~~F99 – Unspecified mental disorder~~  ~~Don’t know~~>  +{NONE OF THE ABOVE}# |  |  |
| ***[FOLLOW-UP AND DISCHARGE INTERVIEWS: SKIP TO SECTION B.]***  **3. Was the client screened by your program for co-occurring mental health and substance use disorders?**   Yes   No ***[SKIP 3a.]*** | ***[FOLLOW***-***UP AND DISCHARGE INTERVIEWS: <~~SKIP>~~ GO TO SECTION +C#<~~B>~~. +AT INTAKE, CONTINUE WITH THE FOLLOWING QUESTIONS]***  11#<~~3~~>. Was the client screened by your program+, using an evidence-based tool or set of questions,# for co-occurring mental health and+/or# substance use disorders?  Yes  No ***[SKIP <~~3a~~> +TO QUESTION 12#]*** | Question 3 from BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to B. SUBSTANCE USE AND PLANNED SERVICES Question11 in new tool.  Instruction text changed  Question text changed  Skip logic changed | Revised – Minor  Moved |
| * 1. **3a.  *[IF YES]* Did the client screen positive for co-occurring mental health and substance use disorders?**    Yes   No | +11a#<~~3a~~>. Did the client screen positive for co-occurring mental health and substance use disorders?  Yes  No | Question 3a from BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to B. SUBSTANCE USE AND PLANNED SERVICES Question11a in new tool. | Moved |
|  | **+11b. *[IF YES TO QUESTION 11a]* Was the client referred for further assessment for a co-occurring mental health and substance use disorder?**  Yes  No# | Added new question | Added |
| ***[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE.]***  **Identify the services you plan to provide to the client during the client’s course of treatment/recovery.** ***[SELECT “YES” OR “NO” FOR EACH ONE.]***  Modality  ***[SELECT AT LEAST ONE MODALITY.]***  1. Case Management  2. Day Treatment  3. Inpatient/Hospital (Other Than Detox)  4. Outpatient  5. Outreach  6. Intensive Outpatient  7. Methadone  8. Residential/Rehabilitation  9. Detoxification (Select Only One)  A. Hospital Inpatient  B. Free-Standing Residential  C. Ambulatory Detoxification  10. After Care  11. Recovery Support  12. Other (Specify) | **+12. PLANNED SERVICES PROVIDED UNDER GRANT FUNDING# *[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE.]***  **Identify the services you plan to provide to the client during the client’s course of treatment/recovery. <*~~[SELECT “YES” OR “NO” FOR EACH ONE.]~~>***  ***+[MARK ONLY THE CIRCLE CORRESPONDING TO THE PLANNED SERVICE THAT WILL BE PROVIDED UNDER THE CURRENT GRANT. MARK ALL THAT APPLY IN EACH SECTION.]#***  Modality *[SELECT AT LEAST ONE MODALITY.]*  1. Case Management  2. +Intensive Outpatient# <~~Day~~> Treatment  3. Inpatient/Hospital (Other Than <~~Detox~~> +Withdrawal Management#)  4. Outpatient +Therapy#  5. Outreach  6. +Medication# <~~Intensive Outpatient~~>  +A#<~~7~~>. Methadone  +B. Buprenorphine  C. Naltrexone – Short Acting  D. Naltrexone – Long Acting  E. Disulfiram  F. Acamprosate  G. Nicotine Replacement  H. Bupropion  I. Varenicline  7#<~~8~~>. Residential/Rehabilitation  +8#<~~9~~>. +Withdrawal Management# <~~Detoxification~~> (Select Only One)  A. Hospital Inpatient  B. Free Standing Residential  C. Ambulatory Detoxification |  |  |
| Planned Services question (Continued)  ***[SELECT AT LEAST ONE SERVICE.]***  Treatment Services  ***[SBIRT GRANTS: You must SELECT “Yes” for at least one of the Treatment Services numbered 1–4.]***  1. Screening  2. Brief Intervention  3. Brief Treatment  4. Referral to Treatment  5. Assessment  6. Treatment/Recovery Planning  7. Individual Counseling  8. Group Counseling  9. Family/Marriage Counseling  10. Co-Occurring Treatment/ Recovery Services  11. Pharmacological Interventions  12. HIV/AIDS Counseling  13. Other Clinical Services  (Specify) | +9#<~~10~~>. After Care  +10#<~~11~~>. Recovery Support  +11#<~~12~~>. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***[SELECT AT LEAST ONE SERVICE.]***  Treatment Services  ***[SBIRT GRANTS: You must PROVIDE at least one of the Treatment Services numbered 1 through 4.]***  1. Screening  2. Brief Intervention  3. Brief Treatment  4. Referral to Treatment  5. Assessment  6. Treatment<~~/Recovery~~> Planning  7. +Recovery Planning  8#<~~7~~>. Individual Counseling  +9#<~~8~~>. Group Counseling  +10. Contingency Management  11. Community Reinforcement  12. Cognitive Behavioral Therapy  13#<~~9~~>. Family/Marriage Counseling  +14#<~~10~~>. Co-Occurring Treatment <~~/Recovery~~> Services  +15#<~~11~~>. Pharmacological Interventions  +16#<~~12~~>. HIV/AIDS Counseling  +17. Cultural Interventions/Activities  18#<~~13~~>. Other Clinical Services  (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Planned Services question (Continued)  Case Management Services  1. Family Services (Including Marriage Education, Parenting, Child Development Services)  2. Child Care  3. Employment Service  A. Pre-Employment  B. Employment Coaching  4. Individual Services Coordination  5. Transportation  6. HIV/AIDS Service  7. Supportive Transitional Drug-Free Housing Services  8. Other Case Management Services  (Specify) | Case Management Services  1. Family Services (+e.g.# <~~Including~~> Marriage Education, Parenting, Child Development Services)  2. Child Care  3. Employment Service  A. Pre-Employment  B. Employment Coaching  4. Individual Services Coordination  5. Transportation  6. HIV/AIDS Services  +A. If HIV Neg, Pre-Exposure Prophylaxis  B. If HIV Neg, Post-Exposure Prophylaxis  C. If HIV Positive, HIV Treatment#  7. <~~Supportive~~> Transitional Drug-Free Housing Services  +8. Housing Support  9. Health Insurance Enrollment#  10<~~8~~>. Other Case Management Services  (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Planned Services question (Continued)  Medical Services  1. Medical Care  2. Alcohol/Drug Testing  3. HIV/AIDS Medical Support and Testing  4. Other Medical Services  (Specify)  After Care Services  1. Continuing Care  2. Relapse Prevention  3. Recovery Coaching  4. Self-Help and Support Groups  5. Spiritual Support  6. Other After Care Services  (Specify) | Medical Services  1. Medical Care  2. Alcohol/Drug Testing  +3. OB/GYN Services  4#<~~3~~>. HIV/AIDS Medical Support +&# <~~and~~> Testing  +5. Dental Care  6. Viral Hepatitis Medical Support & Testing  7. Other STI Support & Testing  8#<~~4~~>. Other Medical Services (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  After Care Services  1. Continuing Care  2. Relapse Prevention  3. Recovery Coaching  4. Self-Help and +Mutual# Support Groups  5. Spiritual Support  6. Other After Care Services  (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Planned Services question (Continued)  Education Services  1. Substance Abuse Education  2. HIV/AIDS Education  3. Other Education Services  (Specify)  Peer-to-Peer Recovery Support Services  1. Peer Coaching or Mentoring  2. Housing Support  3. Alcohol- and Drug-Free Social Activities  4. Information and Referral  5. Other Peer-to-Peer Recovery Support Services (Specify) | Education Services  1. Substance <~~Abuse~~> +Use# Education  2. HIV/AIDS Education  +3. Naloxone Training  4. Fentanyl Test Strip Training  5. Viral Hepatitis Education  6. Other STI Education Services  7#<~~3~~>. Other Education Services  (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <~~Peer to Peer~~> Recovery Support Services  1. Peer Coaching or Mentoring  +2. Vocational Services#  <~~2. Housing Support~~>  +3. Recovery Housing  4. Recovery Planning  5. Case Management Services to Specifically Support Recovery  6#<~~3~~>. Alcohol- and Drug-Free Social Activities  +7#<~~4~~>. Information and Referral  +8. Other Recovery Support Services (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  9#<~~5~~>. Other Peer-to-Peer Recovery Support Services (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Response options are: YES, NO | +Response options are: Yes (selected), No (Unselected)#  <~~Response options are: YES, NO~~> | Response choices simplified from Yes, No to select one or more. | Revised - Minor |
| 3. In the past 30 days, have you injected drugs? *[IF ANY ROUTE OF ADMINISTRATION IN B2a–B2i = 4 or 5, THEN B3 MUST = YES.]*   YES  NO   Refused   Don’t know  ***[If no, refused, or don’t know, skip to Section C.]*** | <~~3. In the past 30 days, have you injected drugs?~~ *~~[IF ANY ROUTE OF ADMINISTRATION IN B2a–B2i = 4 or 5, THEN B3 MUST = YES.]~~*  ~~ YES~~  ~~~~~~NO~~  ~~ Refused~~  ~~ Don’t know~~  ***~~[IF NO, REFUSED, OR DON’T KNOW, SKIP TO SECTION C.]~~>*** | Captured in Question B1 | Dropped |
| 4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?   Always   More than half the time   Half the time   Less than half the time   Never   Refused   Don’t know | <~~4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?~~  ~~ Always~~  ~~ More than half the time~~  ~~ Half the time~~  ~~ Less than half the time~~  ~~ Never~~  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| **C. LIVING CONDITIONS** | | | |
| **C. FAMILY AND LIVING CONDITIONS** (expiring tool) is now **C. LIVING CONDITIONS** (new tool).  Questions 6, 7, 7a, and 7b in **C. FAMILY AND LIVING CONDITIONS** (expiring tool) are moved to Questions 8, 9, 9a, and 9b, respectively in **A. RECORD MANAGEMENT - DEMOGRAPHICS** (new tool).  Questions 2, 3, 4, 5, 7c, and 7d in **C. FAMILY AND LIVING CONDITIONS** (expiring tool) are dropped in new tool. | | | |
| 1. In the past 30 days, where have you been living most of the time? *[DO NOT READ RESPONSE OPTIONS TO CLIENT.]*   Shelter (safe havens, transitional living center [TLC], low-demand facilities, reception centers, other temporary day or evening facility)   Street/outdoors (sidewalk, doorway, park, public or abandoned building)   Institution (hospital, nursing home, jail/prison)   Housed: ***[if housed, check appropriate subcategory:]***   Own/rent apartment, room, or house   Someone else’s apartment, room, or house   Dormitory/college residence   Halfway house   Residential treatment   Other housed (Specify)   Refused   Don’t know | 1. In the past 30 days, where have you been living most of the time? *[DO NOT READ RESPONSE OPTIONS TO CLIENT.]*  Shelter (Safe Havens, Transitional Living Center [TLC], Low-Demand Facilities, Reception Centers, Other Temporary Day or Evening Facility)  Street/Outdoors (Sidewalk, Doorway, Park, Public Or Abandoned Building)  Institution (Hospital, Nursing Home, Jail/Prison)  Housed: ***[IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:]***  Own/Rental Apartment, Room, Trailer, Or House  Someone Else’s Apartment, Room, Trailer, Or House (including couch surfing)  Dormitory/College Residence  Halfway House or Transitional Housing  Residential Treatment  Recovery Residence/Sober Living  Other Housed {(SPECIFY)}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  {REFUSED}  <~~DON’T KNOW~~> | Response options changed | Revised - Minor |
|  | +2. Do you currently live with any person who, over the past 30 days, has regularly used alcohol or other substances?  Yes  No  No, lives alone  {REFUSED}# | Added new question | Added |
| 2. How satisfied are you with the conditions of your living space?   Very dissatisfied   Dissatisfied   Neither satisfied nor dissatisfied   Satisfied   Very satisfied   REFUSED   DON’T KNOW | <~~2. How satisfied are you with the conditions of your living space?~~  ~~ Very dissatisfied~~  ~~ Dissatisfied~~  ~~ Neither satisfied nor dissatisfied~~  ~~ Satisfied~~  ~~ Very satisfied~~  ~~ REFUSED~~  ~~ DON’T KNOW~~> |  | Dropped |
| 3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? *[IF B1a OR B1c GREATER THAN 0, THEN C3 CANNOT = “NOT APPLICABLE.”]*   Not at all   Somewhat   Considerably   Extremely   Not applicable ***[Use only if b1a and b1c = 0.]***   Refused   Don’t know | <~~3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?~~ *~~[IF B1a OR B1c GREATER THAN 0, THEN C3 CANNOT = “NOT APPLICABLE.”]~~*  ~~ Not at all~~  ~~ Somewhat~~  ~~ Considerably~~  ~~ Extremely~~  ~~ Not applicable~~ ***~~[Use only if b1a and b1c = 0.]~~***  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| 4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? *[IF B1a OR B1c GREATER THAN 0, THEN C4 CANNOT = “NOT APPLICABLE.”]*   Not at all   Somewhat   Considerably   Extremely   Not applicable ***[Use only if b1a and b1c = 0.]***   Refused   Don’t know | <~~4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?~~ *~~[IF B1a OR B1c GREATER THAN 0, THEN C4 CANNOT = “NOT APPLICABLE.”]~~*  ~~ Not at all~~  ~~ Somewhat~~  ~~ Considerably~~  ~~ Extremely~~  ~~ Not applicable~~ ***~~[Use only if b1a and b1c = 0.]~~***  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| 5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems? *[IF B1a OR B1c GREATER THAN 0, THEN C5 CANNOT = “NOT APPLICABLE.”]*   Not at all   Somewhat   Considerably   Extremely   Not Applicable ***[use ONLY IF b1a and b1c = 0.]***   Refused   Don’t know | <~~5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?~~ *~~[IF B1a OR B1c GREATER THAN 0, THEN C5 CANNOT = “NOT APPLICABLE.”]~~*  ~~ Not at all~~  ~~ Somewhat~~  ~~ Considerably~~  ~~ Extremely~~  ~~ Not Applicable~~ ***~~[use ONLY IF b1a and b1c = 0.]~~***  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| 7c. *[IF YES]* How many of your children are living with someone else due to a child protection court order? *[THE VALUE IN C7c CANNOT EXCEED THE VALUE IN C7a.]*  |\_\_\_\_|\_\_\_\_|   Refused   Don’t know | <~~7c.~~ *~~[IF YES]~~* ~~How many of your children are living with someone else due to a child protection court order?~~ *~~[THE VALUE IN C7c CANNOT EXCEED THE VALUE IN C7a.]~~*  ~~|\_\_\_\_|\_\_\_\_|~~  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| 7d. For how many of your children have you lost parental rights? *[THE CLIENT’S PARENTAL RIGHTS WERE TERMINATED.] [THE VALUE IN ITEM C7d CANNOT EXCEED THE VALUE IN C7a.]*  |\_\_\_\_|\_\_\_\_|   Refused   Don’t know | <~~7d. For how many of your children have you lost parental rights?~~ *~~[THE CLIENT’S PARENTAL RIGHTS WERE TERMINATED.] [THE VALUE IN ITEM C7d CANNOT EXCEED THE VALUE IN C7a.]~~*  ~~|\_\_\_\_|\_\_\_\_|~~  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| **D. EDUCATION, EMPLOYMENT, AND INCOME** | | | |
| Questions 4 and 5 in **D. EDUCATION, EMPLOYMENT, AND INCOME** (expiring tool) are dropped in new tool. | | | |
| 1. Are you currently enrolled in school or a job training program? *[IF ENROLLED]* Is that full time or part time? *[IF CLIENT IS INCARCERATED, CODE D1 AS “NOT ENROLLED.”]*   Not enrolled   Enrolled, full time   Enrolled, part time   Other (Specify)   Refused   Don’t know | 1. Are you currently enrolled in school or a job training program? *[IF ENROLLED]* Is that full time or part time? *[IF CLIENT IS INCARCERATED, CODE D1 AS “NOT ENROLLED.”]*  {Not Enrolled}  {Enrolled, Full Time}  {Enrolled, Part Time}  ~~<Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_>~~  {REFUSED}  ~~<DON’T KNOW>~~ | Response options changed | Revised - Minor |
| 2. What is the highest level of education you have finished, whether or not you received a degree?   Never attended   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   College or university/1st year completed   College or university/2nd year completed/associates degree (AA, AS)   College or university/3rd year completed   Bachelor’s degree (BA, BS) or higher   VOCATIONAL/TECHNICAL (VOC/tech) program after high school but no VOC/tech diploma   VOC/tech diploma after high school   Refused   Don’t know | 2. What is the highest level of education you have finished, whether or not you received a degree?  ~~ <Never attended~~  ~~ 1st grade~~  ~~ 2nd grade~~  ~~ 3rd grade~~  ~~ 4th grade~~  ~~ 5th grade~~  ~~ 6th grade~~  ~~ 7th grade~~  ~~ 8th grade~~  ~~ 9th grade~~  ~~ 10th grade~~  ~~ 11th grade~~  ~~ College or university/1st year completed~~  ~~ College or university/2nd year completed/associates degree (AA, AS)~~  ~~ College or university/3rd year completed~~  ~~ Bachelor’s degree (BA, BS) or higher~~  ~~ VOCATIONAL/TECHNICAL (VOC/tech) program after high school but no VOC/tech diploma>~~  {+Less than 12th Grade#  12th Grade/High School Diploma/Equivalent  +Vocational/Technical (Voc/Tech) Diploma  Some College or University  Bachelor’s Degree (For example: BA, BS)  Graduate Work/Graduate Degree  Other (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#  REFUSED}  <~~Don’t Know~~> | Response options collapsed/changed | Revised - Significant |
| 3. Are you currently employed? *[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 D1 AND INDICATES “EMPLOYED, FULL TIME” IN D3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 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   UNEMPLOYED, VOLUNTEER WORK   UNEMPLOYED, RETIRED   UNEMPLOYED, NOT LOOKING FOR WORK   OTHER (SPECIFY)   REFUSED   DON’T KNOW | 3. Are you currently employed? *[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 D1 AND INDICATES “EMPLOYED, FULL TIME” IN D3, ASK FOR CLARIFICATION.~~ >[IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS “NOT LOOKING FOR WORK.”]*  {Employed, Full Time (35+ Hours Per Week, Or Would <~~Have Been~~> Be, If Not For Leave or An Excused Absence)  Employed, Part Time  Unemployed+—But# Looking For Work  Not <~~Un~~>Employed, NOT Looking For Work  +Not working due to a disability# <~~UNEMPLOYED, DISABLED~~>  <~~UNEMPLOYED,~~ >Retired+, not working#  Other (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REFUSED}  ~~<DON’T KNOW>~~ | Question text changed  Response options text changed  Response options changed | Revised - Minor |
| 4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from … *[IF D3 DOES NOT = “EMPLOYED” AND THE VALUE IN D4a IS GREATER THAN ZERO, PROBE. IF D3 = “UNEMPLOYED, LOOKING FOR WORK” AND THE VALUE IN D4b = 0, PROBE. IF D3 = “UNEMPLOYED, RETIRED” AND THE VALUE IN D4c = 0, PROBE. IF D3 = “UNEMPLOYED, DISABLED” AND THE VALUE IN D4d = 0, PROBE.]*  RF DK  a. Wages  $|\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|    b. Public assistance  $ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|    c. Retirement  $|\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|    d. Disability  $|\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|   e. Non-legal income  $ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|   f. Family and/or friends  $|\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|    g. Other (Specify) \_\_\_\_  $|\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|  | <~~4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from …~~ *~~[IF D3 DOES NOT = “EMPLOYED” AND THE VALUE IN D4a IS GREATER THAN ZERO, PROBE. IF D3 = “UNEMPLOYED, LOOKING FOR WORK” AND THE VALUE IN D4b = 0, PROBE. IF D3 = “UNEMPLOYED, RETIRED” AND THE VALUE IN D4c = 0, PROBE. IF D3 = “UNEMPLOYED, DISABLED” AND THE VALUE IN D4d = 0, PROBE.]~~*  ~~RF DK~~  ~~a. Wages~~  ~~$|\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|  ~~  ~~b. Public assistance~~  ~~$ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|  ~~  ~~c. Retirement~~  ~~$|\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|  ~~  ~~d. Disability~~  ~~$|\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_| ~~~~~~  ~~e. Non-legal income~~  ~~$ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_| ~~~~~~  ~~f. Family and/or friends~~  ~~$|\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|  ~~  ~~g. Other (Specify) \_\_\_\_~~  ~~$|\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|~~ > ~~~~~~~~ |  | Dropped |
| 5. Have you enough money to meet your needs?   Not at all   A little   Moderately   Mostly   Completely   REFUSED   DON’T KNOW | <~~5. Have you enough money to meet your needs?~~  ~~ Not at all~~  ~~ A little~~  ~~ Moderately~~  ~~ Mostly~~  ~~ Completely~~  ~~ REFUSED~~  ~~ DON’T KNOW~~> |  | Dropped |
|  | **+4. Do you, individually, have enough money to pay for the following living expenses? Choose all that apply.**  Food  Clothing  Transportation  Rent/Housing  Utilities (Gas/Water/Electric)  Telephone Connection (Cell or Landline)  Childcare  Health Insurance  {REFUSED}# | Added new question | Added |
|  | **+5. What is your personal annual income, meaning the total pre-tax income from all sources, earned in the past year?**  $0 to $9,999  $10,000 to $14,999  $15,000 to $19,999  $20,000 to $34,999  $35,000 to $49,999  $50,000 to $74,999  $75,000 to $99,999  $100,000 to $199,999  $200,000 or more  {REFUSED}# | Added new question | Added |
| **E. LEGAL** | | | |
| **E. CRIME AND CRIMINAL JUSTICE STATUS** (expiring tool) is now **E. LEGAL** (new tool).  Questions 2, 3, and 4 in **E. CRIME AND CRIMINAL JUSTICE STATUS** (expiring tool) are dropped in new tool. | | | |
| 1. In the past 30 days, how many times have you been arrested?  |\_\_\_\_|\_\_\_\_| times  Refused  Don’t know | 1. In the past 30 days, how many times have you been arrested? +*[IF THE CLIENT INDICATES NO ARRESTS IN THE PAST 30 DAYS, BUT IS INCARCERATED AT THE TIME OF THE INTERVIEW, MARK CURRENTLY INCARCERATED]#*  |\_\_\_|\_\_\_| times  {Refused}  +Currently Incarcerated# ~~ <Don’t know>~~ | Instruction text added  Response options changed | Revised - Significant |
| 2. In the past 30 days, how many times have you been arrested for drug-related offenses? *[THE VALUE IN E2 CANNOT BE GREATER THAN THE VALUE IN E1.]*  |\_\_\_\_|\_\_\_\_| times  Refused  Don’t know | <~~2. In the past 30 days, how many times have you been arrested for drug-related offenses?~~ *~~[THE VALUE IN E2 CANNOT BE GREATER THAN THE VALUE IN E1.]~~*  ~~|\_\_\_\_|\_\_\_\_| times  Refused  Don’t know~~> |  | Dropped |
| 3. In the past 30 days, how many nights have you spent in jail/prison? *[IF THE VALUE IN E3 IS GREATER THAN 15, THEN C1 MUST = INSTITUTION (JAIL/PRISON). IF C1 = INSTITUTION (JAIL/PRISON), THEN THE VALUE IN E3 MUST BE GREATER THAN OR EQUAL TO 15.]*  |\_\_\_\_|\_\_\_\_| nights  Refused  Don’t know | <~~3. In the past 30 days, how many nights have you spent in jail/prison?~~ *~~[IF THE VALUE IN E3 IS GREATER THAN 15, THEN C1 MUST = INSTITUTION (JAIL/PRISON). IF C1 = INSTITUTION (JAIL/PRISON), THEN THE VALUE IN E3 MUST BE GREATER THAN OR EQUAL TO 15.]~~*  ~~|\_\_\_\_|\_\_\_\_| nights  Refused  Don’t know~~> |  | Dropped |
| 4. In the past 30 days, how many times have you committed a crime? *[CHECK NUMBER OF DAYS USED ILLEGAL DRUGS IN ITEM B1c. ANSWER HERE IN E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c BECAUSE USING ILLEGAL DRUGS IS A CRIME.]*  |\_\_\_\_|\_\_\_\_| times  Refused   Don’t know | <~~4. In the past 30 days, how many times have you committed a crime?~~ *~~[CHECK NUMBER OF DAYS USED ILLEGAL DRUGS IN ITEM B1c. ANSWER HERE IN E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c BECAUSE USING ILLEGAL DRUGS IS A CRIME.]~~*  ~~|\_\_\_\_|\_\_\_\_| times  Refused  Don’t know~~> |  | Dropped |
| 5. Are you currently awaiting charges, trial, or sentencing?   Yes   No   Refused   Don’t know | +2#<~~5~~>. Are you currently awaiting charges, trial, or sentencing?  Yes  No  {REFUSED}  ~~<DON’T KNOW>~~ | Response options changed  Renumbered question | Revised - Minor |
| 6. Are you currently on parole or probation?  Yes  No  Refused  Don’t know | +3#<~~6~~>. Are you currently on parole or probation +or intensive pretrial supervision# ?  **~~<~~**~~YES>~~  **+**Probation  Parole  Intensive Pretrial Supervision#  No  **{**REFUSED}  **~~<~~**~~DON’T KNOW>~~ | Question text changed  Response options added/changed  Renumbered question | Revised - Significant |
|  | +4. Do you currently participate in a drug court program or are you in a deferred prosecution agreement?  Drug court program  Deferred prosecution agreement  No, neither of these  **{**REFUSED}# | Added new question | Added |
| **F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY** | | | |
| Questions 1, 2,4, 4a, 6, 7, 8, and 9 in **F. MENTAL AND PHYSICL HEALTH PROBLEMS AND TREATMENT RECOVERY** (expiring tool) are dropped in new tool.  Questions 3, 3a, 3b, 3c in **F. MENTAL AND PHYSICL HEALTH PROBLEMS AND TREATMENT RECOVERY** (expiring tool) are moved to Questions 1, 1a, 1b, and 1c, respectively, in **H7. PROGRAM SPECIFIC QUESTIONS** (new tool). | | | |
| 1. How would you rate your overall health right now?  Excellent  Very good  Good  Fair  Poor  Refused  Don’t know | <~~1. How would you rate your overall health right now?~~  ~~~~~~Excellent~~  ~~~~~~Very good~~  ~~~~~~Good~~  ~~~~~~Fair~~  ~~~~~~Poor~~  ~~~~~~Refused~~  ~~~~~~Don’t know~~> |  | Dropped |
| 2. During the past 30 days, did you receive:   | **a. Inpatient treatment for:** | **YES** | ***[IF YES]* Altogether  for how many nights** | **NO** | **RF** | **DK** | | --- | --- | --- | --- | --- | --- | | i. Physical complaint |  | nights |  |  |  | | ii. Mental or emotional difficulties |  | nights |  |  |  | | iii. Alcohol or substance abuse |  | nights |  |  |  |  | **b. Outpatient treatment for:** | **YES** | ***[IF YES]* Altogether  for how many times** | **NO** | **RF** | **DK** | | --- | --- | --- | --- | --- | --- | | i. Physical complaint |  | times |  |  |  | | ii. Mental or emotional difficulties |  | times |  |  |  | | iii. Alcohol or substance abuse |  | times |  |  |  | | <~~2. During the past 30 days, did you receive:~~   | **~~a. Inpatient treatment for:~~** | **~~YES~~** | ***~~[IF YES]~~* ~~Altogether  for how many nights~~** | **~~NO~~** | **~~RF~~** | **~~DK~~** | | --- | --- | --- | --- | --- | --- | | ~~i. Physical complaint~~ | ~~~~ | ~~nights~~ | ~~~~ | ~~~~ | ~~~~ | | ~~ii. Mental or emotional difficulties~~ | ~~~~ | ~~nights~~ | ~~~~ | ~~~~ | ~~~~ | | ~~iii. Alcohol or substance abuse~~ | ~~~~ | ~~nights~~ | ~~~~ | ~~~~ | ~~~~ |  | **~~b. Outpatient treatment for:~~** | **~~YES~~** | ***~~[IF YES]~~* ~~Altogether  for how many times~~** | **~~NO~~** | **~~RF~~** | **~~DK~~** | | --- | --- | --- | --- | --- | --- | | ~~i. Physical complaint~~ | ~~~~ | ~~times~~ | ~~~~ | ~~~~ | ~~~~ | | ~~ii. Mental or emotional difficulties~~ | ~~~~ | ~~times~~ | ~~~~ | ~~~~ | ~~~~ | | ~~iii. Alcohol or substance abuse~~ | ~~~~ | ~~times~~ | ~~~~ | ~~~~ | ~~~~ |   > |  | Dropped |
| Question 2 (Continued)  2. During the past 30 days, did you receive:   | **c. Emergency room treatment for:** | **YES** | ***[IF YES]* Altogether  for how many times** | **NO** | **RF** | **DK** | | --- | --- | --- | --- | --- | --- | | i. Physical complaint |  | times |  |  |  | | ii. Mental or emotional difficulties |  | times |  |  |  | | iii. Alcohol or substance abuse |  | times |  |  |  | | <~~2. During the past 30 days, did you receive:~~   | **~~c. Emergency room treatment for:~~** | **~~YES~~** | ***~~[IF YES]~~* ~~Altogether  for how many times~~** | **~~NO~~** | **~~RF~~** | **~~DK~~** | | --- | --- | --- | --- | --- | --- | | ~~i. Physical complaint~~ | ~~~~ | ~~times~~ | ~~~~ | ~~~~ | ~~~~ | | ~~ii. Mental or emotional difficulties~~ | ~~~~ | ~~times~~ | ~~~~ | ~~~~ | ~~~~ | | ~~iii. Alcohol or substance abuse~~ | ~~~~ | ~~times~~ | ~~~~ | ~~~~ | ~~~~ |   > |  | Dropped |
| 4. Have you ever been tested for HIV?   Yes ***[GO TO F4a.]***   No ***[SKIP TO F5.]***   Refused ***[SKIP TO F5.]***   Don’t know ***[SKIP TO F5.]*** | <~~4. Have you ever been tested for HIV?~~  ~~ Yes~~ ***~~[GO TO F4a.]~~***  ~~ No~~ ***~~[SKIP TO F5.]~~***  ~~ Refused~~ ***~~[SKIP TO F5.]~~***  ~~ Don’t know~~ ***~~[SKIP TO F5.]~~>*** |  | Dropped |
| 4a. Do you know the results of your HIV testing?   Yes   No | <~~4a. Do you know the results of your HIV testing?~~  ~~ Yes~~  ~~ No~~> |  | Dropped |
| 5. How would you rate your quality of life?   Very poor   Poor   Neither poor nor good   Good   Very good   REFUSED   DON’T KNOW | +1#<~~5~~>. How would you rate your quality of life +over the past 30 days#?   Very poor   Poor   Neither poor nor good   Good   Very good   {REFUSED}  ~~ <DON’T KNOW>~~ | Question text changed  Response options changed  Renumbered question | Revised - Minor |
| 6. How satisfied are you with your health?   Very dissatisfied   Dissatisfied   Neither satisfied nor dissatisfied   Satisfied   Very satisfied   REFUSED   DON’T KNOW | <~~6. How satisfied are you with your health?~~  ~~ Very dissatisfied~~  ~~ Dissatisfied~~  ~~ Neither satisfied nor dissatisfied~~  ~~ Satisfied~~  ~~ Very satisfied~~  ~~ REFUSED~~  ~~ DON’T KNOW~~> |  | Dropped |
| 7. Do you have enough energy for everyday life?  Not at all  A little  Moderately  Mostly  Completely   REFUSED   DON’T KNOW | <~~7. Do you have enough energy for everyday life?~~  ~~~~~~Not at all~~  ~~~~~~A little~~  ~~~~~~Moderately~~  ~~~~~~Mostly~~  ~~~~~~Completely~~  ~~ REFUSED~~  ~~ DON’T KNOW~~> |  | Dropped |
| 8. How satisfied are you with your ability to perform your daily activities?  Very dissatisfied  Dissatisfied  Neither satisfied nor dissatisfied  Satisfied  Very satisfied   REFUSED   DON’T KNOW | <~~8. How satisfied are you with your ability to perform your daily activities?~~  ~~~~~~Very dissatisfied~~  ~~~~~~Dissatisfied~~  ~~~~~~Neither satisfied nor dissatisfied~~  ~~~~~~Satisfied~~  ~~~~~~Very satisfied~~  ~~ REFUSED~~  ~~ DON’T KNOW~~> |  | Dropped |
| 9. How satisfied are you with yourself?  Very dissatisfied  Dissatisfied  Neither satisfied nor dissatisfied  Satisfied  Very satisfied   REFUSED   DON’T KNOW | <~~9. How satisfied are you with yourself?~~  ~~~~~~Very dissatisfied~~  ~~~~~~Dissatisfied~~  ~~~~~~Neither satisfied nor dissatisfied~~  ~~~~~~Satisfied~~  ~~~~~~Very satisfied~~  ~~ REFUSED~~  ~~ DON’T KNOW~~> |  | Dropped |
| 10. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:  Days RF DK  a. Experienced serious depression |\_\_\_\_|\_\_\_\_|   b. Experienced serious anxiety or tension |\_\_\_\_|\_\_\_\_|    c. Experienced hallucinations |\_\_\_\_|\_\_\_\_|    d. Experienced trouble understanding, concentrating, or remembering |\_\_\_\_|\_\_\_\_|    e. Experienced trouble controlling violent behavior |\_\_\_\_|\_\_\_\_|    f. Attempted suicide |\_\_\_\_|\_\_\_\_|    g. Been prescribed medication for psychological/emotional problem |\_\_\_\_|\_\_\_\_|    ***[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION F10, SKIP TO ITEM F12.]*** | +2#<~~10~~>. In the past 30 days, <~~not due to your use of alcohol or drugs,~~> how many days have you +*[ENTER ‘0’ IN DAYS IF THE CLIENT REPORTS THAT THEY HAVE NOT EXPERIENCED THE CONDITIN. SELECT REFUSED FOR NO RESPONSE]#*:  Days {RF} <~~DK~~>  +2#a. Experienced serious depression |\_\_\_\_|\_\_\_\_| ~~~~  +2#b. Experienced serious anxiety or tension |\_\_\_\_|\_\_\_\_|  ~~~~  +2#c. Experienced hallucinations |\_\_\_\_|\_\_\_\_|  ~~~~  +2#d. Experienced trouble understanding, concentrating, or remembering |\_\_\_\_|\_\_\_\_|  ~~~~  +2#e. Experienced trouble controlling violent behavior |\_\_\_\_|\_\_\_\_|  ~~~~  +2#f. Attempted suicide |\_\_\_\_|\_\_\_\_|  ~~~~  +2#g. Been prescribed medication for psychological/emotional problem |\_\_\_\_|\_\_\_\_|  ~~~~  *<~~[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION F10, SKIP TO ITEM F12.]~~>*  *+[IF CLIENT REPORTS 1 OR MORE DAYS TO ANY QUESTION IN #2, PLEASE ENSURE THAT THEY ARE SEEN BY A LICENSED PROFESSIONAL AS SOON AS POSSIBLE]#* | Question text and instructions changed  Response options changed  Renumbered question | Revised - Minor |
| 11. How much have you been bothered by these psychological or emotional problems in the past 30 days?   Not at all   Slightly   Moderately   Considerably   Extremely   Refused   Don’t know | +3#<~~11~~>. How much have you been bothered by these psychological or emotional problems in the past 30 days?   Not at all   Slightly   Moderately   Considerably   Extremely   +{no reported mental health complaints in the past 30 days}#   {Refused}  ~~ <Don’t knoW>~~ | Response options added/changed  Renumbered question | Revised - Significant |
|  | **+4. In the past 30 days, where have you gone to receive medical care? You may select more than one response.**  Primary Care Provider  Urgent Care  The Emergency Department  A specialist doctor  No care was sought  Other {(SPECIFY)} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# | Added new question | Added |
|  | **+5. Do you currently have medical/health insurance?**  Yes  No ***[GO TO NEXT SECTION]***  {REFUSED} ***[GO TO NEXT SECTION]#*** | Added new question | Added |
|  | **+5a. What type of insurance do you have [CHECK ALL THAT APPLY]?**  Medicare  Medicaid  Private Insurance or Employer Provided  TRICARE or other military health care  An assistance program [for example, a medication assistance program]  Any other type of health insurance or health coverage plan {(SPECIFY)}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  {REFUSED} # | Added new question | Added |
| **F. VIOLENCE AND TRAUMA** | | | |
| **F. VIOLENCE AND TRAUMA** (expiring tool) is dropped from the new tool  Questions 12, 12a, 12b, 12c, 12d, and 13 in **F. VIOLENCE AN TRAUMA** (expiring tool) are dropped from the new tool. | | | |
| 12. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?   Yes   No   Refused   Don’t know  ***[IF NO, REFUSED, OR DON’T KNOW, SKIP TO ITEM F13.]*** | <~~12. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?~~  ~~ Yes~~  ~~ No~~  ~~ Refused~~  ~~ Don’t know~~  *~~[IF NO, REFUSED, OR DON’T KNOW, SKIP TO ITEM F13.]~~>* |  | Dropped |
| Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:  12a. Have had nightmares about it or thought about it when you did not want to?   Yes   No   Refused   Don’t knoW | <~~Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:~~  ~~12a. Have had nightmares about it or thought about it when you did not want to?~~  ~~ Yes~~  ~~ No~~  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:  12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?   Yes   No   Refused   Don’t know | <~~Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:~~  ~~12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?~~  ~~ Yes~~  ~~ No~~  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:  12c. Were constantly on guard, watchful, or easily startled?   Yes   No   Refused   Don’t know | <~~Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:~~  ~~12c. Were constantly on guard, watchful, or easily startled?~~  ~~ Yes~~  ~~ No~~  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:  12d. Felt numb and detached from others, activities, or your surroundings?   Yes   No   Refused   Don’t know | <~~Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:~~  ~~12d. Felt numb and detached from others, activities, or your surroundings?~~  ~~ Yes~~  ~~ No~~  ~~ Refused~~  ~~ Don’t know~~> |  | Dropped |
| 13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?   Never   A few times   More than a few times   REFUSED   DON’T KNOW | <~~13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?~~  ~~ Never~~  ~~ A few times~~  ~~ More than a few times~~  ~~ REFUSED~~  ~~ DON’T KNOW~~> |  | Dropped |
| **G. SOCIAL CONNECTEDNESS** | | | |
| Questions 2, 3, and 5 in **G. SOCIAL CONNECTEDNESS** (expiring tool) are dropped in new tool. | | | |
| 1. In the past 30 days, did you attend 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 nonprofessional, 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 ***[IF YES]*** Specify how many times |\_\_|\_\_|   Refused  Don’t know   No   Refused   Don’t know | 1. In the past 30 days, did you attend any voluntary <~~self-help~~> +mutual support# 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~~> +assists# individuals who have addiction-related problems, such as Alcoholics Anonymous, Narcotics Anonymous, <~~Oxford House,~~> Secular Organization for Sobriety, <~~or~~> Women for Sobriety, +religious/faith-affiliated recovery mutual support groups,# etc.? +Attendance could have been in person or virtual.#   Yes ***[IF YES]*** Specify how many times |\_\_|\_\_|  {Refused} ~~ <Don’t Know>~~   No   {Refused}  ~~ <Don’t know>~~ | Question text changed  Response options changed | Revised - Minor |
| 2. In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?   Yes ***[IF YES]*** Specify how many times |\_\_|\_\_|   Refused  Don’t Know   No   Refused   Don’t know | <~~2. In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?~~  ~~ Yes~~ ***~~[IF YES]~~*** ~~Specify how many times |\_\_|\_\_|  Refused  Don’t Know~~  ~~ No~~  ~~ Refused~~  ~~ Don’t know~~> | Incorporated into G. SOCIAL CONNECTEDNESS Question 1 | Dropped |
| 3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?   Yes ***[IF YES]*** Specify how many times |\_\_|\_\_|   Refused  Don’t know   No   Refused   Don’t know | <~~3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?~~  ~~ Yes~~ ***~~[IF YES]~~*** ~~Specify how many times |\_\_|\_\_|  Refused  Don’t know~~  ~~ No~~  ~~ Refused~~  ~~ Don’t know~~> | Incorporated into G. SOCIAL CONNECTEDNESS Question 1 | Dropped |
| 4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?   Yes   No   Refused   Don’t know | +2#<~~4~~>. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?  Yes  No  {REFUSED}  ~~ <Don’t know>~~ | Response options changed  Renumbered question | Revised - Minor |
| 5. To whom do you turn when you are having trouble? *[SELECT ONLY ONE.]*   No One   Clergy Member   Family Member   Friends   REFUSED   DoN’T KNOW  Other (Specify) | <~~5. To whom do you turn when you are having trouble?~~ *~~[SELECT ONLY ONE.]~~*  ~~ No One~~  ~~ Clergy Member~~  ~~ Family Member~~  ~~ Friends~~  ~~ REFUSED~~  ~~ DoN’T KNOW~~  ~~~~~~Other (Specify)~~> |  | Dropped |
| 6. How satisfied are you with your personal relationships?   Very dissatisfied   Dissatisfied   Neither satisfied nor dissatisfied   Satisfied   Very satisfied   REFUSED   don’t KNOW | +3#<6>. How satisfied are you with your personal relationships?   Very dissatisfied   Dissatisfied   Neither satisfied nor dissatisfied   Satisfied   Very satisfied   {REFUSED}  ~~ <don’t KNOW>~~ | Response options changed  Renumbered question | Revised - Minor |
|  | +4. In the past 30 days did you realize that you need to change those social connections or places that negatively impact your recovery?  Yes  No  {REFUSED}# | Added new question | Added |
| **H. PROGRAM SPECIFIC QUESTIONS** | | | |
| ***YOU ARE NOT RESPONSIBLE FOR COLLECTING DATA ON ALL SECTION H QUESTIONS. YOUR GOVERNMENT PROJECT OFFICER (GPO) HAS PROVIDED GUIDANCE ON WHICH SPECIFIC SECTION H QUESTIONS YOU ARE TO COMPLETE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR GPO.*** | YOU ARE NOT RESPONSIBLE FOR COLLECTING DATA ON ALL SECTION H QUESTIONS. YOUR <*~~GOVERNMENT PROJECT OFFICER~~* ~~(~~>GPO<~~)~~> HAS PROVIDED YOU WITH GUIDANCE ON WHICH SPECIFIC SECTION H QUESTIONS YOU ARE TO COMPLETE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR GPO. | Instruction text changed | Revised - Minor |
| **H1. PROGRAM SPECIFIC QUESTIONS** | | | |
| **This section is to be completed by the following grant programs:**   * Family Treatment Drug Courts (FTDC) | | | |
| ***[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP AND DISCHARGE.]***  1. Which of the following occurred for the client subsequent to receiving treatment? *[CHECK ALL THAT APPLY.]*   Client was reunited with child (or children)   Client avoided out-of-home placement for child (or children)   None of the above   Don’t know | **[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP AND DISCHARGE.]**  1. Which of the following occurred for the client, subsequent to receiving treatment? *[CHECK ALL THAT APPLY.]*   Client was reunited with child (or children)  +1a. With Agency Supervision  1b. Without Agency Supervision#   Client avoided out-of-home placement for child (or children)   None of the above  ~~ <Don’t know>~~ | Response options changed  Numbered question 1a and 1b | Revised - Minor |
| **H2. PROGRAM SPECIFIC QUESTIONS** | | | |
| **This section is to be completed by the following grant programs:**   * Grants for the Benefit of Homeless Individuals (incl. GBHI – Services in Supportive Housing) (GBHI) | | | |
| ***[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP AND DISCHARGE.]***  **1.** **Did the *[INSERT GRANTEE NAME]* help you obtain any of the following benefits? *[CHECK ALL THAT APPLY.]***   Private health insurance   Medicaid   Supplemental Security Income (SSI)/Social Security disability insurance (SSDI)   Temporary Assistance for Needy Families (TANF)   Supplemental Nutrition Assistance Program (SNAP)   Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   NONE OF THE ABOVE   REFUSED   DON’T KNOW | **[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE]**   1. **Did the *[insert grantee name]* help you obtain any of the following benefits? *[CHECK ALL THAT APPLY]***   Private Health Insurance  Medicaid  Medicare  SSI/SSDI  TANF  SNAP  Other (SPECIFY)  {NONE OF THE ABOVE}  {REFUSED}  ~~<DON’T KNOW>~~ | Response options changed | Revised - Minor |
| **H3. PROGRAM SPECIFIC QUESTIONS** | | | |
| **This section is to be completed by the following grant programs:**   * Comprehensive Opioid Recovery Centers (CORC) * Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (Youth and Family TREE) (TREE) | | | |
| ***[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]***  **1. Have you achieved any of the following since you began receiving services or supports from *[INSERT GRANTEE NAME]*? If yes, do you believe that the services you received from *[INSERT GRANTEE NAME]* helped you with this achievement?**   |  |  |  | | --- | --- | --- | | **Status** | **Achieved?** | **If yes, do you believe that the services you received from *[INSERT GRANTEE NAME]* helped you with this achievement?** | | 1a. Enrolled in school | Yes  No  DON’T KNOW  REFUSED | Yes  No  DON’T KNOW  REFUSED | | 1b. Enrolled in vocational training | Yes  No  DON’T KNOW  REFUSED | Yes  No  DON’T KNOW  REFUSED | | 1c. Currently employed | Yes  No  DON’T KNOW  REFUSED | Yes  No  DON’T KNOW  REFUSED | | 1d. Living in stable housing | Yes  No  DON’T KNOW  REFUSED | Yes  No  DON’T KNOW  REFUSED | | **[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]**  1. Have you achieved any of the following since you began receiving services or supports from *[insert grantee name]*? If yes, Do you believe that the services you received from *[insert grantee name]* helped you with this achievement?   |  |  |  | | --- | --- | --- | | <~~Status~~> | Achieved? | **[*IF YES*], Do you believe that the services you received from [*insert grantee name*] helped you with this achievement?** | | 1a. Enrolled in school | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | | 1b. Enrolled in vocational training | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | | 1c. Currently employed | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | | 1d. Living in stable housing | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | | Response options changed | Revised - Minor |
| **H4. PROGRAM SPECIFIC QUESTIONS** | | | |
| **This section is to be completed by the following grant programs:**   * State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT) | | | |
| ***[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]***  **1. Please indicate the degree to which you agree or disagree with the following statements:**  **1a. Receiving treatment in a nonresidential setting has enabled me to maintain parenting and family responsibilities while receiving treatment.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   REFUSED   DON’T KNOW | **[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]**  **1. Please indicate the degree to which you agree or disagree with the following statements:**  **1a. Receiving treatment in a nonresidential setting has enabled me to maintain parenting and family responsibilities while receiving treatment.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   {REFUSED}  ~~ <DON’T KNOW>~~ | Response options changed | Revised - Minor |
| **1b. As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   REFUSED   DON’T KNOW | **1b. As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   {REFUSED}  ~~ <DON’T KNOW>~~ | Response options changed | Revised - Minor |
| **H5. PROGRAM SPECIFIC QUESTIONS** | | | |
| **This section is to be completed by the following grant programs:**   * Pregnant and Postpartum Women (Services Grant Program for Residential Treatment) (PPW) | | | |
| ***[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]***  **1. Please indicate the degree to which you agree or disagree with the following statements:**  **1a. Receiving treatment in a residential setting with my child (or children) has enabled me to focus on my treatment without distractions of parenting and family responsibilities.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   REFUSED   DON’T KNOW | **[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]**  **1. Please indicate the degree to which you agree or disagree with the following statements:**  **1a. Receiving treatment in a residential setting with+out# my child (or children) has enabled me to focus on my treatment without distractions of parenting and family responsibilities.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   {REFUSED}  ~~ <DON’T KNOW>~~ | Response options changed | Revised - Minor |
| **1b. As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   REFUSED   DON’T KNOW | **1b. As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   {REFUSED}  ~~ <DON’T KNOW>~~ | Response options changed | Revised - Minor |
| **H6. PROGRAM SPECIFIC QUESTIONS** | | | |
| **This section is to be completed by the following grant programs:**   * Screening, Brief Intervention, and Referral to Treatment (SBIRT) | | | |
| ***[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE].***  **1. Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. *[CHECK ALL THAT APPLY.]***   Current SAMHSA grant funding   Other federal grant funding   State funding   Client’s private insurance   Medicaid/Medicare   Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Don’t know  ***[IF FOLLOW-UP OR DISCHARGE INTERVIEW, SKIP TO H3.]*** | **[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE].**   1. **Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. *[CHECK ALL THAT APPLY.]***   Current SAMHSA grant funding  Other federal grant funding  State funding  Client’s private insurance  Medicaid/Medicare  TRICARE  Other {(SPECIFY)}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ~~<Don’t know>~~  ***[IF FOLLOW-UP OR DISCHARGE INTERVIEW, SKIP TO +QUESTION 6#<~~H3~~>.]*** | Response options changed | Revised - Minor |
|  | **+[QUESTIONS 2-5 SHOULD BE REPORTED BY GRANTEE STAFF ONLY AT INTAKE/BASELINE]#** | Added new instructions | Added |
| **4. How did the client screen for your SBIRT?**   NEGATIVE   * POSITIVE | **+2#<~~4~~>. +When the SBIRT was administered,# <~~H~~>+h#ow did the client screen <~~for your SBIRT~~>?**   Negative   Positive | Question 4 from A. BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to H6 PROGRAM SPECIFIC QUESTIONS Question 2 in new tool.  Question text changed | Revised – Minor  Moved |
| **4a. What was his/her screening score?**  Alcohol Use Disorders Identification Test (AUDIT) = |\_\_\_\_|\_\_\_\_|  CAGE = |\_\_\_\_|\_\_\_\_|  Drug Abuse Screening Test (DAST) = |\_\_\_\_|\_\_\_\_|  DAST-10 = |\_\_\_\_|\_\_\_\_|  National Institute on Alcohol Abuse and Alcoholism (NIAAA) Guide = |\_\_\_\_|\_\_\_\_|  Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)/Alcohol Subscore = |\_\_\_\_|\_\_\_\_|  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = |\_\_\_\_|\_\_\_\_| | **+3#<~~4a~~>. What was +their# <~~his/her~~> screening score?**  +3a.# Alcohol Use Disorders Identification Test (AUDIT) = |\_\_\_\_|\_\_\_\_|  +3b.# CAGE = |\_\_\_\_|\_\_\_\_|  +3c.# Drug Abuse Screening Test (DAST) = |\_\_\_\_|\_\_\_\_|  +3d.# DAST-10 = |\_\_\_\_|\_\_\_\_|  +3e.# National Institute on Alcohol Abuse and Alcoholism (NIAAA) Guide = |\_\_\_\_|\_\_\_\_|  +3f.# Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)/Alcohol Subscore = |\_\_\_\_|\_\_\_\_|  +3g.# Other {(SPECIFY)}\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = |\_\_\_\_|\_\_\_\_| | Question 4a from A. BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to H6 PROGRAM SPECIFIC QUESTIONS Question 3 in new tool.  Question text changed | Revised – Minor  Moved |
| **5. Was he/she willing to continue his/her participation in the SBIRT program?**   YES   NO | **+4#<~~5~~>. <~~Was he/she~~> +Were they# willing to continue <~~his/her~~> +their# participation in <~~the~~> SBIRT +services# <~~program~~>?**   Yes   No | Question 5 from A. BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to H6 PROGRAM SPECIFIC QUESTIONS Question 4 in new tool.  Question text changed | Revised – Minor  Moved |
| ***[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF ONLY AT INTAKE/BASELINE.]***  **2. If the client screened positive for substance misuse or a substance use disorder, was the client assigned to the following types of services? *[IF CLIENT SCREENED NEGATIVE, SELECT “NO” FOR EACH SERVICE BELOW.]***  Yes No Don’t Know  Brief Intervention     Brief Treatment     Referral to Treatment    | ***<~~[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF ONLY AT INTAKE/BASELINE.]~~>***  **+5#<~~2~~>. If the client screened positive for substance misuse or a substance use disorder, was the client assigned to the following types of services? *[IF CLIENT SCREENED NEGATIVE, SELECT “NO” FOR EACH SERVICE BELOW.]***  Yes No <~~Don’t Know~~>  +5a.# Brief Intervention   ~~~~  +5b.# Brief Treatment   ~~~~  +5c.# Referral to Treatment   ~~~~ | Instructions changed  Response options changed  Renumbered questions | Revised - Minor |
| ***[QUESTION 3 SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE, BASELINE, FOLLOW-UP, AND DISCHARGE.]***  **3. Did the client receive the following types of services?**  Yes No Don’t Know  Brief Intervention     Brief Treatment     Referral to Treatment    | ***[QUESTION +6#<~~3~~> SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE, BASELINE, FOLLOW-UP, AND DISCHARGE.]***  **+6#<~~3~~>. Did the client receive the following types of services?**  Yes No <~~Don’t Know~~>  +6a.# Brief Intervention   ~~~~  +6b.# Brief Treatment   ~~~~  +6c.# Referral to Treatment   ~~~~ | Response options changed  Renumbered questions | Revised- Minor |
| **H7. PROGRAM SPECIFIC QUESTIONS** | | | |
| **This section is to be completed by the following grant programs:**   * Targeted Capacity Expansion HIV: Substance Use Disorder Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS (TCE-HIV: Minority Women)   Questions 3, 3a, 3b, and 3c in **F. MENTAL AND PHYSICL HEALTH PROBLEMS AND TREATMENT RECOVERY** (expiring tool) are moved to Questions 1, 1a, 1b, and 1c, respectively, in **H7. PROGRAM SPECIFIC QUESTIONS** (new tool).  The set of HCV questions are moved to come before the set of HBV questions. | | | |
| ***[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE.]*** | **[+ALL H7 QUESTIONS# <~~QUESTION 1~~> SHOULD BE ANSWERED BY THE CLIENT AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE.]** | Instruction text changed | Revised - Minor |
| 3. During the past 30 days, did you engage in sexual activity?   Yes   No ***[SKIP TO F4.]***   NOT PERMITTED TO ASK ***[SKIP TO F4.]***   REFUSED ***[SKIP TO F4.]***   Don’t know ***[SKIP TO F4.]*** | +1#<~~3~~>. <~~During~~> +In# the past 30 days, +have you been sexually active?# <~~did you engage in sexual activity?~~>   Yes   No ***[SKIP TO +QUESTION 2# <~~F4~~>.]***   Not Permitted to Ask ***[SKIP TO +QUESTION 2# <~~F4~~>.]***   {REFUSED} ***[SKIP TO +QUESTION 2# <~~F4~~>.]***  ~~ <Don’t know~~ ***~~[SKIP TO F4.]~~>*** | Question 3 from F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY in expiring tool moved to H7 PROGRAM SPECIFIC QUESTIONS Question 1 in new tool.  Question text changed  Response options changed | Revised - Minor  Moved |
| *[IF YES]* Altogether, how many:  Contacts RF DK  3a. Sexual contacts (vaginal, oral, or anal) did you have? |\_\_\_|\_\_\_|\_\_\_|    3b. Unprotected sexual contacts did you have? ***[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]*** |\_\_\_|\_\_\_|\_\_\_|    3c. Unprotected sexual contacts were with an individual who is or was ***[NONE OF THE VALUES IN F3c1–F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]***  1. HIV positive or has AIDS |\_\_\_|\_\_\_|\_\_\_|    2. An injection drug user |\_\_\_|\_\_\_|\_\_\_|    3. High on some substance |\_\_\_|\_\_\_|\_\_\_|   | *< ~~[IF YES]~~>*Altogether, +in the past 30 days,# how many:  +1#<~~3~~>a. Sexual +partners# <~~contacts (vaginal, oral, or anal)~~> did you have?  +Number# |\_\_|\_\_|\_\_|  +{Refused}# ~~ <DK>~~  **+1#<~~3~~>+b.** Did you engage in# unprotected+/condomless sex?# <~~did you have?~~ ***~~[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]~~***  ~~|\_\_\_|\_\_\_|\_\_\_|~~>  +Yes  No ***[SKIP TO QUESTION 2]#***  ~~<RF>~~  ~~<DK>~~  **+1#<~~3~~>+c.** Were any of your partners# <~~Unprotected sexual contacts were with an individual who is or was~~ ***~~[NONE OF THE VALUES IN F3c1–F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]~~>***  +1. Living with# HIV <~~positive or has AIDS~~>  +and not taking HIV medications# <  ~~|\_\_|\_\_|\_\_|~~>  +Yes No Refused#  ~~<DK>~~  +2. A person who injects drugs# <~~An injection drug user~~ ~~|\_\_|\_\_|\_\_|~~>  +Yes No Refused#  ~~<DK>~~  +3.# High on <~~some~~> +one or more# substances<~~|\_\_|\_\_|\_\_|~~>  +Yes No Refused#  ~~<DK>~~ | Questions 3a, 3b, and 3c from F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY in expiring tool moved to H7 PROGRAM SPECIFIC QUESTIONS Questions 1a, 1b, and 1c in new tool.  Question text changed  Questions 1b and 1c changed from asking quantity to Yes/No.  Response options changed | Moved |
|  | +2. Are you currently taking Pre-Exposure Prophylaxis (PrEP) for HIV prevention, or are you taking medication for the treatment of HIV?  PrEP  Treatment for HIV  Neither  {REFUSED}# | Added new question | Added |
| **1. Did the program provide the following?**  **a. HIV test**   YES   NO ***[SKIP TO H1b.]***   REFUSED ***[SKIP TO H1b.]***   DON’T KNOW ***[SKIP TO H1b.]*** | **+3#<~~1~~>. Did the program provide +access to# the following?**  **+3#a+1. An# HIV test?**  Yes  No ***[SKIP TO QUESTION +3b1# <~~H1b~~>]***  {REFUSED} ***[SKIP TO QUESTION +3b1# <~~H1b~~>]***  ~~<DON’T KNOW~~ ***~~[SKIP TO H1b.]>~~*** | Question text changed  Response option changes  Renumbered question | Revised - Minor |
|  | **+3a2. Was this the first time that you had been tested for HIV?**  Yes  No ***[SKIP TO QUESTION 3a5]***  {REFUSED} ***[SKIP TO QUESTION 3a5]#*** |  | Added |
|  | **+3a3. Was HIV testing performed on-site or were you referred out for testing?**  On-site ***[SKIP TO QUESTION 3a5]***  Referred out  {REFUSED} ***[SKIP TO QUESTION 3a5]***# | Added new question | Added |
|  | **+3a4. Where was testing performed?**  Primary Care Provider’s office  Dedicated clinic  VA Medical Center  Health Center or Community Clinic  Local Health Department  Specialty Addiction Treatment Program  Sexual Health Center  A mobile testing service  Other {(SPECIFY)}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# | Added new question | Added |
| **1. Did the program provide the following?**  **a. HIV test**  ***[IF YES]* What was the result?**   Positive   Negative ***[SKIP TO H1b.]***   Indeterminate ***[SKIP TO H1b.]***   REFUSED ***[SKIP TO H1b.]***   DON’T KNOW ***[SKIP TO H1b.]*** | **+3a5#<~~1a~~>. What was the result?**  Positive  Negative ***[SKIP TO +QUESTION 3a12# <~~H1b~~>]***  Indeterminate <***~~[SKIP TO H1b]~~>***  {REFUSED}***[SKIP TO +QUESTION 3b1# <~~H1b~~>]***  ~~<DON’T KNOW~~ ***~~[SKIP TO H1b]>~~*** | Response option changes  Skip logic changes  Renumbered question | Revised - Minor |
|  | **+3a6. Did you receive confirmatory testing?**  Yes  No ***[SKIP TO QUESTION 3a8]***  {REFUSED} ***[SKIP TO QUESTION 3a8]#*** | Added new question | Added |
|  | **+3a7.What was the result?**  Positive  Negative  Indeterminate  {REFUSED}# | Added new question | Added |
| **1. Did the program provide the following?**  **a. HIV test**  ***[IF CLIENT SCREENED POSITIVE]* Were you connected to HIV treatment services?**   * YES * NO * REFUSED * DON’T KNOW | **+3a8#<~~1a~~>. <*~~[IF CLIENT SCREENED POSITIVE]~~>* Were you connected to HIV treatment services +within 30 days of the positive test result?#**   * Yes * No +***[SKIP TO QUESTION 3a10]#*** * {REFUSED} +***[SKIP TO QUESTION 3a10]#*** * ~~<DON’T KNOW>~~ | Question text changed  Response options changed  Renumbered question | Revised - Minor |
|  | **+3a9. Where were you referred for ongoing treatment?**  Primary Care Provider’s office  Dedicated clinic  VA Medical Center  Health Center or Community Clinic  Local Health Department  Specialty Addiction Treatment Program  Sexual Health Center  Other {(SPECIFY)} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# | Added new question | Added |
|  | **+3a10. Was rapid HIV testing offered to your substance-using and/or sexual partners?**   * Yes * No ***[SKIP TO QUESTION 3b1]*** * {REFUSED} ***[SKIP TO QUESTION 3b1]#*** | Added new question | Added |
|  | **+3a11. What was the number of drug-using and/or sexual partners offered HIV testing?**  1 ***[SKIP TO QUESTION 3b1]***  2 ***[SKIP TO QUESTION 3b1]***  3 ***[SKIP TO QUESTION 3b1]***  4 or more ***[SKIP TO QUESTION 3b1]***  {REFUSED} ***[SKIP TO QUESTION 3b1]#*** | Added new question | Added |
|  | **+3a12. Were you referred for Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP), and/or were you referred for counseling about these interventions? *[SELECT ALL THAT APPLY]***  PrEP  PEP  Received Counseling  Did not receive medications  Did not receive counseling  {REFUSED}# | Added new question | Added |
| **1. Did the program provide the following?**  **c. Hepatitis C (HCV) test**   YES   NO ***[SKIP TO SECTION I OR J/K.]***   REFUSED ***[SKIP TO SECTION I OR J/K.]***   DON’T KNOW ***[SKIP TO SECTION I OR J/K.]*** | **+3b1#<~~1c~~>. +Did you receive a Rapid# Hepatitis C (HCV) test?**  Yes  No ***[SKIP TO +QUESTION 3c1# <~~SECTION I OR J/K~~>]***  {REFUSED} ***[SKIP TO +QUESTION 3c1# <~~SECTION I OR J/K~~>]***  ~~<DON’T KNOW~~ ***~~[SKIP TO C1 SECTION I OR J/K]>~~*** | HCV questions moved to come before HBV questions  Question text changed  Response options changed  Skip logic changed | Revised – Minor  Moved |
|  | **+3b2.Was this test followed up with confirmatory Hepatitis C (HCV RNA) testing?**  Yes  No# | Added new question | Added |
| **1. Did the program provide the following?**  **c. Hepatitis C (HCV) test**  ***[IF YES]* What was the result?**   Positive   Negative ***[SKIP TO SECTION I OR J/K.]***   Indeterminate ***[SKIP TO SECTION I OR J/K.]***   REFUSED ***[SKIP TO SECTION I OR J/K.]***   DON’T KNOW ***[SKIP TO SECTION I OR J/K.]*** | **+3b3#<~~1c~~>*.* What was the +of your HCV# result?**  Positive  Negative ***[SKIP TO +QUESTION 3c1# <~~SECTION I OR J/K.~~>]***  Indeterminate <***~~[SKIP TO SECTION I OR J/K.]~~>***  {REFUSED} ***[SKIP TO +QUESTION 3c1# <~~SECTION I OR J/K.~~>]***  ~~<DON’T KNOW~~ ***~~[SKIP TO C1 SECTION I OR J/K.]>~~*** | HCV questions moved to come before HBV questions  Question text changed  Response options changed  Skip logic changed | Revised – Minor  Moved |
| **1. Did the program provide the following?**  **c. Hepatitis C (HCV) test**  ***[IF CLIENT SCREENED POSITIVE]* Were you connected to HCV treatment services?**   * YES * NO * REFUSED * DON’T KNOW | **+3b4#<~~1c~~>. *[IF <~~CLIENT~~> SCREENED POSITIVE +OR INDETERMINATE#]* Were you connected to +Hepatitis C# <~~HCV~~> treatment services?**   * Yes * No * {REFUSED} * ~~<DON’T KNOW>~~ | HCV questions moved to come before HBV questions  Question text changed  Response options changed  Skip logic changed | Revised – Minor  Moved |
| **1. Did the program provide the following?**  **b. Hepatitis B (HBV) test**   YES   NO ***[SKIP TO H1c.]***   REFUSED ***[SKIP TO H1c.]***   DON’T KNOW ***[SKIP TO H1c.]*** | **+3c1#<~~1b~~>. +Did you receive a# Hepatitis B (HBV) test?**   YES   NO ***[SKIP TO +QUESTION 3d1# <~~H1c~~>.]***   {REFUSED}***[SKIP TO +QUESTION 3d1# <~~H1c~~>.]***  ~~ <DON’T KNOW~~ ***~~[SKIP TO H1c.]>~~*** | HBV questions moved to come after HCV questions  Question text changed  Response options changed  Skip logic changed | Revised – Minor  Moved |
| **1. Did the program provide the following?**  **b. Hepatitis B (HBV) test**  ***[IF YES]* What was the result?**   Positive   Negative [***SKIP TO H1c.]***   Indeterminate [***SKIP TO H1c.]***   REFUSED [***SKIP TO H1c.]***   DON’T KNOW [***SKIP TO H1c.]*** | **+3c2#<~~1b~~>. What was the result +of your HBV test#?**   Positive   Negative [***SKIP TO +QUESTION 3d1# <~~H1c~~.>]***   Indeterminate <~~[~~***~~SKIP TO H1c.]~~>***   {REFUSED}[***SKIP TO +QUESTION 3d1# <~~H1c.~~>]***  ~~ <DON’T KNOW [~~***~~SKIP TO H1c.]>~~*** | HBV questions moved to come after HCV questions  Question text changed  Response options changed  Skip logic changed | Revised – Minor  Moved |
| **1. Did the program provide the following?**  **b. Hepatitis B (HBV) test**  ***[IF CLIENT SCREENED POSITIVE]* Were you connected to HBV treatment services?**   * YES * NO * REFUSED * DON’T KNOW | **+3c3.# <*~~[IF CLIENT SCREENED POSITIVE]~~>* Were you connected to +Hepatitis B# <~~HBV~~> treatment services?**   * YES * NO * {REFUSED} * ~~<DON’T KNOW>~~ | HBV questions moved to come after HCV questions  Question text changed  Response options changed  Skip logic changed | Revised – Minor  Moved |
|  | **+3d1. Was the client offered a Hepatitis A and B Vaccination?**  Yes ***[GO TO SECTION I OR J/K]***  No  {REFUSED} ***[GO TO SECTION I OR J/K]#*** | Added new question | Added |
|  | **+3d2*.* Was the client referred out for vaccination?**  Yes  No  {REFUSED}# | Added new question | Added |
| **H8. PROGRAM SPECIFIC QUESTIONS** | | | |
| **This section is to be completed by the following grant programs:**   * Comprehensive Addiction and Recovery Act: Building Communities of Recovery (BCOR) * Adult Treatment Drug Courts (DCT-AD) * SAMHSA Treatment Drug Courts (DCT-FA) * Offender Reentry Program (ORP) * Treatment Recovery Workforce Support (TRWS) | | | |
| ***[QUESTIONS 1 AND 2 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]*** | +PROGRAM SPECIFIC QUESTIONS# [QUESTIONS 1, +2, AND 3# SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE] | Instruction text changed | Revised - Minor |
|  | **+1. Is peer support available at this program?**  Yes  No **[SKIP TO QUESTION 3]#** | Added new question | Added |
| **1. Have you achieved any of the following since you began receiving peer services through *[INSERT GRANTEE NAME]*? If yes, do you believe that the peer services you received from *[INSERT GRANTEE NAME]* helped you with this achievement?**   | **Status** | **Achieved?** | **If yes, do you believe that the peer services you received from *[INSERT GRANTEE NAME]* helped you with this achievement?** | | --- | --- | --- | | 1a. Enrolled in school | * Yes * No * DON’T KNOW * REFUSED | * Yes * No * DON’T KNOW * REFUSED | | 1b. Enrolled in vocational training | * Yes * No * DON’T KNOW * REFUSED | * Yes * No * DON’T KNOW * REFUSED | | 1c. Currently employed | * Yes * No * DON’T KNOW * REFUSED | * Yes * No * DON’T KNOW * REFUSED | | 1d. Living in stable housing | * Yes * No * DON’T KNOW * REFUSED | * Yes * No * DON’T KNOW * REFUSED | | **+2#<~~1~~>.Have you achieved any of the following since you began receiving peer services from *[insert grantee name]*? *[If yes], +*D#<~~d~~>o you believe that the <~~peer~~> services you received from *[insert grantee name]* helped you with this achievement?**   |  |  |  | | --- | --- | --- | | <~~Status~~> | **Achieved?** | **<~~If yes,~~>+[*IF YES],* Do# you believe that the services you received from +[insert grantee name]# helped you with this achievement?** | | +2a#<~~1a~~>. Enrolled in school | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | | +2b#<~~1b~~>. Enrolled in vocational training | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | | +2c#<~~1c~~>. Currently employed | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | | +2d#<~~1d~~>. Living in stable housing | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | Yes  No  ~~<DON’T KNOW>~~  {REFUSED} | | Question text changed  Response options changed  Renumbered question | Revised - Minor |
| **2. To what extent has this program improved your quality of life?**   To a great extent   Somewhat   Very little   Not at all   REFUSED   DON’T KNOW | **+3#<~~2~~>. To what extent has this program improved your quality of life?**   To a great extent   Somewhat   Very little   Not at all   {REFUSED}  ~~ <DON’T KNOW>~~ | Response options changed  Renumbered question | Revised - Minor |
| **H9. PROGRAM SPECIFIC QUESTIONS** | | | |
| **This section is to be completed by the following grant programs:**   * There are no active programs that require this section. | | | |
| ***[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]*** | [QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE] |  | Unchanged |
| **1. Please indicate the degree to which you agree or disagree with the following statements:**  **i. The use of technology accessed through *[INSERT GRANTEE NAME]* has helped me communicate with my provider.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   NOT APPLICABLE   REFUSED   DON’T KNOW | **1. Please indicate the degree to which you agree or disagree with the following statements:**  **+1a#<~~i~~>. The use of technology accessed through *[insert grantee name]* has helped me communicate with my provider.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   {NOT APPLICABLE}   {REFUSED}  ~~ <DON’T KNOW>~~ | Response options changed  Renumbered question | Revised - Minor |
| **ii. The use of technology accessed through *[INSERT GRANTEE NAME]* has helped me reduce my substance use.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   NOT APPLICABLE   REFUSED   DON’T KNOW | **+1b# <~~ii~~>. The use of technology accessed through *[insert grantee name]* has helped me reduce my substance use.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   {NOT APPLICABLE}   {REFUSED}  ~~ <DON’T KNOW>~~ | Response options changed  Renumbered question | Revised - Minor |
| **iii. The use of technology accessed through *[INSERT GRANTEE NAME]* has helped me manage my mental health symptoms.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   NOT APPLICABLE   REFUSED   DON’T KNOW | **+1c# <~~iii~~>. The use of technology accessed through *[insert grantee name]* has helped me manage my mental health symptoms.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   {NOT APPLICABLE}   {REFUSED}  ~~ <DON’T KNOW>~~ | Response options changed  Renumbered question | Revised - Minor |
| **iv. The use of technology accessed through *[INSERT GRANTEE NAME]* has helped me support my recovery.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   NOT APPLICABLE   REFUSED   DON’T KNOW | **+1d# <~~iv>~~. The use of technology accessed through *[insert grantee name]* has helped me support my recovery.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   {NOT APPLICABLE}   {REFUSED}  ~~ <DON’T KNOW>~~ | Response options changed  Renumbered question | Revised - Minor |
| **H10. PROGRAM SPECIFIC QUESTIONS** | | | |
| **This section is to be completed by the following grant programs:**   * There are no active programs that require this section. | | | |
| ***[QUESTIONS 1 AND 1a SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE. QUESTION 1b SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP/DISCHARGE IF THE CLIENT HAS BEEN REFERRED FOR SERVICES.]*** | **[QUESTIONS 1 AND 1a SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE]**  **[QUESTION 1b SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP/DISCHARGE IF THE CLIENT HAS BEEN REFERRED FOR SERVICES]** |  | Unchanged |
| **1. Did the client screen positive for a mental health disorder?**   Client screened positive   Client screened negative ***[SKIP TO H2.]***   Client was not screened ***[SKIP TO H2.]***   Don’t know ***[SKIP TO H2.]*** | **1. Did the client screen positive for+, or have a history of,# a mental health disorder?**   Client screened positive   Client screened negative ***[SKIP TO +QUESTION 2# <~~H2~~>.]***   Client was not screened ***[SKIP TO +QUESTION 2# <~~H2~~>.]***   +Client has a positive history#  ~~ <Don’t know~~ ***~~[SKIP TO H2.]>~~*** | Question text changed  Response options added/changed  Skip logic changed | Revised - Significant |
| **1a. *[IF POSITIVE]* Was the client referred to mental health services?**   Yes   No ***[SKIP TO H2.]***   Don’t know ***[SKIP TO H2.]*** | **1a. *<~~[IF POSITIVE]>~~* Was the client referred to mental health services?**   Yes +***[QUESTION IF INTAKE/BASELINE; ANSWER 1b IF FOLLOW-UP/DISCHARGE]#***   No ***[SKIP TO +QUESTION 2# <~~H2.>~~]***   <~~Don’t know~~ ***~~[SKIP TO H2.]~~>*** | Question text changed  Response options changed  Skip logic changed | Revised - Minor |
| **1b. *[IF YES]* Did the client receive mental health services?**   Yes   No   Don’t know | **1b. <*~~[IF YES]>~~*Did the client receive mental health services?**   Yes   No  ~~ <Don’t know>~~ | Question text changed  Response options changed | Revised - Minor |
| ***[QUESTIONS 2 AND 2a SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE. QUESTION 2b SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP/DISCHARGE IF THE CLIENT HAS BEEN REFERRED FOR SERVICES.]*** | **[QUESTIONS 2 AND 2a SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE]**  **[QUESTION 2b SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP/DISCHARGE IF THE CLIENT HAS BEEN REFERRED FOR SERVICES]** |  | Unchanged |
| **2. Did the client screen positive for a substance use disorder?**   Client screened positive   Client screened negative   Client was not screened   Don’t know | **2. Did the client screen positive for+, or have a history of,# a substance use disorder+(s)#?**   Client screened positive   Client screened negative +***[SKIP TO QUESTION 3 IF FOLLOW-UP/DISCHARGE]#***   Client was not screened +***[SKIP TO QUESTION 3 IF FOLLOW-UP/DISCHARGE]#***   +Client has a positive history#  ~~ <Don’t know>~~ | Question text changed  Response option added/changed  Skip logic changed | Revised - Significant |
| ***[IF THIS IS AT INTAKE/BASELINE AND THE RESPONSE IS NEGATIVE, NOT SCREENED, OR DON’T KNOW, SECTION H IS DONE. IF THIS IS AT FOLLOW-UP OR DISCHARGE AND THE RESPONSE IS NEGATIVE, NOT SCREENED, OR DON’T KNOW, SKIP TO QUESTION 3.]*** | ***<~~[IF THIS IS AT INTAKE/BASELINE AND THE RESPONSE IS NEGATIVE, NOT SCREENED, OR DON’T KNOW, SECTION H IS DONE. IF THIS IS AT FOLLOW-UP OR DISCHARGE AND THE RESPONSE IS NEGATIVE, NOT SCREENED, OR DON’T KNOW, SKIP TO QUESTION 3.]~~>*** |  | Dropped |
| **2a. *[IF POSITIVE]* Was the client referred to substance use disorder services?**   Yes   No   Don’t know | **2a. *<~~[IF POSITIVE]~~>*Was the client referred to substance use disorder services?**   Yes +***[ANSWER 2b IF FOLLOW-UP/DISCHARGE#***   No +***[SKIP TO QUESTION 3 IF FOLLOW-UP/DISCHARGE]#***  ~~ <Don’t know>~~ | Question text changed  Response options changed | Revised - Minor |
| ***[IF THIS IS AT INTAKE/BASELINE, SECTION H IS DONE. IF THIS IS AT FOLLOW-UP OR DISCHARGE AND THE RESPONSE IS NO OR DON’T KNOW, SKIP TO QUESTION 3.]*** | ***[IF THIS IS AN INTAKE/BASELINE, SECTION H+10# IS DONE. <~~IF THIS IS A FOLLOW-UP OR DISCHARGE AND THE RESPONSE IS NO OR DON’T KNOW, SKIP TO QUESTION 3]~~>*** | Instruction text changed | Revised - Minor |
| **2b. *[IF YES]* Did the client receive substance use disorder services?**   Yes   No   Don’t know | **2b. <*~~[IF YES]~~*>Did the client receive substance use disorder services?**   Yes   No  ~~ <Don’t know>~~ | Question text changed  Response options changed | Revised - Minor |
| ***[QUESTION 3 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]*** | **[QUESTION 3 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]** |  | Unchanged |
| **3. Please indicate the degree to which you agree or disagree with the following statement: Receiving community-based services through *[INSERT GRANTEE NAME]* has helped me to avoid further contact with the police and the criminal justice system.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   REFUSED   DON’T KNOW | **3. Please indicate the degree to which you agree or disagree with the following statement: Receiving community-based services through *[INSERT GRANTEE NAME]* has helped me to avoid further contact with the police and the criminal justice system.**   Strongly disagree   Disagree   Undecided   Agree   Strongly agree   {REFUSED}  ~~ <DON’T KNOW>~~ | Response options changed | Revised - Minor |
| **I. FOLLOW-UP STATUS** | | | |
| **I. FOLLOW-UP STATUS** (expiring tool) is retained with minor revisions and one additional question as **I. FOLLOW-UP STATUS** (new tool). | | | |
| *[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]* | *[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]* |  | Unchanged |
|  | +1. Was the client able to be contacted for follow-up?  Yes  No# | Added new question | Added |
| 1. What is the follow-up status of the client? *[THIS IS A REQUIRED FIELD: NA, REFUSED, DON’T KNOW, AND MISSING WILL NOT BE ACCEPTED.]*   01 = Deceased at time of due date   11 = Completed interview within specified window   12 = Completed interview outside specified window   21 = Located, but refused, unspecified   22 = Located, but unable to gain institutional access   23 = Located, but otherwise unable to gain access   24 = Located, but withdrawn from project   31 = Unable to locate, moved   32 = Unable to locate, other (Specify) \_\_\_\_\_\_\_\_\_\_\_ | +2#<~~1>~~. What is the follow-up status of the client? *[THIS IS A REQUIRED FIELD: NA, REFUSED, DON’T KNOW, AND MISSING WILL NOT BE ACCEPTED.]*   01 = Deceased at time of due date   11 = Completed interview within specified window   12 = Completed interview outside specified window   21 = Located, but REFUSED, unspecified   22 = Located, but unable to gain institutional access   23 = Located, but otherwise unable to gain access   24 = Located, but withdrawn from project   31 = Unable to locate, moved   32 = Unable to locate, other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ | Renumbered question | Revised - Minor |
| 2. Is the client still receiving services from your program?   Yes   No | +3#<~~2>~~. Is the client still receiving services from your program?   Yes   No | Renumbered question | Revised - Minor |
|  | **+Please complete Sections B, C, D, E, F, G and those sections of Section H assigned to your program.#** | Added new instructions | Added |
| ***[IF THIS IS A FOLLOW-UP INTERVIEW, STOP NOW; THE INTERVIEW IS COMPLETE.]*** | *[IF THIS IS A FOLLOW-UP INTERVIEW, STOP NOW; THE INTERVIEW IS COMPLETE.]* |  | Unchanged |
| **J. DISCHARGE STATUS** | | | |
| **J. DISCHARGE STATUS** (expiring tool) is retained with minor revisions and two additional questions as **J. DISCHARGE STATUS** (new tool). | | | |
| ***[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]*** | *[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]* |  | Unchanged |
| 1. On what date was the client discharged?  |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Month Day Year | 1. On what date was the client discharged?  |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Month Day Year |  | Unchanged |
| 2. What is the client’s discharge status?   01 = Completion/Graduate   02 = Termination | 2. What is the client’s discharge status?   01 = Completion/Graduate +***[SKIP TO QUESTION 3]#***   02 = Termination | Skip logic clarified | Revised - Minor |
| If the client was terminated, what was the reason for termination? *[Select one response*.*]*   01 = Left on own against staff advice with satisfactory progress   02 = Left on own against staff advice without satisfactory progress   03 = Involuntarily discharged due to nonparticipation   04 = Involuntarily discharged due to violation of rules   05 = Referred to another program or other services with satisfactory progress   06 = Referred to another program or other services with unsatisfactory progress   07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress   08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress   09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress   10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress   11 = Transferred to another facility for health reasons   12 = Death   13 = Other (Specify) | +2a.# If the client was terminated, what was the reason for termination? *[Select one response*.*]*   01 = Left on own against staff advice with satisfactory progress   02 = Left on own against staff advice without satisfactory progress   03 = Involuntarily discharged due to nonparticipation   04 = Involuntarily discharged due to violation of rules   05 = Referred to another program or other services with satisfactory progress   06 = Referred to another program or other services with unsatisfactory progress   07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress   08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress   09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress   10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress   11 = Transferred to another facility for health reasons   12 = Death   13 = Other (Specify) | Numbered question | Revised - Minor |
| 3. Did the program test this client for HIV?   Yes ***[SKIP TO SECTION K.]***   No ***[GO TO J4.]*** | 3. Did the program +order an HIV# test +for# this client <~~for HIV~~>?   Yes ***[SKIP TO +QUESTION 5# <~~SECTION~~ ~~K.~~>]***   No <***~~[GO TO J4.]~~>*** | Question text changed  Skip logic changed | Revised - Minor |
| *4. [IF NO]* Did the program refer this client for testing?   Yes   No | 4*. <~~[IF NO]~~>* Did the program refer this client for +HIV# testing +with another provider#?   Yes   No | Question text changed | Revised -Minor |
|  | +5. Did the program provide Naloxone and/or Fentanyl Test Strips to this client at any time during their involvement in grant funded services?   Naloxone   Fentanyl Test Strips   Both Naloxone and Fentanyl Test Strips   Neither# | Added new question | Added |
|  | +6. Is the client fully vaccinated against the virus that causes COVID-19?   Yes   No, partially vaccinated with plans to receive the subsequent vaccination on time   No, partially vaccinated with no plan to receive the subsequent vaccination   No, client REFUSED vaccination   REFUSED to answer# | Added new question | Added |
| **K. SERVICES RECEIVED UNDER GRANT FUNDING** | | | |
| **K. SERVICES RECEIVED** (expiring tool) is now **K. SERVICS RECEIVED UNDER GRANT FUNDING** (new tool). | | | |
| *[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]* | *[REPORTED BY PROGRAM STAFF <~~ABOUT CLIENT~~>ONLY AT DISCHARGE.]* | Instruction text changed | Revised - Minor |
| **Identify the number of DAYS of services 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.]***  Modality  1. Case Management  2. Day Treatment  3. Inpatient/Hospital (Other Than Detox)  4. Outpatient  5. Outreach  6. Intensive Outpatient  7. Methadone  8. Residential/Rehabilitation  9. Detoxification (Select Only One):  A. Hospital Inpatient  B. Free-Standing Residential  C. Ambulatory Detoxification  10. After Care  11. Recovery Support  12. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **+1.# Identify the number of DAYS of services 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.]***  **Modality**  1. Case Management  2. +Intensive Outpatient# <~~Day~~> Treatment  3. Inpatient/Hospital (Other Than <~~Detox~~> +Withdrawal Management#)  4. Outpatient +Therapy#  5. Outreach  6. +Medication# <~~Intensive Outpatient~~>  +A#<~~7~~>. Methadone  +B. Buprenorphine  C. Naltrexone – Short Acting  D. Naltrexone – Long Acting (Report 28 days for each one injection)  E. Disulfiram  F. Acamprosate  G. Nicotine Replacement  H. Bupropion  I. Varenicline  7#<~~8~~>. Residential/Rehabilitation  +8#<~~9~~>. +Withdrawal Management# <~~Detoxification~~> (Select Only One)  A. Hospital Inpatient  B. Free-Standing Residential  C. Ambulatory Detoxification  +9#<~~10~~>. After Care  +10#<~~11~~>. Recovery Support  +11#<~~12~~>. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ | Instruction text changed  Response options changed  Response text changed  Numbered question | Revised - Significant |
| Services Provided question (Continued)  **Identify the number of SESSIONS provided to the client during the client’s course of treatment**/**recovery. *[ENTER ZERO IF NO SERVICES PROVIDED.]***  Treatment Services  ***[SBIRT GRANTS: You must have at least one session for one of the Treatment Services numbered 1–4.]***  1. Screening  2. Brief Intervention  3. Brief Treatment  4. Referral to Treatment  5. Assessment  6. Treatment/Recovery Planning  7. Individual Counseling  8. Group Counseling  9. Family/Marriage Counseling  10. Co-Occurring Treatment/Recovery Services  11. Pharmacological Interventions  12. HIV/AIDS Counseling  13. Other Clinical Services (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Identify the number of 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 SESSION IN ONE SERVICE CATEGORY.#]***  Treatment Services  ***[SBIRT GRANTS: You must have at least one session for one of the Treatment Services numbered 1–4.]***  1. Screening  2. Brief Intervention  3. Brief Treatment  4. Referral to Treatment  5. Assessment  6. Treatment</~~Recovery~~>Planning  7. +Recovery Planning  8#<~~7~~>. Individual Counseling  +9#<~~8~~>. Group Counseling  +10. Contingency Management  11. Community Reinforcement  12. Cognitive Behavioral Therapy  13#<~~9~~>. Family/Marriage Counseling  +14#<~~10~~>. Co-Occurring Treatment<~~/ Recovery~~> Services  +15#<~~11~~>. Pharmacological Interventions  +16#<~~12~~>. HIV/AIDS Counseling  +17. Cultural Interventions/Activities  18#<~~13~~>. Other Clinical Services (Specify)­­\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Services Provided question (Continued)  **Case Management Services**  1. Family Services (Including Marriage Education, Parenting, Child Development Services)  2. Child Care  3. Employment Service  A. Pre-Employment  B. Employment Coaching  4. Individual Services Coordination  5. Transportation  6. HIV/AIDS Service  7. Supportive Transitional Drug-Free Housing Services  8. Other Case Management Services (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ | **Case Management Services**  1. Family Services (+E.g.# <~~Including~~> Marriage Education, Parenting, Child Development Services)  2. Child Care  3. Employment Service  A. Pre-Employment  B. Employment Coaching  4. Individual Services Coordination  5. Transportation  6. HIV/AIDS Service+s & Counseling#  7. <~~Supportive~~> Transitional Drug-Free Housing Services  +8. Housing Support  9. Health Insurance Enrollment  10#<~~8~~>. Other Case Management Services (Specify) \_\_\_\_\_\_\_\_\_ |  |  |
| Services Provided question (Continued)  Medical Services  1. Medical Care  2. Alcohol/Drug Testing  3. HIV/AIDS Medical Support and Testing  4. Other Medical Services (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  After Care Services  1. Continuing Care  2. Relapse Prevention  3. Recovery Coaching  4. Self-Help and Support Groups  5. Spiritual Support  6. Other After Care Services (Specify)\_\_\_\_\_\_\_\_\_\_ | Medical Services  1. Medical Care  2. Alcohol/Drug Testing  +3. OB/GYN Services  4#<~~3~~>. HIV/AIDS Medical Support +&# <~~and~~> Testing  +5. Hepatitis Medical Support & Testing  6. Other STI Support & Testing  7. Dental Care  8#<~~4~~>. Other Medical Services (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  After Care Services  1. Continuing Care  2. Relapse Prevention  3. Recovery Coaching  4. Self-Help and +Mutual# Support Groups  5. Spiritual Support  6. Other After Care Services (Specify) \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Services Provided question (Continued)  Education Services  1. Substance Abuse Education  2. HIV/AIDS Education  3. Other Education Services (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  Peer-to-Peer Recovery Support Services  1. Peer Coaching or Mentoring  2. Housing Support  3. Alcohol- and Drug-Free Social Activities  4. Information and Referral  5. Other Peer-to-Peer Recovery Support Services (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ | Education Services  1. Substance <~~Abuse~~> +Misuse# Education  2. HIV/AIDS Education  +3. Hepatitis Education  4. Other STI Education Services  5. Naloxone Training  6. Fentanyl Test Strip Training  7#<~~3~~>. Other Education Services (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  <~~Peer-to-Peer~~> Recovery Support Services  1. Peer Coaching or Mentoring  +2. Vocational Services#  <~~2. Housing Support~~>  +3. Recovery Housing  4. Recovery Planning  5. Case Management Services to Specifically Support Recovery  6#<~~3~~>. Alcohol- and Drug-Free Social Activities  +7#<~~4~~>. Information and Referral  +8. Other Recovery Support Services (Specify)\_\_\_\_\_\_\_\_\_  9#<~~5~~>. Other Peer-to-Peer Recovery Support Services (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | +2. Has this client attended 60% or more of their planned services?  Yes  No# | Added new question | Added |
|  | +3. Did this client receive any services via telehealth or a virtual platform?  Yes  No# | Added new question | Added |
|  | +4. Has this client previously been diagnosed with an opioid use disorder?  Yes  No ***[SKIP TO QUESTION 5]#*** | Added new question | Added |
|  | **+4a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder? *[CHECK ALL THAT APPLY.]***   |  |  |  |  | | --- | --- | --- | --- | | Methadone | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Buprenorphine | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Naltrexone | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Extended‒release Naltrexone | ***[IF RECEIVED]*** | Specify how many doses received | |\_\_|\_\_| | | Client did not receive an FDA-approved medication for a diagnosed opioid use disorder ***[SKIP TO QUESTION 5]#*** | | | | | Added new question | Added |
|  | +4b.Has this client taken the medication as prescribed?  Yes  No# | Added new question | Added |
|  | +5. Has this client previously been diagnosed with an alcohol use disorder?  Yes  No ***[SKIP TO QUESTION 6]#*** | Added new question | Added |
|  | **+5a. *[IF YES]* In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? *[CHECK ALL THAT APPLY.]***   |  |  |  |  | | --- | --- | --- | --- | | Naltrexone | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Extended‒release Naltrexone | ***[IF RECEIVED]*** | Specify how many doses received | |\_\_|\_\_| | | Disulfiram | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Acamprosate | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Client did not receive an FDA-approved medication for an alcohol use disorder ***[SKIP TO QUESTION 6]#*** | | | | | Added new question | Added |
|  | +5b. Has this client taken the medication as prescribed?  Yes  No# | Added new question | Added |
|  | +6. Has this client previously been diagnosed with a stimulant use disorder?  Yes  No ***[SKIP TO QUESTION 7]#*** | Added new question | Added |
|  | +6a. In the past 30 days, which evidence-based interventions did the client receive for the treatment of this stimulant use disorder? *[CHECK ALL THAT APPLY.]*   |  |  |  |  | | --- | --- | --- | --- | | Contingency Management | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Community Reinforcement | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Cognitive Behavioral Therapy | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Other treatment approach | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Client did not receive any intervention for a stimulant use disorder ***[SKIP TO QUESTION 7]#*** | | | | | Added new question | Added |
|  | +6b. Has this client attended and participated in evidence-based interventions for stimulant use disorder?  Yes  No # | Added new question | Added |
|  | +7. Has this client previously been diagnosed with a tobacco use disorder?  Yes  No ***[THE DISCHARGE INTERVIEW IS COMPLETE.]#*** | Added new question | Added |
|  | **+7a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this tobacco use disorder? *[CHECK ALL THAT APPLY.]***   |  |  |  |  | | --- | --- | --- | --- | | Nicotine Replacement | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Bupropion | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Varenicline | ***[IF RECEIVED]*** | Specify how many days received | |\_\_|\_\_| | | Client did not receive an FDA-approved medication for a tobacco use disorder ***[THE DISCHARGE INTERVIEW IS COMPLETE.]#*** | | | | | | Added new question | Added |
|  | +7b. Has this client taken the medication as prescribed?  Yes  No  ***[THE DISCHARGE INTERVIEW IS COMPLETE.]#*** | Added new question | Added |