

CSAT GPRA Client Outcome Measures for Discretionary Programs - Codebook for Data Download

Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
RECORD MANAGEMENT				
GrantNo		Grant Number	Assigned by CSAT	
ClientID	A	Unique identifier for a person <u>within a grant</u> . Assigned by grantee.		REQUIRED *SBIRT ClientID Only *(Column 1) Values for Sample Participation Code as follows: *1 - Client not sampled for follow-up *3 - Client sampled for follow-up and agreed to participate *(Columns 2-13) ClientID assigned by Grant *(Columns 14-15) Random Sample Criteria
ClientType	A	Client Type	1 = Treatment Client 2 = Client in Recovery	REQUIRED (only asked at Intake) * RCSP grants should use "2"
InterviewType	A	Interview type	1 = Intake 2 = 6 month follow up 3 = 12 month follow up 4 = 3 month follow up 5 = Discharge 6 = 6 month post discharge follow up*	12-month follow-up no longer collected after mid-2010 *This code only applies to the PPW grant program.
ConductedInterview	A	Did you conduct a follow-up/discharge interview?	REQUIRED 1 = Yes 0 = No	Complete at Follow-Up/Discharge
InterviewDate	A	The date the GPRA interview was completed. (If an interview was not conducted, do not enter a date.)	The GPRA intake/baseline interview date will determine when subsequent follow-up interviews are due. It is also used to calculate the project's follow-up rate, based on how many of the follow-up interviews that were due have actually been completed. The GPRA intake/baseline interview date combined with the discharge date is used to calculate the client's length of stay.	Follow-up interview date must be > intake interview date for same class code, discharge date must be > or = intake interview date for same class code unless interview not conducted
IntakeSeqNum		Intake sequence number (within client).	An intake sequence number is given to each intake. The default value is 1. Some clients enter the program more than once. Each time they enter and take a new intake their sequence number increases sequentially.	A client can have multiple intakes - the most current intake is "active" (interviewinactflag=0) and the rest are set to "inactive" (interviewinactflag=1). The highest sequence number (intakeseqnum) within client should point to the current/active intake.
GrantInactFlag	autofill	Grant Status (active or inactive)	0 = Active 1 = Inactive	AUTOFILL * A grant is Active beginning on its Start Date; a grant becomes inactive 30 days after the grant End State
InactFlag	autofill	Interview Status (active or inactive)	0 = Active 1 = Inactive	AUTOFILL * For regular Services InactFlag: When a new Intake is added all existing interviews are marked inactive. * For SBIRT grants when a new SBIRTIntake is added all existing interviews with the same SBIRTClassCode are marked inactive.
FFY	autofill	Federal Fiscal Year	Federal Fiscal Year	AUTOFILL * Based on InterviewDate calculated separately for each interview; if no interview conducted, based on date interview entered database.
Quarter	autofill	Federal Fiscal Year Quarter	1 = October - December 2 = January - March 3 = April - June 4 = July - September	AUTOFILL * Based on InterviewDate calculated separately for each interview; if no interview conducted, based on date interview entered database.
Month	autofill	Month Interview took place	01 - 12 = Jan - Dec	AUTOFILL * Based on InterviewDate calculated separately for each interview; if no interview conducted, based on date interview entered database.
SECTION A: BEHAVIORAL HEALTH DIAGNOSES				
ICD-10-CM Codes				
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 crosswalked to Diagnostic and Statistical Manual of Mental Disorders, (DSM-5) descriptors. Select up to three diagnoses. For 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.				
ICD10CodeOne	ICD10a	Substance Use Disorder Diagnosis 1	See ICD10_Diagnosis3 Value Definitions	IF ICD10CodeOne = -7 (None of the Above) or ICD10CodeOne = -8 (Don't Know) then SKIP TO Question 1 (OpioidDisorder) and do not allow ICD-10 diagnoses to be entered
ICD10CodeOneCategory	ICDCat1	Substance Use Disorder Diagnosis 1 - Category	1 = Primary 2 = Secondary 3 = Tertiary -1 = Not Applicable	Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.
ICD10CodeTwo	ICD10b	Substance Use Disorder Diagnosis 2	See ICD10_Diagnosis3 Value Definitions	
ICD10CodeTwoCategory	ICDCat2	Substance Use Disorder Diagnosis 2 - Category	1 = Primary 2 = Secondary 3 = Tertiary -1 = Not Applicable	Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

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ICD10CodeThree	ICD10c	Substance Use Disorder Diagnosis 3	1 = F10.10 – Alcohol use disorder, uncomplicated, mild 2 = F10.11 – Alcohol use disorder, mild, in remission 3 = F10.20 – Alcohol use disorder, uncomplicated, moderate/severe 4 = F10.21 – Alcohol use disorder, moderate/severe, in remission 5 = F10.9 – Alcohol use, unspecified 6 = F11.10 – Opioid use disorder, uncomplicated, mild 7 = F11.11 – Opioid use disorder, mild, in remission 8 = F11.20 – Opioid use disorder, uncomplicated, moderate/severe 9 = F11.21 – Opioid use disorder, moderate/severe, in remission 10 = F11.9 – Opioid use, unspecified 11 = F12.10 – Cannabis use disorder, uncomplicated, mild 12 = F12.11 – Cannabis use disorder, mild, in remission 13 = F12.20 – Cannabis use disorder, uncomplicated, moderate/severe 14 = F12.21 – Cannabis use disorder, moderate/severe, in remission 15 = F12.9 – Cannabis use, unspecified 16 = F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild 17 = F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission 18 = F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe 19 = F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission 20 = F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified 21 = F14.10 – Cocaine use disorder, uncomplicated, mild 22 = F14.11 – Cocaine use disorder, mild, in remission 23 = F14.20 – Cocaine use disorder, uncomplicated, moderate/severe 24 = F14.21 – Cocaine use disorder, moderate/severe, in remission 25 = F14.9 – Cocaine use, unspecified 26 = F15.10 – Other stimulant use disorder, uncomplicated, mild 27 = F15.11 – Other stimulant use disorder, mild, in remission 28 = F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe 29 = F15.21 – Other stimulant use disorder, moderate/severe, in remission 30 = F15.9 – Other stimulant use, unspecified 31 = F16.10 – Hallucinogen use disorder, uncomplicated, mild 32 = F16.11 – Hallucinogen use disorder, mild, in remission 33 = F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe 34 = F16.21 – Hallucinogen use disorder moderate/severe, in remission	
ICD10CodeThree (continued)			35 = F16.9 – Hallucinogen use, unspecified 36 = F18.10 – Inhalant use disorder, uncomplicated, mild 37 = F18.11 – Inhalant use disorder, mild, in remission 38 = F18.20 – Inhalant use disorder, uncomplicated, moderate/severe 39 = F18.21 – Inhalant use disorder, moderate/severe, in remission 40 = F18.9 – Inhalant use, unspecified 41 = F19.10 – Other psychoactive substance use disorder, uncomplicated, mild 42 = F19.11 – Other psychoactive substance use disorder, in remission 43 = F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe 44 = F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission 45 = F19.9 – Other psychoactive substance use, unspecified 46 = F17.20 – Tobacco use disorder, mild/moderate/severe 47 = F17.21 – Tobacco use disorder, mild/moderate/severe, in remission 48 = F20 – Schizophrenia 49 = F21 – Schizotypal disorder 50 = F22 – Delusional disorder 51 = F23 – Brief psychotic disorder 52 = F24 – Shared psychotic disorder 53 = F25 – Schizoaffective disorders 54 = F28 – Other psychotic disorder not due to a substance or known physiological condition 55 = F29 – Unspecified psychosis not due to a substance or known physiological condition 56 = F30 – Manic episode 57 = F31 – Bipolar disorder 58 = F32 – Major depressive disorder, single episode 59 = F33 – Major depressive disorder, recurrent 60 = F34 – Persistent mood [affective] disorders 61 = F39 – Unspecified mood [affective] disorder 62 = F40-F48 – Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders 63 = F50 – Eating disorders 64 = F51 – Sleep disorders not due to a substance or known physiological condition 65 = F60.2 – Antisocial personality disorder 66 = F60.3 – Borderline personality disorder 67 = F60.0, F60.1, F60.4-F69 – Other personality disorders	

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ICD10CodeThree (continued)			68 = F70-F79 – Intellectual disabilities 69 = F80-F89 – Pervasive and specific developmental disorders 70 = F90 – Attention-deficit hyperactivity disorders 71 = F91 – Conduct disorders 72 = F93 – Emotional disorders with onset specific to childhood 73 = F94 – Disorders of social functioning with onset specific to childhood or adolescence 74 = F95 – Tic disorder 75 = F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence 76 = F99 – Unspecified mental disorder -1 = Not Applicable -7 = None of the Above -8 = Don't Know	
ICD10CodeThreeCategory	ICDCat3	Substance Use Disorder Diagnosis 3 - Category	1 = Primary 2 = Secondary 3 = Tertiary -1 = Not Applicable	Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.
SECTION A: BEHAVIORAL HEALTH DIAGNOSES				
Opioid Use Disorder and Treatment				
OpioidDisorder	1	In the past 30 days, was this client diagnosed with an opioid use disorder? (Yes/No)	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	
OpioidMedicationMethadone	1a_1	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an opioid use disorder? [Methadone]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	
OpioidMedicationMethadoneDays	1a_1	If client received an FDA-approved medication for opioid use disorder, indicate the number of days the client received medication. [Methadone]	0-30 days -1 = Not Applicable	Asked if OpioidMedicationMethadone = 1
OpioidMedicationBuprenorphine	1a_2	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an opioid use disorder? [Buprenorphine]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	
OpioidMedicationBuprenorphineDays	1a_2	If client received an FDA-approved medication for opioid use disorder, indicate the number of days the client received medication. [Buprenorphine]	0-30 days -1 = Not Applicable	Asked if OpioidMedicationBuprenorphine = 1
OpioidMedicationNaltrexone	1a_3	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an opioid use disorder? [Naltrexone]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	
OpioidMedicationNaltrexoneDays	1a_3	If client received an FDA-approved medication for opioid use disorder, indicate the number of days the client received medication. [Naltrexone]	0-30 days -1 = Not Applicable	Asked if OpioidMedicationNaltrexone = 1
OpioidMedicationExtendedReleaseNaltrexone	1a_4	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an opioid use disorder? [Extended-release naltrexone]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	
OpioidMedicationExtendedReleaseNaltrexoneDays	1a_4	If client received an FDA-approved medication for opioid use disorder, indicate the number of days the client received medication. [Extended-release naltrexone]	0-30 days -1 = Not Applicable	Asked if OpioidMedicationExtendedReleaseNaltrexone = 1

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OpioidMedicationNotFdaApprovedDiagnosed	1a_5	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an opioid use disorder? [Client was diagnosed with an opioid use disorder, but did not receive an FDA-approved medication for an opioid use disorder]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	IF any drug (OpioidMedicationMethadone, OpioidMedicationBuprenorphine, OpioidMedicationNaltrexone, OpioidMedicationExtendedReleaseNaltrexone) equals YES THEN OpioidMedicationNotFdaApprovedDiagnosed equals -1 (Not Applicable). IF OpioidDisorder equals Yes and all drugs (OpioidMedicationMethadone, OpioidMedicationBuprenorphine, OpioidMedicationNaltrexone, OpioidMedicationExtendedReleaseNaltrexone) equal No THEN OpioidMedicationNotFdaApprovedDiagnosed must not equal No. IF OpioidDisorder equals (No, Don't Know or Missing Data) and all drugs (OpioidMedicationMethadone, OpioidMedicationBuprenorphine, OpioidMedicationNaltrexone, OpioidMedicationExtendedReleaseNaltrexone) equal No THEN OpioidMedicationNotFdaApprovedDiagnosed OR OpioidMedicationNotFdaApprovedNotDiagnosed must be a non-No answer. IF OpioidMedicationNotFdaApprovedDiagnosed equals YES, THEN OpioidMedicationNotFdaApprovedNotDiagnosed can not equal YES.
OpioidMedicationNotFdaApprovedNotDiagnosed	1a_6	In the past 30 days, which FDA-approved medication did the client receive for the treatment of 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]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	IF OpioidDisorder equals Yes, THEN OpioidMedicationNotFdaApprovedNotDiagnosed is set to -1 (Not Applicable). IF any drug (OpioidMedicationMethadone, OpioidMedicationBuprenorphine, OpioidMedicationNaltrexone, OpioidMedicationExtendedReleaseNaltrexone) equals YES THEN OpioidMedicationNotFdaApprovedNotDiagnosed equals -1 (Not Applicable). IF OpioidDisorder equals (No, Don't Know, or Missing Data) and all drugs (OpioidMedicationMethadone, OpioidMedicationBuprenorphine, OpioidMedicationNaltrexone, OpioidMedicationExtendedReleaseNaltrexone) equal No THEN OpioidMedicationNotFdaApprovedDiagnosed OR OpioidMedicationNotFdaApprovedNotDiagnosed must be a non-No answer. IF OpioidMedicationNotFdaApprovedNotDiagnosed equals YES, THEN OpioidMedicationNotFdaApprovedDiagnosed can not equal YES.
Alcohol Use Disorder and Treatment				
AlcoholDisorder	2	In the past 30 days, was this client diagnosed with an alcohol use disorder? (Yes/No)	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	
AlcoholMedicationNaltrexone	2a_1	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an alcohol use disorder? [NaltrexoneAlc]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	
AlcoholMedicationNaltrexoneDays	2a_1	If client received an FDA-approved medication for alcohol use disorder, indicate the number of days the client received medication. [NaltrexoneAlc]	0-30 days -1 = Not Applicable	Asked if AlcoholMedicationNaltrexone = 1
AlcoholMedicationExtendedReleaseNaltrexone	2a_2	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an alcohol use disorder? [Extended-release naltrexone (alcohol)]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	
AlcoholMedicationExtendedReleaseNaltrexoneDays	2a_2	If client received an FDA-approved medication for alcohol use disorder, indicate the number of days the client received medication. [Extended-release naltrexone (alcohol)]	0-30 days -1 = Not Applicable	Asked if AlcoholMedicationExtendedReleaseNaltrexone = 1
AlcoholMedicationDisulfiram	2a_3	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an alcohol use disorder? [Disulfiram]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	
AlcoholMedicationDisulfiramDays	2a_3	If client received an FDA-approved medication for alcohol use disorder, indicate the number of days the client received medication. [Disulfiram]	0-30 days -1 = Not Applicable	Asked if AlcoholMedicationDisulfiram = 1

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AlcoholMedicationAcamprosate	2a_4	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an alcohol use disorder? [Acamprosate]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	
AlcoholMedicationAcamprosateDays	2a_4	If client received an FDA-approved medication for alcohol use disorder, indicate the number of days the client received medication. [Acamprosate]	0-30 days -1 = Not Applicable	Asked if AlcoholMedicationAcamprosate = 1
AlcoholMedicationNotFdaApprovedDiagnosed	2a_5	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an alcohol use disorder? [Client was diagnosed with an alcohol use disorder, but did not receive an FDA-approved medication for an alcohol use disorder]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	IF any drug (AlcoholMedicationNaltrexone, AlcoholMedicationExtendedReleaseNaltrexone, AlcoholMedicationDisulfiram, AlcoholMedicationAcamprosate) equals YES THEN AlcoholMedicationNotFdaApprovedDiagnosed equals -1 (Not Applicable). IF AlcoholDisorder equals Yes and all drugs (AlcoholMedicationNaltrexone, AlcoholMedicationExtendedReleaseNaltrexone, AlcoholMedicationDisulfiram, AlcoholMedicationAcamprosate) equal No THEN AlcoholMedicationNotFdaApprovedDiagnosed must not equal No. IF AlcoholDisorder equals (No, Don't Know, or Missing Data) and all drugs (AlcoholMedicationNaltrexone, AlcoholMedicationExtendedReleaseNaltrexone, AlcoholMedicationDisulfiram, AlcoholMedicationAcamprosate) equal No THEN AlcoholMedicationNotFdaApprovedDiagnosed OR AlcoholMedicationNotFdaApprovedNotDiagnosed must be a non-No answer. IF AlcoholMedicationNotFdaApprovedDiagnosed equals YES, THEN AlcoholMedicationNotFdaApprovedNotDiagnosed can not equal YES.
AlcoholMedicationNotFdaApprovedNotDiagnosed	2a_6	In the past 30 days, which FDA-approved medication did the client receive for the treatment of 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]	1 = Yes 0 = No -8 = Don't Know -9 = Missing Data -1 = Not Applicable	IF AlcoholDisorder equals Yes, THEN AlcoholMedicationNotFdaApprovedNotDiagnosed is set to -1 (Not Applicable). IF any drug (AlcoholMedicationNaltrexone, AlcoholMedicationExtendedReleaseNaltrexone, AlcoholMedicationDisulfiram, AlcoholMedicationAcamprosate) equals YES THEN AlcoholMedicationNotFdaApprovedNotDiagnosed equals -1 (Not Applicable). IF AlcoholDisorder equals (No, Don't Know, or Missing Data) and all drugs (AlcoholMedicationNaltrexone, AlcoholMedicationExtendedReleaseNaltrexone, AlcoholMedicationDisulfiram, AlcoholMedicationAcamprosate) equal No THEN AlcoholMedicationNotFdaApprovedNotDiagnosed OR AlcoholMedicationNotFdaApprovedNotDiagnosed must be a non-No answer. IF AlcoholMedicationNotFdaApprovedNotDiagnosed equals YES, THEN AlcoholMedicationNotFdaApprovedNotDiagnosed can not equal YES.
Screening for Co-Occurring Mental Health and Substance Use Disorders				
CooccurringScreen	3	Was the client screened by your program for co-occurring mental health and substance use disorders?	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Complete ONLY at intake
CooccurringScreenStatus	3a	Did the client screen positive for co-occurring mental health and substance use disorders?	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Complete ONLY If CooccurringScreen = 1; Code to -1 If CooccurringScreen = 0 or -1 or -9;
SBIRT Screening				
ClientScreen	A4	How did the client screen for your SBIRT?	1 = Negative 2 = Positive	Complete ONLY at intake. SBIRT only. *Skip for all other grants.
ScoreType1	A4a	First type of screening score	ASSIST -> Alcohol = Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) / Alcohol Subscore AUDIT = Alcohol Use Disorders Identification Test (AUDIT) CAGE = CAGE DAST = Drug Abuse Screening Test (DAST) DAST10 = Drug Abuse Screening Test (DAST-10) NIAAA = National Institute on Alcohol Abuse and Alcoholism (NIAAA) Guide Other = Other -1 = Not Applicable	Complete ONLY at intake Can not be same value as ScoreType2 or ScoreType3 SBIRT data cannot be blank.
ScoreValue1	A4a	What was his/her screening score?	0-99 = score	Complete ONLY at intake and ScoreType1 is not blank

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ScoreType2	A4a	Second type of screening score	ASSIST->Alcohol = Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) / Alcohol Subscore AUDIT = Alcohol Use Disorders Identification Test (AUDIT) CAGE = CAGE DAST = Drug Abuse Screening Test (DAST) DAST10 = Drug Abuse Screening Test (DAST-10) NIAAA = National Institute on Alcohol Abuse and Alcoholism (NIAAA) Guide Other = Other -1 = Not Applicable	Complete ONLY at intake Can not be same value as ScoreType1 or ScoreType3, unless it is blank SBIRT data cannot be blank.
ScoreValue2	A4a	What was his/her screening score?	0 – 99 = score -1 = Not Applicable	Complete ONLY at intake and ScoreType2 is not blank
ScoreType3	A4a	Third type of screening score	ASSIST->Alcohol = Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) / Alcohol Subscore AUDIT = Alcohol Use Disorders Identification Test (AUDIT) CAGE = CAGE DAST = Drug Abuse Screening Test (DAST) DAST10 = Drug Abuse Screening Test (DAST-10) NIAAA = National Institute on Alcohol Abuse and Alcoholism (NIAAA) Guide Other = Other -1 = Not Applicable	Complete ONLY at intake Can not be same value as ScoreType1 or ScoreType2, unless it is blank SBIRT data cannot be blank.
ScoreValue3	A4a	What was his/her screening score?	0 – 99 = score -1 = Not Applicable	Complete ONLY at intake and ScoreType3 is not blank
ScoreOtherspec	A4a	Specify other type of screening score.	Text -1 = Not Applicable	If ScoreType1, ScoreType2, or ScoreType3 = "Other", then cannot be blank or "-1"
ClientSBIRTCont	A5	Was he/she willing to continue his/her participation in the SBIRT program?	0 = No 1 = Yes	Complete ONLY at intake * REQUIRED for SBIRT grants * Skip for ATR and all other grants
SBIRTclasscode	[autofill]	SBIRT Class Code Type of SBIRT interview	SF = Screening BI = Brief Intervention BT = Brief Treatment RT = Referral to Treatment	* AUTOFILL based on most intensive service selected in planned services * Interview path for SBIRT grants: *GPRA Intake Interview * REQUIRED for SBIRT grants; * SKIP for ATR and all other Grants Screening: Section A only Brief Intervention: Sections A-B Brief Treatment and Referral To Treatment: Sections A-G *GPRA 3- or 6-month Follow-Up Interview Interview Not Conducted: Section I only Interview Conducted: Brief Intervention: Sections B, I Brief Treatment and Referral To Treatment: Sections B-G, I *GPRA Discharge Interview Interview Not Conducted: Sections J - K Interview Conducted: Brief Intervention: Sections B, J and K Brief Treatment and Referral To Treatment: Sections B-G, J and K
Planned Services variables are listed in the Codebook section titled "SECTION FOR BOTH INTAKE AND DISCHARGE INTERVIEWS."				
Demographics				
Gender	A1	What is your gender?	1 = Male 2 = Female 3 = Transgender 4 = Other -7 = Refused -9 = Missing Data	Complete ONLY at intake
GenderSpec	A1	Gender. Other, specify	Text -1 = Appropriate Skip	Complete ONLY at intake Blank only if A1 (Gender) not = 4, otherwise cannot be blank
HispanicLatino	A2	Are you Hispanic or Latino?	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Complete ONLY at intake If the client responds that he/she is not Hispanic or Latino, check "no" and continue with question A3. If the client refuses to answer check "Refused" and continue with question A3. If the client responds that he/she is Hispanic or Latino, check "yes" and inquire about which ethnic group the client considers him/herself.
EthnicCentralAmerican	A2	If Hispanic, what ethnic group do you consider yourself? Central American	1 = Yes Blank [NULL] = No (If HispanicLatino=1) or Not Applicable (If HispanicLatino=0) -7 = Refused -9 = Missing Data	Complete ONLY at intake If HispanicLatino=1, then at least one Ethnicity must be selected
EthnicCuban	A2	If Hispanic, what ethnic group do you consider yourself? Cuban	1 = Yes Blank [NULL] = No (If HispanicLatino=1) or Not Applicable (If HispanicLatino=0) -7 = Refused -9 = Missing Data	Complete ONLY at intake If HispanicLatino=1, then at least one Ethnicity must be selected
EthnicDominican	A2	If Hispanic, what ethnic group do you consider yourself? Dominican	1 = Yes Blank [NULL] = No (If HispanicLatino=1) Blank [NULL] = Not Applicable (If HispanicLatino=0) -7 = Refused -9 = Missing Data	Complete ONLY at intake If HispanicLatino=1, then at least one Ethnicity must be selected

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EthnicMexican	A2	If Hispanic, what ethnic group do you consider yourself? Mexican	1 = Yes Blank [NULL] = No (If HispanicLatino=1) Blank [NULL] = Not Applicable (If HispanicLatino=0) -7 = Refused -9 = Missing Data	Complete ONLY at intake If HispanicLatino=1, then at least one Ethnicity must be selected
EthnicPuertoRican	A2	If Hispanic, what ethnic group do you consider yourself? Puerto Rican	1 = Yes Blank [NULL] = No (If HispanicLatino=1) Blank [NULL] = Not Applicable (If HispanicLatino=0) -7 = Refused -9 = Missing Data	Complete ONLY at intake If HispanicLatino=1, then at least one Ethnicity must be selected
EthnicSouthAmerican	A2	If Hispanic, what ethnic group do you consider yourself? South American	1 = Yes Blank [NULL] = No (If HispanicLatino=1) Blank [NULL] = Not Applicable (If HispanicLatino=0) -7 = Refused -9 = Missing Data	Complete ONLY at intake If HispanicLatino=1, then at least one Ethnicity must be selected
EthnicOther	A2	If Hispanic, what ethnic group do you consider yourself? Other	1 = Yes Blank [NULL] = No (If HispanicLatino=1) Blank [NULL] = Not Applicable (If HispanicLatino=0) -7 = Refused -9 = Missing Data	Complete ONLY at intake If HispanicLatino=1, then at least one Ethnicity must be selected
EthnicOtherSpec	A2	If Hispanic, what ethnic group do you consider yourself? Other (specify)	Text Blank [NULL]	Complete ONLY at intake Cannot be blank if EthnicOther=1
RaceBlack	A3	What is your race? Black or African American	1 = Yes Blank [NULL] = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
RaceAsian	A3	What is your race? Asian	1 = Yes Blank [NULL] = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
RaceNativeHawaiian	A3	What is your race? Native Hawaiian or Other Pacific Islander	1 = Yes Blank [NULL] = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
RaceAlaskaNative	A3	What is your race? Alaska Native	1 = Yes Blank [NULL] = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
RaceWhite	A3	What is your race? White	1 = Yes Blank [NULL] = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
RaceAmericanIndian	A3	What is your race? American Indian	1 = Yes Blank [NULL] = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
RaceOther	A3	What is your race? Other	1 = Yes Blank [NULL] = No -7 = Refused -9 = Missing Data	Complete ONLY at intake This item is obsolete and no longer asked in current CSAT GPRA Tool.
BirthYear	A4	Date of Birth - Year only	1900 to (Current year less 10 years)	REQUIRED
BirthMonth	A4	Date of Birth - Month only		
Age		Approximate age in years.	Calculated field - the difference between IntakeDate and BirthDate	AUTOFILL * Calculated at Intake only.
AgeGroup		Calculated field based on Age.	0 = Age 10 to 12 years old 1 = Age 13 to 17 years old 2 = Age 18 to 24 years old 3 = Age 25 to 34 years old 4 = Age 35 to 44 years old 5 = Age 45 to 54 years old 6 = Age 55 to 64 years old 7 = Age 65 years old or greater -9 = unable to calculate age	AUTOFILL * Calculated at Intake only.
Military Family and Deployment				
Veteran	A5	Are you a veteran?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99** = Interview after question removed	Complete ONLY at intake. Only asked for clients 16 years or older. *-1 is only valid for data collected prior to 7/13/2009 and uploaded on or after 7/13/2009. ATR II clients were not asked this question but ATR III and ATRI IV grants do collect this data. **-99 is only valid if data collected on or after 3/5/2012 Apply only to data collected by GPRA Tools with expiration dates prior to 2/28/2013. This item is obsolete for Grantees submitting via website data entry as of 3/5/2012, and for upload Grantees as of 4/2/2012.

CSAT GPRA Client Outcome Measures for Discretionary Programs - Codebook for Data Download

Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
MilitaryServed	A5	Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? [IF SERVED] What area, the Armed Forces, Reserves, or National Guard did you most recently serve?	0 = No 1 = Yes, IN THE ARMED FORCES 2 = YES, IN THE RESERVES 3 = YES, IN THE NATIONAL GUARD -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ActiveDuty	A5a	Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard? [IF ACTIVE] What area, the Armed Forces, Reserves, or National Guard?	0 = No, SEPARATED OR RETIRED FROM THE ARMED FORCES, RESERVES, OR NATIONAL GUARD 1 = Yes, IN THE ARMED FORCES 2 = YES, IN THE RESERVES 3 = YES, IN THE NATIONAL GUARD -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
NeverDeployed	A5b-1	Have you ever been deployed to a combat zone? NEVER DEPLOYED	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused ** -8 = Don't Know ** -9 = Missing Data ** -99 = Interview before question added	Complete ONLY at intake. NeverDeployed is coded as 'Refused' if the response to Question A.5.b. is 'Refused,' and coded as 'Don't Know' if the response to Question A.5.b. is 'Don't Know.'
IraqAfghanistan	A5b-2	Have you ever been deployed to a combat zone? IRAQ OR AFGHANISTAN (E.G., OEF/OIF/OND)	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused ** -8 = Don't Know ** -9 = Missing Data ** -99 = Interview before question added	Complete ONLY at intake. IraqAfghanistan is coded as 'Refused' if the response to Question A.5.b. is 'Refused,' and coded as 'Don't Know' if the response to Question A.5.b. is 'Don't Know.'
PersianGulf	A5b-3	Have you ever been deployed to a combat zone? PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM)	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused ** -8 = Don't Know ** -9 = Missing Data ** -99 = Interview before question added	Complete ONLY at intake. PersianGulf is coded as 'Refused' if the response to Question A.5.b. is 'Refused,' and coded as 'Don't Know' if the response to Question A.5.b. is 'Don't Know.'
VietnamSoutheastAsia	A5b-4	Have you ever been deployed to a combat zone? VIETNAM/SOUTHEAST ASIA	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused ** -8 = Don't Know ** -9 = Missing Data ** -99 = Interview before question added	Complete ONLY at intake. VietnamSoutheastAsia is coded as 'Refused' if the response to Question A.5.b. is 'Refused,' and coded as 'Don't Know' if the response to Question A.5.b. is 'Don't Know.'
Korea	A5b-5	Have you ever been deployed to a combat zone? KOREA	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused ** -8 = Don't Know ** -9 = Missing Data ** -99 = Interview before question added	Complete ONLY at intake. Korea is coded as 'Refused' if the response to Question A.5.b. is 'Refused,' and coded as 'Don't Know' if the response to Question A.5.b. is 'Don't Know.'
WWII	A5b-6	Have you ever been deployed to a combat zone? WWII	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake. WWII is coded as 'Refused' if the response to Question A.5.b. is 'Refused,' and coded as 'Don't Know' if the response to Question A.5.b. is 'Don't Know.'
DeployedCombatZone	A5b-7	Have you ever been deployed to a combat zone? DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA)	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake. DeployedCombatZone is coded as 'Refused' if the response to Question A.5.b. is 'Refused,' and coded as 'Don't Know' if the response to Question A.5.b. is 'Don't Know.'

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
FamilyActiveDuty	A6	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 the National Guard?	0 = No 1 = Yes, ONLY ONE 2 = YES, MORE THAN ONE -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake. If "No" or "Refused" or "Don't know" go to Section B
ServiceMemRelationship1	A6_ReinShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 1)	1 = Mother 2 = Father 3 = Brother 4 = Sister 5 = Spouse 6 = Partner 7 = Child 8 = Other, specify -1 = Not applicable -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake. * If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReinShip to A6d should be skipped.
ServiceMemExpOther1	A6_ReinShipOther	Text field for description of Other relationship from A6_ReinShip=8 (Column 1)	Text Blank [NULL]	If A6_ReinShip is 8, this field cannot be blank.
ServiceMemExpDeployed1	A6a1	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 1)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpInjured1	A6b1	Was physically injured during combat operations (Column 1)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpCombatStress1	A6c1	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 1)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpDeceased1	A6d1	Died or was killed (Column 1)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemRelationship2	A6_ReinShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 2)	1 = Mother 2 = Father 3 = Brother 4 = Sister 5 = Spouse 6 = Partner 7 = Child 8 = Other, specify -1 = Not applicable -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake. * If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReinShip to A6d should be skipped.
ServiceMemExpOther2	A6_ReinShipOther	Text field for description of Other relationship from A6_ReinShip=8 (Column 2)	Text Blank [NULL]	If A6_ReinShip is 8, this field cannot be blank.
ServiceMemExpDeployed2	A6a2	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 2)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
ServiceMemExpInjured2	A6b2	Was physically injured during combat operations (Column 2)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpCombatStress2	A6c2	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 2)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpDeceased2	A6d2	Died or was killed (Column 2)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemRelationship3	A6_ReInShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 3)	1 = Mother 2 = Father 3 = Brother 4 = Sister 5 = Spouse 6 = Partner 7 = Child 8 = Other, specify -1 = Not applicable -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake. * If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReInShip to A6d should be skipped.
ServiceMemExpOther3	A6_ReInShipOther	Text field for description of Other relationship from A6_ReInShip=8 (Column 3)	Text Blank [NULL]	If A6_ReInShip is 8, this field cannot be blank.
ServiceMemExpDeployed3	A6a3	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 3)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpInjured3	A6b3	Was physically injured during combat operations (Column 3)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpCombatStress3	A6c3	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 3)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpDeceased2	A6d3	Died or was killed (Column 3)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
ServiceMemRelationship4	A6_ReInShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 4)	1 = Mother 2 = Father 3 = Brother 4 = Sister 5 = Spouse 6 = Partner 7 = Child 8 = Other, specify -1 = Not applicable -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake. * If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReInShip to A6d should be skipped.
ServiceMemExpOther4	A6_ReInShipOther	Text field for description of Other relationship from A6_ReInShip=8 (Column 4)	Text Blank [NULL]	If A6_ReInShip is 8, this field cannot be blank.
ServiceMemExpDeployed4	A6a4	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 4)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpInjured4	A6b4	Was physically injured during combat operations (Column 4)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpCombatStress4	A6c4	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 4)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpDeceased4	A6d4	Died or was killed (Column 4)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemRelationship5	A6_ReInShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 5)	1 = Mother 2 = Father 3 = Brother 4 = Sister 5 = Spouse 6 = Partner 7 = Child 8 = Other, specify -1 = Not applicable -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake. * If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReInShip to A6d should be skipped.
ServiceMemExpOther5	A6_ReInShipOther	Text field for description of Other relationship from A6_ReInShip=8 (Column 5)	Text Blank [NULL]	If A6_ReInShip is 8, this field cannot be blank.
ServiceMemExpDeployed5	A6a5	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 5)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpInjured5	A6b5	Was physically injured during combat operations (Column 5)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
ServiceMemExpCombatStress5	A6c5	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 5)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpDeceased5	A6d5	Died or was killed (Column 5)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemRelationship6	A6_ReinShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 6)	1 = Mother 2 = Father 3 = Brother 4 = Sister 5 = Spouse 6 = Partner 7 = Child 8 = Other, specify -1 = Not applicable -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake. * If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReinShip to A6d should be skipped.
ServiceMemExpOther6	A6_ReinShipOther	Text field for description of Other relationship from A6_ReinShip=8 (Column 6)	Text Blank [NULL]	If A6_ReinShip is 8, this field cannot be blank.
ServiceMemExpDeployed6	A6a6	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 6)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpInjured6	A6b6	Was physically injured during combat operations (Column 6)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpCombatStress6	A6c6	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 6)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
ServiceMemExpDeceased6	A6d6	Died or was killed (Column 5)	1 = Yes 0 = No -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
*** BEGIN MAIN GPRA INTERVIEW ***				
Section B		DRUG AND ALCOHOL USE		NOT ASKED IF SBIRTClassCode='SF' OR InterviewConducted=0
DAUseAlcoholDays	B1a	During the past 30 days how many days have you used the following: Any alcohol.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED If DAUseAlcoholDays = 0, then DAUseAlcoholIntox5Days and DAUseAlcoholIntox4Days to -1. All programs, with the exception of the Offender Re-entry Programs (ORP) Program for questions B1 thru B2, will use "the past 30 days" for questions that captures the number days. ORP grants should ask about drug use in "the past 90 days" prior to incarceration for questions B1 thru B2 at intake/baseline and "the past 90 days" at follow-up and discharge.
DAUseAlcoholIntox5Days	B1b1	During the past 30 days how many days have you used the following: Alcohol to intoxication (5+ drinks in one sitting).	0 to 30 = days (90 day exception for some GFAs) -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	Skip if DAUseAlcoholDays = 0 * Sum of DAUseAlcoholIntox5Day and DAUseAlcoholIntox4Days must be <= DAUseAlcoholDays

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
DAUseAlcoholIntox4Days	B1b2	During the past 30 days how many days have you used the following: Alcohol to intoxication (4 or fewer drinks and felt high).	0 to 30 = days (90 day exception for some GFAs) -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	Skip if DAUseAlcoholDays = 0 * Sum of DAUseAlcoholIntox5Day and DAUseAlcoholIntox4Days must be <= DAUseAlcoholDays
DAUseIllegDrugsDays	B1c	During the past 30 days how many days have you used the following: Illegal drugs.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED * if DAUseAlcoholDays = 0, -7, -8 OR DAUseIllegDrugsDays = 0, -7, -8 then DAUseBothDays = -1
DAUseBothDays	B1d	During the past 30 days how many days have you used the following: Both alcohol and drugs (on the same day).	0 to 30 = days (90 day exception for some GFAs) -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if DAUseAlcholDays <= 0 or DAUseIllegDrugsDays <= 0 * If any B2a-i > 0 then DAUseIllegDrugsDays must be > 0 * If DAUseAlcoholDays or DAUseIllegDrugsDays <= 0 then DAUseBothDays = -1
CocaineCrackDays	B2a	During the past 30 days, how many days have you used any of the following: Cocaine/crack.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *CocaineCrackDays <= DAUseIllegalDrugsDays *if CocaineCrackDays <=0 then CocaineCrackRoute = -1
CocaineCrackRoute	B2a	Route of Administration: Cocaine/crack.	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if CocaineCrackDays <= 0
MarijuanaHashDays	B2b	During the past 30 days, how many days have you used any of the following: Marijuana/hashish. (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *MarijuanaHashDays <= DAUseIllegalDrugsDays *if MarijuanaHashDays <= 0 MarijuanaHashRoute = -1
MarijuanaHashRoute	B2b	Route of Administration: Marijuana/hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if MarijuanaHashDays <= 0
OpiatesHeroinDays	B2c1	During the past 30 days, how many days have you used any of the following: Heroin (Smack, H, Junk, Skag)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OpiatesHeroinDays <= DAUseIllegalDrugsDays *if OpiatesHeroinDays <= 0 then OpiatesHeroinRoute = -1
OpiatesHeroinRoute	B2c1	Route of Administration: Heroin. (Smack, H, Junk, Skag)	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OpiatesHeroinDays <= 0
OpiatesMorphineDays	B2c2	During the past 30 days, how many days have you used any of the following: Morphine	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OpiatesMorphineDays <= DAUseIllegalDrugsDays *if OpiatesMorphineDays <= 0 then OpiatesMorphineRoute = -1
OpiatesMorphineRoute	B2c2	Route of Administration: Morphine	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OpiatesMorphineDays <= 0
OpiatesDiluadidDays	B2c3	During the past 30 days, how many days have you used any of the following: Diluadid	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OpiatesDiluadidDays <= DAUseIllegalDrugsDays *if OpiatesDiluadidDays <= 0 then OpiatesDiluadidRoute = -1

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
OpiatesDiluadidRoute	B2c3	Route of Administration: Diluadid	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OpiatesDiluadidDays <= 0
OpiatesDemerolDays	B2c4	During the past 30 days, how many days have you used any of the following: Demerol	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OpiatesDemerolDays <= DAU\$ellegalDrugsDays *if OpiatesDemerolDays <= 0 then OpiatesDemerolRoute = -1
OpiatesDemerolRoute	B2c4	Route of Administration: Demerol	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OpiatesDemerolDays <= 0
OpiatesPercocetDays	B2c5	During the past 30 days, how many days have you used any of the following: Percocet	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OpiatesPercocetDays <= DAU\$ellegalDrugsDays *if OpiatesPercocetDays <= 0 then OpiatesPercocetRoute = -1
OpiatesPercocetRoute	B2c5	Route of Administration: Percocet	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OpiatesPercocetDays <= 0
OpiatesDarvonDays	B2c6	During the past 30 days, how many days have you used any of the following: Darvon	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OpiatesDarvonDays <= DAU\$ellegalDrugsDays *if OpiatesDarvonDays <= 0 then OpiatesDarvonRoute = -1
OpiatesDarvonRoute	B2c6	Route of Administration: Darvon	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OpiatesDarvonDays <= 0
OpiatesCodeineDays	B2c7	During the past 30 days, how many days have you used any of the following: Codeine	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OpiatesCodeineDays <= DAU\$ellegalDrugsDays *if OpiatesCodeineDays <= 0 then OpiatesCodeineRoute = -1
OpiatesCodeineRoute	B2c7	Route of Administration: Codeine	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OpiatesCodeineDays <= 0
OpiatesTylenolDays	B2c8	During the past 30 days, how many days have you used any of the following: Tylenol 2,3,4	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OpiatesTylenolDays <= DAU\$ellegalDrugsDays *if OpiatesTylenolDays <= 0 then OpiatesTylenolRoute = -1
OpiatesTylenolRoute	B2c8	Route of Administration: Tylenol 2,3,4	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OpiatesTylenolDays <= 0

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
OpiatesOxycoDays	B2c9	During the past 30 days, how many days have you used any of the following: Oxycontin/ Oxycodone	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OpiatesOxycoDays <= DAUselllegalDrugsDays *if OpiatesOxycoDays <= 0 then OpiatesOxycoRoute = -1
OpiatesOxycoRoute	B2c9	Route of Administration: Oxycontin/ Oxycodone	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OpiatesOxycoDays <= 0
NonPresMethadoneDays	B2d	During the past 30 days, how many days have you used any of the following: Non-prescription Methadone	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *NonPresMethadoneDays <= DAUselllegalDrugsDays *if NonPresMethadoneDays <= 0 then NonPresMethadoneRoute = -1
NonPresMethadoneRoute	B2d	Route of Administration: Non-prescription Methadone	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if NonPresMethadoneDays <= 0
HallucPsychDays	B2e	During the past 30 days, how many days have you used any of the following: Hallucinogens/ psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *HallucPsychDays <= DAUselllegalDrugsDays *if HallucPsychDays < 1 skip to MethamDays
HallucPsychRoute	B2e	Route of Administration: Hallucinogens/ psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if HallucPsychDays <= 0
MethamDays	B2f	During the past 30 days, how many days have you used any of the following: Methamphetamines or other amphetamines. (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *MethamDays <= DAUselllegalDrugsDays *if MethamDays <= 0 then MethamRoute = -1
MethamRoute	B2f	Route of Administration: Methamphetamines or other amphetamines. (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if MethamDays <= 0
BenzodiazepinesDays	B2g1	During the past 30 days, how many days have you used any of the following: Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *BenzodiazepinesDays <= DAUselllegalDrugsDays *if BenzodiazepinesDays <= 0 then BenzodiazepinesRoute = -1

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
BenzodiazepinesRoute	B2g1	Route of Administration: Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if BenzodiazepinesDays <= 0
BarbituatesDays	B2g2	During the past 30 days, how many days have you used any of the following: Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *BarbituatesDays <= DAUseIllegalDrugsDays *if BarbituatesDays <= 0 then BarbituatesRoute = -1
BarbituatesRoute	B2g2	Route of Administration: Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal)	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if BarbituatesDays <= 0
NonPrescGhbDays	B2g3	During the past 30 days how many days, have you used any of the following: Non- prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *NonPrescGhbDays <= DAUseIllegalDrugsDays *if NonPrescGhbDays <= 0 then NonPrescGhbRoute = -1
NonPrescGhbRoute	B2g3	Route of Administration: Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if NonPrescGhbDays <= 0
KetamineDays	B2g4	During the past 30 days, how many days have you used any of the following: Ketamine (known as Special K or Vitamin K)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *KetamineDays <= DAUseIllegalDrugsDays *if KetamineDays <= 0 then KetamineRoute = -1
KetamineRoute	B2g4	Route of Administration: Ketamine (known as Special K or Vitamin K)	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if KetamineDays <= 0
OtherTranquilizersDays	B2g5	During the past 30 days, how many days have you used any of the following: Other tranquilizers, downers, sedatives or hypnotics	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OtherTranquilizersDays <= DAUseIllegalDrugsDays *if OtherTranquilizersDays <= 0 then OtherTranquilizersRoute = -1
OtherTranquilizersRoute	B2g5	Route of Administration: Other tranquilizers, downers, sedatives or hypnotics	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if TranquilizersDays <= 0
InhalantsDays	B2h	During the past 30 days how many days have you used the following: Inhalants (poppers, snappers, rush, whippets)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *InhalantsDays <= DAUseIllegalDrugsDays *if InhalantsDays <= 0 then InhalantsRoute = -1

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
InhalantsRoute	B2h	Route of Administration: Inhalants (poppers, snappers, rush, whippets)	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if InhalantsDays <= 0
OtherIllegalDrugsDays	B2i	During the past 30 days how many days have you used the following: Other Illegal Drugs	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OtherIllegalDrugsDays <= DAUselllegalDrugsDays *if OtherIllegalDrugsDays <= 0 then OtherIllegalDrugsRoute = -1
OtherIllegalDrugsRoute	B2i	Route of Administration: Other Illegal Drugs	1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OtherIllegalDrugsDays <= 0
OtherIllegalDrugsSpec	B2i	During the past 30 days how many days have you used the following: Other Illegal Drugs (Specify)	Text -1 = Appropriate Skip	SKIP if OtherIllegalDrugsDays <= 0
InjectedDrugs	B3	In the past 30 days have you injected drugs?	0 = No 1 = Yes -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED * If any Route of Administration in B2a-i = 4 or 5 then InjectedDrugs = 1 * if InjectedDrugs not = 1 then ParaphenaliaUsedOthers = -1
ParaphenaliaUsedOthers	B4	In the past 30 days, how often did you use a syringe/needle, cooker, cotton or water that someone else used?	1 = Always 2 = More than half the time 3 = Half the time 4 = Less than half the time 5 = Never -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	If B3 = 1 then -1 is not a valid value
Section C FAMILY AND LIVING CONDITIONS NOT ASKED IF SBIRTClassCode = 'SF' or 'B' OR InterviewConducted=0				
LivingWhere	C1	In the past 30 days, where have you been living most of the time?	1 = Shelter 2 = Street/ Outdoors 3 = Institution 4 = Housed -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	* If LivingWhere not = 4 then LivingHoused = -1
LivingHoused	C1	In the past 30 days, where have you been living most of the time?	1 = Own/Rent apartment, room, or house 2 = Someone else's apartment, room, or house 3 = Halfway house 4 = Residential Treatment 5 = Other Housed (Specify) 6 = Dormitory/College Residence -1 = Not applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if LivingWhere not = 4 *If LivingHoused not = 5 then LivingHousedSpec = -1 Dormitory/College option was not available for ATR II but is available to ATR III and ATR IV
LivingHousedSpec	C1	In the past 30 days, where have you been living most of the time? If other house, specify.	Text -1 = Appropriate Skip	SKIP if LivingHoused not = 5
LivingConditionsSatisfaction	C2	How satisfied are you with the conditions of your living space?	5 = Very Dissatisfied 4 = Dissatisfied 3 = Neither Satisfied nor Dissatisfied 2 = Satisfied 1 = Very Satisfied -7 = Refused -8 = Don't Know -9 = Missing Data -1 = Not Applicable	*-1 is only valid for data collected prior to 4/24/2017. Not Applicable also applies to all grants ending on or before 9/30/2017.

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
ImpactStress	C3	During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?	1 = Not at all 2 = Somewhat 3 = Considerably 4 = Extremely 5 = Not Applicable (not using alcohol or drugs) -1 = Appropriate Skip (not asked) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED If DAUseAlcoholDays or DAUselllegDrugsDays > 0 then ImpactStress cannot = 5 * ImpactStress = 5 only if both DAUseAlcoholDays and DAUselllegDrugsDays = 0
ImpactActivity	C4	During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?	1 = Not at all 2 = Somewhat 3 = Considerably 4 = Extremely 5 = Not Applicable (not using alcohol or drugs) -1 = Appropriate Skip (not asked) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED If DAUseAlcoholDays or DAUselllegDrugsDays > 0 then ImpactActivity cannot = 5 * ImpactActivity = 5 only if both DAUseAlcoholDays and DAUselllegDrugsDays = 0
ImpactEmotional	C5	During the past 30 days, has your use of alcohol and other drugs caused you to have emotional problems?	1 = Not at all 2 = Somewhat 3 = Considerably 4 = Extremely 5 = Not Applicable (not using alcohol or drugs) -1 = Appropriate Skip (not asked) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED If DAUseAlcoholDays or DAUselllegDrugsDays > 0 then ImpactEmotional cannot = 5 * ImpactEmotional = 5 only if both DAUseAlcoholDays and DAUselllegDrugsDays = 0
Pregnant	C6	If [NOT MALE.] Are you currently pregnant?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if Gender = 1 (Male)
Children	C7	Do you have children?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED If Children <= 0, skip to Section D
ChildrenNr	C7a	How many children do you have?	1 - 99 = children -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if Children <= 0
ChildrenCustody	C7b	Are any of your children living with someone else due to a child protection order?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if Children <= 0
ChildrenCustodyNr	C7c	If yes, how many of your children are living with someone else due to a child protection court order?	1 - 99 = children -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if ChildrenCustody <= 0 * ChildrenCustodyNr must be <= ChildrenNr
ChildrenCustodyLost	C7d	For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.]	0 - 99 = children -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if Children <= 0 * ChildrenCustodyLost must be <= ChildrenNr
Section D		EDUCATION, EMPLOYMENT, AND INCOME		NOT ASKED IF SBIRTClassCode = 'SF' or 'B' OR InterviewConducted=0
TrainingProgram	D1	Are you currently enrolled in school or a job training program? [IF ENROLLED], Is that full time or part time?	1 = Not Enrolled 2 = Enrolled, Full Time 3 = Enrolled, Part Time 4 = Other (Specify) -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
TrainingProgramSpec	D1	Are you currently enrolled in school or a job training program? Other, SPECIFY	Text -1 = Appropriate Skip	SKIP if TrainingProgram not = 4

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
EducationYears	D2	What is the highest level of education you have finished, whether or not you received a degree?	0 = Never attended 1 = 1st Grade 2 = 2nd Grade 3 = Third Grade 4 = Fourth Grade 5 = Fifth Grade 6 = Sixth Grade 7 = Seventh Grade 8 = Eighth Grade 9 = Ninth Grade 10 = Tenth Grade 11 = Eleventh Grade 12 = Twelfth Grade/High School Diploma/equivalent 13 = College or University/ 1st year completed 14 = College or University/ 2nd year completed /Associates Degree (AA/AS) 15 = College or University/ 3rd year completed 16 = Bachelor's degree (BA, BS) or higher 17 = Voc/Tech program after high school but no Voc/Tech diploma 18 = Voc/Tech diploma after high school -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
EmployStatus	D3	Are you currently employed?	1 = Employed Full Time (35+ hours per week, or would have been) 2 = Employed Part Time 3 = Unemployed, looking for work 4 = Unemployed, disabled 5 = Unemployed, volunteer work 6 = Unemployed, retired 7 = Unemployed, not looking for work 0 = Other -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED SBIRT Brief Intervention Clients would be coded as Not Applicable (-1).
EmployStatusSpec	D3	Are you currently employed? Other, SPECIFY	Text -1 = Appropriate Skip	SKIP if EmployStatus not = 0
Employment		Calculated field based on Employment Status.	1 = EmploymentStatus (D3) = 1 or 2 2 = EmploymentStatus (D3) = 3, 4, 5, 6, 7 -1 = no interview conducted or SBIRT "SF" or "BI" interview -9 = EmploymentStatus (D3) < 0, unable to determine Employment	AUTOFILL * Calculated for each interview separately.
IncomeWages	D4a	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ... Wages.	0-999999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
IncomePubAssist	D4b	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Public assistance.	0-999999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
IncomeRetirement	D4c	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Retirement.	0-999999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
IncomeDisability	D4d	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Disability.	0-999999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
IncomeNonLegal	D4e	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Non-legal income.	0-999999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
IncomeFamFriends	D4f	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Family and/or friends.	0-999999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
IncomeOther	D4g	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Other.	0-999999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
IncomeOtherSpec	D4g	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Other, specify.	Text -1 = Appropriate Skip	SKIP if IncomeOther <= 0
EnoughMoneyForNeeds	D5	Have you enough money to meet your needs?	1 = Not at all 2 = A little 3 = Moderately 4 = Mostly 5 = Completely -7 = Refused -8 = Don't Know -9 = Missing Data -1 = Not Applicable	*-1 is only valid for data collected prior to 4/24/2017. Not Applicable also applies to all grants ending on or before 9/30/2017.
Section E CRIME AND CRIMINAL JUSTICE STATUS NOT ASKED IF SBIRTClassCode = 'SF' or 'BF' OR InterviewConducted = 0				
ArrestedDays	E1	In the past 30 days, how many times have you been arrested?	0-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
ArrestedDrugDays	E2	In the past 30 days, how many times have you been arrested for drug-related offenses?	0-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if ArrestedDays = 0 ArrestedDrugDays cannot be greater than ArrestedDays.
ArrestedConfineDays	E3	In the past 30 days, how many nights have you spent in jail/prison?	0-30 = nights -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED If ArrestedConfineDays is > 15, then LivingWhere must = 3 (Institution -> jail/prison) If LivingWhere = 3 (Institution -> jail/prison), then ArrestedConfineDays must ≥ 15
NrCrimes	E4	In the past 30 days, how many times have you committed a crime?	0-999 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED If DAUseIllegDrugsDays ≥ 1 then NrCrimes must be ≥ DAUseIllegDrugsDays
AwaitTrial	E5	Are you currently awaiting charges, trial, or sentencing?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
ParoleProbation	E6	Are you currently on parole or probation?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
Section F MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY NOT ASKED IF SBIRTClassCode = 'SF' or 'BF' OR InterviewConducted = 0				
HealthStatus	F1	How would you rate your overall health right now?	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
InpatientPhysical	F2ai	During the past 30 days, did you receive Inpatient Treatment for: Physical complaint?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
InpatientPhysicalNights	F2ai	During the past 30 days, did you receive Inpatient Treatment for: Physical complaint? If yes, altogether how many nights?	1-30 = nights -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if InpatientPhysical <= 0

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
InpatientMental	F2aii	During the past 30 days, did you receive Inpatient Treatment for: Mental or emotional difficulties?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
InpatientMentalNights	F2aii	During the past 30 days, did you receive Inpatient Treatment for: Mental or emotional difficulties? If yes, altogether how many nights?	1-30 = nights -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if InpatientMental <= 0
InpatientAlcoholSA	F2aiii	During the past 30 days, did you receive Inpatient Treatment for: Alcohol or substance abuse?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
InpatientAlcoholSANights	F2aiii	During the past 30 days did you receive Inpatient Treatment for: Alcohol or substance abuse? If yes, altogether how many nights?	1-30 = nights -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if InpatientAlcoholSA <= 0
OutpatientPhysical	F2bi	During the past 30 days, did you receive Outpatient Treatment for: Physical complaint?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
OutpatientPhysicalTimes	F2bi	During the past 30 days, did you receive Outpatient Treatment for: Physical complaint? If yes, altogether how many times?	1-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OutpatientPhysical <= 0
OutpatientMental	F2bii	During the past 30 days, did you receive Outpatient Treatment for: Mental or emotional difficulties?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
OutpatientMentalTimes	F2bii	During the past 30 days, did you receive Outpatient Treatment for: Mental or emotional difficulties? If yes, altogether how many times?	1-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OutpatientMental <= 0
OutpatientAlcoholSA	F2biii	During the past 30 days, did you receive Outpatient Treatment for: Alcohol or substance abuse?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
OutpatientAlcoholSATimes	F2biii	During the past 30 days, did you receive Outpatient Treatment for: Alcohol or substance abuse? If yes, altogether how many times?	1-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if OutpatientAlcoholSA <= 0
ERPhysical	F3ci	During the past 30 days did you receive Emergency Room Treatment for: a Physical complaint?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
ERPhysicalTimes	F3ci	During the past 30 days did you receive Emergency Room Treatment for: a Physical complaint? If yes, altogether how many times?	1-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if ERPhysical <= 0
ERMental	F3cii	During the past 30 days did you receive Emergency Room Treatment for: Mental or emotional difficulties?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
ERMentalTimes	F3cii	During the past 30 days did you receive Emergency Room Treatment for: Mental or emotional difficulties? If yes, altogether how many times?	1-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if ERMental <= 0
ERAlcoholSA	F3ciii	During the past 30 days, did you receive Emergency Room Treatment for: Alcohol or substance abuse?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
ERAlcoholSATimes	F3ciii	During the past 30 days, did you receive Emergency Room Treatment for: Alcohol or substance abuse? If yes, altogether how many times?	1-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if ERAlcoholSA <= 0
SexActivity	F3	During the past 30 days, did you engage in sexual activity?	1 = Yes 0 = No 3 = not permitted to ask -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
SexContacts	F3a	During the past 30 days, did you engage in sexual activity? If yes, altogether, how many: sexual contacts (vaginal, oral, or anal) did you have?	1-999 = contacts -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if SexActivity not = 1
SexUnprot	F3b	During the past 30 days, did you engage in sexual activity? If yes, altogether, how many unprotected sexual contacts did you have?	0-999 = contacts -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if SexActivity not = 1 The value in SexUnprot should not be greater than the value in SexContacts. IF ZERO, SKIP TO F4.
SexUnprotHIVAids	F3c1	During the past 30 days, did you engage in sexual activity? If yes, altogether, how many unprotected sexual contacts were with an individual who is or was: HIV positive or has AIDS	1-999 = contacts -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if SexActivity not = 1 OR SexUnprot = 0 * SexUnprotHIVAids must be <= SexUnprot
SexUnprotInjDrugUser	F3c2	During the past 30 days, did you engage in sexual activity? If yes, altogether, how many unprotected sexual contacts were with an individual who is or was: An injection drug user	1-999 = contacts -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if SexActivity not = 1 OR SexUnprot = 0 * SexUnprotInjDrugUser must be <= SexUnprot
SexUnprotHigh	F3c3	During the past 30 days, did you engage in sexual activity? If yes, altogether how many unprotected sexual contacts were with an individual who is or was: High on some substance	1-999 = contacts -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if SexActivity not = 1 OR SexUnprot = 0 * SexUnprotHigh must be <= SexUnprot
fHIVTest	F4	Have you ever been tested for HIV?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data -11 = Not Applicable	First asked July 13, 2009 Not asked of ATR II clients, but it is asked of ATR III and ATR IV clients.
fHIVTestResult	F4a	Do you know the results of your HIV testing?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	SKIP if fHIVTest not = Yes (1)
LifeQuality	F5	How would you rate your quality of life?	1 = Very Poor 2 = Poor 3 = Neither poor nor good 4 = Good 5 = Very Good -7 = Refused -8 = Don't Know -9 = Missing Data -1 = Not Applicable	*-1 is only valid for data collected prior to 4/24/2017. Not Applicable also applies to all grants ending on or before 9/30/2017.

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
HealthSatisfaction	F6	How satisfied are you with your health?	5 = Very Dissatisfied 4 = Dissatisfied 3 = Neither Satisfied nor Dissatisfied 2 = Satisfied 1 = Very Satisfied -7 = Refused -8 = Don't Know -9 = Missing Data -1 = Not Applicable	*-1 is only valid for data collected prior to 4/24/2017. Not Applicable also applies to all grants ending on or before 9/30/2017.
EnoughEnergyForEverydayLife	F7	Do you have enough energy for everyday life?	1 = Not at all 2 = A little 3 = Moderately 4 = Mostly 5 = Completely -7 = Refused -8 = Don't Know -9 = Missing Data -1 = Not Applicable	*-1 is only valid for data collected prior to 4/24/2017. Not Applicable also applies to all grants ending on or before 9/30/2017.
PerformDailyActivitiesSatisfaction	F8	How satisfied are you with your ability to perform your daily activities?	5 = Very Dissatisfied 4 = Dissatisfied 3 = Neither Satisfied nor Dissatisfied 2 = Satisfied 1 = Very Satisfied -7 = Refused -8 = Don't Know -9 = Missing Data -1 = Not Applicable	*-1 is only valid for data collected prior to 4/24/2017. Not Applicable also applies to all grants ending on or before 9/30/2017.
SelfSatisfaction	F9	How satisfied are you with yourself?	5 = Very Dissatisfied 4 = Dissatisfied 3 = Neither Satisfied nor Dissatisfied 2 = Satisfied 1 = Very Satisfied -7 = Refused -8 = Don't Know -9 = Missing Data -1 = Not Applicable	*-1 is only valid for data collected prior to 4/24/2017. Not Applicable also applies to all grants ending on or before 9/30/2017.
Depression	F_10_a	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Experienced serious depression	0-30 = days -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
Anxiety	F_10_b	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Experienced serious anxiety or tension	0-30 = days -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
Hallucinations	F_10_c	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Experienced hallucinations	0-30 = days -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
BrainFunction	F_10_d	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Experienced trouble understanding, concentrating, or remembering	0-30 = days -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
ViolentBehavior	F_10_e	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Experienced trouble controlling violent behavior	0-30 = days -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
Suicide	F_10_f	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Attempted suicide	0-30 = days -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
PsycholEmotMedication	F_10_g	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Been prescribed medication for psychological/emotional problem	0-30 = days -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
PsycholEmotImpact	F_11	How much have you been bothered by these psychological or emotional problems in the past 30 days?	1 = Not at all 2 = Slightly 3 = Moderately 4 = Considerably 5 = Extremely -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if Depression <= 0 AND Anxiety <= 0 AND Hallucinations <= 0 AND BrainFunction <= 0 AND ViolentBehavior <= 0 AND Suicide <= 0 AND PsycholEmotMedication <= 0
Section F (Continued) Violence and Trauma				NOT ASKED IF SBIRTClassCode = 'SF' or 'BI' OR InterviewConducted = 0
AnyViolence	F12	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?)	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	If answer is "NO", "Refused", or "Don't know" go to question F13
Nightmares	F12a	Have had nightmares about it or thought about it when you did not want to?	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	* If Question F12 is "No" or "Refused" or "Don't know", then answer should be -1
TriedHard	F12b	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	* If Question F12 is "No" or "Refused" or "Don't know", then answer should be -1
ConstantGuard	F12c	Were constantly on guard, watchful, or easily startled?	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	* If Question F12 is "No" or "Refused" or "Don't know", then answer should be -1
NumbAndDetach	F12d	Felt numb and detached from others, activities, or your surroundings?	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	* If Question F12 is "No" or "Refused" or "Don't know", then answer should be -1
PhysicallyHurt	F13	How often have you been hit, kicked, slapped, or otherwise physically hurt?	0 = Never 1 = A few times 2 = More than a few times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	
Section G SOCIAL CONNECTEDNESS				NOT ASKED IF SBIRTClassCode = 'SF' or 'BI' OR InterviewConducted = 0
AttendVoluntary	G1	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?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
AttendVoluntaryTimes	G1	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? If yes, specify how many times.	1-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if AttendVoluntary <= 0
AttendReligious	G2	In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
AttendReligiousTimes	G2	In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups? If yes, specify how many times.	1-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if AttendReligious <= 0
AttendOtherOrg	G3	In the past 30 days, did you attend any meetings of organizations that support recovery other than the organizations described above?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
AttendOtherOrgTimes	G3	In the past 30 days, did you attend any meetings of organizations that support recovery other than the organizations described above? If yes, specify how many times.	1-99 = times -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	SKIP if AttendOtherOrg <= 0
InteractFamilyFriends	G4	In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
WhomInTrouble	G5	To whom do you turn to when you are having trouble?	1 = No One 2 = Clergy Member 3 = Family Member 4 = Friends 5 = Other -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED
WhomInTroubleSpec	G5	To whom do you turn to when you are having trouble? Other (specify)	Text Blank [NULL] -1 = Appropriate Skip	SKIP if WhomInTrouble not = 5
RelationshipSatisfaction	G6	How satisfied are you with your personal relationships?	5 = Very Dissatisfied 4 = Dissatisfied 3 = Neither Satisfied nor Dissatisfied 2 = Satisfied 1 = Very Satisfied -7 = Refused -8 = Don't Know -9 = Missing Data -1 = Not Applicable	*-1 is only valid for data collected prior to 4/24/2017. Not Applicable also applies to all grants ending on or before 9/30/2017.
Section H - PROGRAM SPECIFIC QUESTIONS				
YOU ARE NOT RESPONSIBLE FOR COLLECTING DATA ON ALL SECTION H QUESTIONS. YOUR 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.				
ReunitedWithChild	H1a	Which of the following occurred for the client subsequent to receiving treatment? Client was reunited with child (or children)	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview ReunitedWithChild is coded as 'No' if the response to Question H1.1. is 'None of the above,' and coded as 'Don't know' if the response to Question H1.1 is 'Don't know.'
AvoidedOutOfHomePlacement	H1b	Which of the following occurred for the client subsequent to receiving treatment? Client avoided out of home placement for child (or children)	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview AvoidedOutOfHomePlacement is coded as 'No' if the response to Question H1.1. is 'None of the above,' and coded as 'Don't know' if the response to Question H1.1 is 'Don't know.'
PrivateHealthInsurance	H2a	Did the [insert grantee name] help you obtain any of the following benefits? Private health insurance	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview PrivateHealthInsurance is coded as 'Refused' if the response to Question H2.1 is 'Refused,' and coded as 'Don't know' if the response to Question H2.1 is 'Don't know.'

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
Medicaid	H2b	Did the [insert grantee name] help you obtain any of the following benefits? Medicaid	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview Medicaid is coded as 'Refused' if the response to Question H2.1 is 'Refused,' and coded as 'Don't know' if the response to Question H2.1 is 'Don't know.'
SSIOrSSDI	H2c	Did the [insert grantee name] help you obtain any of the following benefits? SSI/SSDI	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview SSIOrSSDI is coded as 'Refused' if the response to Question H2.1 is 'Refused,' and coded as 'Don't know' if the response to Question H2.1 is 'Don't know.'
TANF	H2d	Did the [insert grantee name] help you obtain any of the following benefits? TANF	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview TANF is coded as 'Refused' if the response to Question H2.1 is 'Refused,' and coded as 'Don't know' if the response to Question H2.1 is 'Don't know.'
SNAP	H2e	Did the [insert grantee name] help you obtain any of the following benefits? SNAP	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview SNAP is coded as 'Refused' if the response to Question H2.1 is 'Refused,' and coded as 'Don't know' if the response to Question H2.1 is 'Don't know.'
OtherBenefit	H2f	Did the [insert grantee name] help you obtain any of the following benefits? Other (Specify)	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview OtherBenefit is coded as 'Refused' if the response to Question H2.1 is 'Refused,' and coded as 'Don't know' if the response to Question H2.1 is 'Don't know.'
OtherBenefitSpec	H2fa	Specify Other Benefit Received (from H1f)	Text -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview Completed only if OtherBenefit = 1
NoneOfTheAbove	H2g	Did the [insert grantee name] help you obtain any of the following benefits? NONE OF THE ABOVE	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview NoneOfTheAbove is coded as 'Refused' if the response to Question H2.1 is 'Refused,' and coded as 'Don't know' if the response to Question H2.1 is 'Don't know.'
EnrolledInSchool	H3a	Have you achieved any of the following since you began receiving services or supports from [insert grantee name]? Enrolled in school	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
EnrolledInSchoolHelp	H3a_1	If yes, do you believe that the services you received from [insert grantee name] helped you with this achievement? Enrolled in school	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if EnrolledInSchool = 1
EnrolledInVocationalTraining	H3b	Have you achieved any of the following since you began receiving services or supports from [insert grantee name]? Enrolled in vocational training	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
EnrolledInVocationalTrainingHelp	H3b_1	If yes, do you believe that the services you received from [insert grantee name] helped you with this achievement? Enrolled in vocational training	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if EnrolledInVocationalTraining = 1

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
CurrentlyEmployed	H3c	Have you achieved any of the following since you began receiving services or supports from [insert grantee name]? Currently employed	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
CurrentlyEmployedHelp	H3c_1	If yes, do you believe that the services you received from [insert grantee name] helped you with this achievement? Currently employed	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if CurrentlyEmployed = 1
LivingInStableHousing	H3d	Which of the following were achieved as a result of receiving services or supports from [insert grantee name]? Living in stable housing	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
LivingInStableHousingHelp	H3d_1	If yes, do you believe that the services you received from [insert grantee name] helped you with this achievement? Living in stable housing	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if LivingInStableHousing = 1
EnableFocusOnTreatment	H4a	Please indicate the degree to which you agree or disagree with the following statement Receiving treatment in a non-residential setting has enabled me to maintain parenting and family responsibilities while receiving treatment.	1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge * Non-Residential PPW grants only -1 (Not Applicable) if Intake interview
SupportToParentingAndRecovery	H4b	Please indicate the degree to which you agree or disagree with the following statement As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.	1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
EnableFocusOnTreatment	H5a	Please indicate the degree to which you agree or disagree with the following statement 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.	1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge * Residential PPW grants only -1 (Not Applicable) if Intake interview
SupportToParentingAndRecovery	H5b	Please indicate the degree to which you agree or disagree with the following statement As a result of treatment, I feel I now have the skills and supports to balance parenting and managing my recovery.	1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
CurrentSamhsaGrantFunding	H6a_1	Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. Current SAMHSA grant funding	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	CurrentSamhsaGrantFunding is coded as 'Don't know' if the response to Question H6.1 is 'Don't know.'
OtherFederalGrantFunding	H6b_1	Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. Other federal grant funding	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	OtherFederalGrantFunding is coded as 'Don't know' if the response to Question H6.1 is 'Don't know.'

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
StateFunding	H6c_1	Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. State funding	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	StateFunding is coded as 'Don't know' if the response to Question H6.1 is 'Don't know.'
ClientsPrivateInsurance	H6d_1	Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. Client's private insurance	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	ClientsPrivateInsurance is coded as 'Don't know' if the response to Question H6.1 is 'Don't know.'
MedicaidOrMedicare	H6e_1	Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. Medicaid/Medicare	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	MedicaidOrMedicare is coded as 'Don't know' if the response to Question H6.1 is 'Don't know.'
SBIRTOther	H6f_1	Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. Other	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	SBIRTOther is coded as 'Don't know' if the response to Question H6.1 is 'Don't know.'
SBIRTOtherSpec	H6f_1a	Other (specified)	Text -1 = Not Applicable	IF SBIRTOther not equal to 1 then skip and set to -1.
BriefInterventionSubstance	H6a_2	If client screened positive for substance misuse or a substance use disorder, was the client assigned to the following types of services? Brief Intervention	1 = Yes 0 = No -1 = Not Applicable -8 = DON'T KNOW -9 = MISSING DATA	Complete ONLY at Intake IF Client Screened 'Negative' select 'No' -1 (Not Applicable) if Follow-up/Discharge interview
BriefTreatmentSubstance	H6b_2	If client screened positive for substance misuse or a substance use disorder, was the client assigned to the following types of services? Brief Treatment	1 = Yes 0 = No -1 = Not Applicable -8 = DON'T KNOW -9 = MISSING DATA	Complete ONLY at Intake IF Client Screened 'Negative' select 'No' -1 (Not Applicable) if Follow-up/Discharge interview
ReferralToTreatmentSubstance	H6c_2	If client screened positive for substance misuse or a substance use disorder, was the client assigned to the following types of services? Referral to Treatment	1 = Yes 0 = No -1 = Not Applicable -8 = DON'T KNOW -9 = MISSING DATA	Complete ONLY at Intake IF Client Screened 'Negative' select 'No' -1 (Not Applicable) if Follow-up/Discharge interview
BriefIntervention	H6a_3	Did the client receive the following types of services? Brief Intervention	1 = Yes 0 = No -1 = Not Applicable -8 = DON'T KNOW -9 = MISSING DATA	
BriefTreatment	H6b_3	Did the client receive the following types of services? Brief Treatment	1 = Yes 0 = No -1 = Not Applicable -8 = DON'T KNOW -9 = MISSING DATA	
ReferralToTreatment	H6c_3	Did the client receive the following types of services? Referral to Treatment	1 = Yes 0 = No -1 = Not Applicable -8 = DON'T KNOW -9 = MISSING DATA	
HIVTestH	H7a	Did the program provide the following: HIV test	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
HIVTestResultH	H7ai	If yes, What was the result?	1 = Positive 2 = Negative 3 = Indeterminate -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if HIVTestH = 1
TreatmentForHIVH	H7aii	[If client screened Positive] were you connected to HIV treatment services?	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if HIVTestResultH = 1
HBVTest	H7b	Did the program provide the following: Hepatitis B (HBV) test	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	
HBVTestResult	H7bi	If yes, What was the result?	1 = Positive 2 = Negative 3 = Indeterminate -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if HBVTest = 1
TreatmentForHBV	H7bii	[If client screened Positive] were you connected to HBV treatment services?	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if HBVTestResult = 1
HCVTest	H7c	Did the program provide the following: Hepatitis C (HCV) test	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	
HCVTestResult	H7ci	If yes, What was the result?	1 = Positive 2 = Negative 3 = Indeterminate -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if HCVTest = 1
TreatmentForHCV	H7cii	[If client screened positive] were you connected to HCV treatment services?	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if HCVTestResult = 1
EnrolledInSchool	H8_1a	Have you achieved any of the following since you began receiving peer services through [insert grantee name]? Enrolled in school	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
EnrolledInSchoolHelp	H8_1a1	If yes, do you believe that the peer services you received from [insert grantee name] helped you with this achievement? Enrolled in school	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if EnrolledInSchool = 1
EnrolledInVocationalTraining	H8_1b	Have you achieved any of the following since you began receiving peer services through [insert grantee name]? Enrolled in vocational training	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
EnrolledInVocationalTrainingHelp	H8_1b1	If yes, do you believe that the peer services you received from [insert grantee name] helped you with this achievement? Enrolled in vocational training	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if EnrolledInVocationalTraining= 1
CurrentlyEmployed	H8_1c	Have you achieved any of the following since you began receiving peer services through [insert grantee name]? Currently employed	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
CurrentlyEmployedHelp	H8_1c1	If yes, do you believe that the peer services you received from [insert grantee name] helped you with this achievement? Currently employed	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if CurrentlyEmployed = 1
LivingInStableHousing	H8_1d	Have you achieved any of the following since you began receiving peer services through [insert grantee name]? Living in stable housing	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
LivingInStableHousingHelp	H8_1d1	If yes, do you believe that the peer services you received from [insert grantee name] helped you with this achievement? Living in stable housing	1 = Yes 0 = No -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if LivingInStableHousing = 1
QualityOfLife	H8_2	To what extent has this program improved your quality of life?	1 = To a great extent 2 = Somewhat 3 = Very little 4 = Not at All -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
CommunicateWithProvider	H9ai	Please indicate the degree to which you agree or disagree with each of the following statements: The use of technology accessed through [insert grantee name] has helped me communicate with my provider	1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
ReduceSubstanceUse	H9aii	Please indicate the degree to which you agree or disagree with each of the following statements: The use of technology accessed through [insert grantee name] has helped me reduce my substance use.	1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
ManageMentalHealthSymptoms	H9aiii	Please indicate the degree to which you agree or disagree with each of the following statements: The use of technology accessed through [insert grantee name] has helped me manage my mental health symptoms	1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
SupportRecovery	H9iv	Please indicate the degree to which you agree or disagree with each of the following statements: The use of technology accessed through [insert grantee name] has helped me support my recovery	1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
MentalHealthDisorderScreen	H10_1	Did the client screen positive for a mental health disorder?	1 = Client screened negative 2 = Client screened positive 3 = Client was not screened -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	
MentalHealthServiceReferred	H10_1a	[If positive] Was the client referred to mental health services?	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if MentalHealthDisorderScreen=2
MentalHealthServiceReceived	H10_1b	[If yes] Did the client receive mental health services?	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-up/Discharge Asked only if MentalHealthDisorderScreen=2 AND MentalHealthServiceReferred=1 -1 (Not Applicable) if Intake interview
CoOccurringDisorderScreen	H10_2	Did the client screen positive for a substance use disorder?	1 = Client screened negative 2 = Client screened positive 3 = Client was not screened -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	
CoOccurringServiceReferred	H10_2a	[If positive] Was the client referred to substance use disorder services?	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Asked only if CoOccurringDisorderScreen=2
CoOccurringServiceReceived	H10_2b	[If yes] Did the client receive substance use disorder services?	1 = Yes 0 = No -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-up/Discharge Asked only if CoOccurringDisorderScreen=2 AND CoOccurringServiceReferred=1 -1 (Not Applicable) if Intake interview
HelpedAvoidJusticeSystem	H10_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.	1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree -7 = REFUSED -8 = DON'T KNOW -9 = MISSING DATA -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if Intake interview
*** THIS SECTION FOR FOLLOW-UP INTERVIEWS ONLY ***				
Section I			FOLLOW-UP INTERVIEWS ONLY (InterviewType = 2, 3 or 4)	
FLWPStatus	I1	What is the follow-up status of the client?	1 = 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	REQUIRED -- Complete ONLY at Follow-up. * if FLWPStatus = 1 for any interview there cannot be further interviews for that client.
FLWPStatusSpec	I1	What is the follow-up status of the client?. Other (Specify)	Text Blank [NULL] -1 = Appropriate Skip	SKIP if FLWPStatus not = 32
ReceivingServices	I2	Is the client still receiving services from your program?	1 = Yes 0 = No	REQUIRED -- Complete ONLY at Follow-up.
*** THIS SECTION FOR DISCHARGE INTERVIEWS ONLY ***				
Section J			DISCHARGE INTERVIEWS ONLY (InterviewType = 5)	
DISCHARGE STATUS				
DischargeDate	J1	What is the date (month, day, and year) of discharge?	mm/dd/yyyy = date of discharge	REQUIRED -- Complete ONLY at discharge Must not be earlier than intake interview date, and no later than current date
DischargeStatusCompl	J2	What is the client's discharge status?	1 = Completion/ Graduate 2 = Termination	REQUIRED -- Complete ONLY at discharge

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DischargeStatusTermReason	J2	If the client was terminated, what was the reason for termination?	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 with satisfactory progress 08 = Incarcerated due to offense committed while in treatment with unsatisfactory progress 09 = Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress 10 = Incarcerated due to old warrant or charged from before entering treatment with unsatisfactory progress 11 = Transferred to another facility for health reasons 12 = Death 13 = Other -1 = Not Applicable	SKIP if DischargeStatus not = 2
OtherDischargeStatTermRsnSpec	J2	Specify other reason for termination	Text Blank [NULL] -1 = Appropriate Skip	SKIP if DischargeStatusTermReason not = 13
jHIVTest	J3	Did the program test this client for HIV?	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	First asked July 13, 2009 Not asked of ATR II clients, but it is asked of ATR III and ATR IV clients.
jHIVTestResult	J4	Did the program refer this client for testing?	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Complete only if jHIVTest = No = 0. Code to -1 if jHIVTest=1; else code to -9. Not asked of ATR II clients, but it is asked of ATR III and ATR IV clients.
*** THIS SECTION FOR BOTH INTAKE AND DISCHARGE INTERVIEWS ***				
SECTIONS A & K		SERVICES PLANNED & SERVICES RECEIVED		FOR INTAKE AND DISCHARGE INTERVIEWS ONLY
MODALITY				All Grantees MUST select AT LEAST ONE MODALITY at Intake and Discharge
SvcCaseManagement	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Case Management	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Case Management	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcDayTreatment	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Day Treatment	1 = Yes 0 = No	Complete ONLY at Intake
	K2	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Day Treatment	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcInpatient	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Inpatient/Hospital (Other than Detox)	1 = Yes 0 = No	Complete ONLY at Intake
	K3	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Inpatient/Hospital (Other than Detox)	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcOutpatient	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Outpatient	1 = Yes 0 = No	Complete ONLY at Intake
	K4	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Outpatient	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcOutreach	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Outreach	1 = Yes 0 = No	Complete ONLY at Intake

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
	K5	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Outreach	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcIntensiveOutpatient	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Intensive Outpatient	1 = Yes 0 = No	Complete ONLY at Intake
	K6	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Intensive Outpatient	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcMethadone	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Methadone	1 = Yes 0 = No	Complete ONLY at Intake
	K7	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Methadone	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcResidentialRehab	A8	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Residential/Rehabilitation	1 = Yes 0 = No	Complete ONLY at Intake
	K8	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Residential/Rehabilitation	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcHospitalInpatient	A9A	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Detoxification: Hospital Inpatient	1 = Yes 0 = No	Complete ONLY at Intake
	K9A	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Detoxification: Hospital Inpatient	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcFreeStandingRes	A9B	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Detoxification: Free Standing Residential	1 = Yes 0 = No	Complete ONLY at Intake
	K9B	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Detoxification: Free Standing Residential	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcAmbulatoryDetox	A9C	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Detoxification: Ambulatory Detoxification	1 = Yes 0 = No	Complete ONLY at Intake
	K9C	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Detoxification: Ambulatory Detoxification	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcAfterCare	A10	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: After Care	1 = Yes 0 = No	Complete ONLY at Intake
	K10	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: After Care	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
SvcRecoverySupport	A11	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Recovery Support	1 = Yes 0 = No	Complete ONLY at Intake
	K11	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Recovery Support	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcOtherModalities	A12	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Other	1 = Yes 0 = No	Complete ONLY at Intake
	K12	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Other	0 = No service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcOtherModalitesSpec	A12	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at Intake. SKIP if SvcOtherModalities not = 1
	K12	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at DISCHARGE SKIP if SvcOtherModalities not = 1
SECTIONS A & K (cont.)		SERVICES PLANNED & SERVICES RECEIVED		FOR INTAKE AND DISCHARGE INTERVIEWS ONLY
TREATMENT SERVICES				
ALL GRANTEEES: At least ONE Service below must be selected at Intake and at least ONE Service must be selected at Discharge				
SvcScreening	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Screening	1 = Yes 0 = No	Complete ONLY at Intake * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Screening	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
SvcBriefIntervention	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Brief Intervention	1 = Yes 0 = No	Complete ONLY at Intake * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Brief Intervention	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
SvcBriefTreatment	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Brief Treatment	1 = Yes 0 = No	Complete ONLY at Intake * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Brief Treatment	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
SvcReferralTreatment	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Referral to Treatment	1 = Yes 0 = No	Complete ONLY at Intake * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Referral to Treatment	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
SvcAssessment	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Assessment	1 = Yes 0 = No	Complete ONLY at Intake

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	K5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Assessment	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcTreatmentPlanning	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Treatment/Recovery Planning	1 = Yes 0 = No	Complete ONLY at Intake
	K6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Treatment/Recovery Planning	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcIndividualCouns	A7	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Individual Counseling	1 = Yes 0 = No	Complete ONLY at Intake
	K7	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Individual Counseling	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcGroupCouns	A8	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Group Counseling	1 = Yes 0 = No	Complete ONLY at Intake
	K8	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Group Counseling	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcFamilyMarriageCouns	A9	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Family/Marriage Counseling	1 = Yes 0 = No	Complete ONLY at Intake
	K9	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Family/Marriage Counseling	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcCoOccurring	A10	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Co-Occurring Treatment/Recovery Services	1 = Yes 0 = No	Complete ONLY at Intake
	K10	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Co-Occurring Treatment/Recovery Services	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcPharmacological	A11	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Pharmacological Interventions	1 = Yes 0 = No	Complete ONLY at Intake
	K11	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Pharmacological Interventions	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcHIVAIDSCouns	A12	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: HIV/AIDS Counseling	1 = Yes 0 = No	Complete ONLY at Intake

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
	K12	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: HIV/AIDS Counseling	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherClinicalCouns	A13	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Other Clinical Services	1 = Yes 0 = No	Complete ONLY at Intake
	K13	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Other Clinical Services	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherClinicalCounsSpec	A13	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Other Clinical Services (specify)	Text -1 = Appropriate Skip	Complete ONLY at Intake SKIP if SvcOtherClinicalCouns >= 1
	K13	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Other Clinical Services (specify)	Text -1 = Appropriate Skip	Complete ONLY at DISCHARGE SKIP if SvcOtherClinicalCouns >= 1
CASE MANAGEMENT SERVICES				
SvcFamilyServices	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Family Services (Including Marriage, Education, Parenting, Child Development Services)	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Family Services (Including Marriage, Education, Parenting, Child Development Services)	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcChildCare	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Child Care	1 = Yes 0 = No	Complete ONLY at Intake
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Child Care	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcPreEmployment	A3A	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Employment Service— Pre-employment	1 = Yes 0 = No	Complete ONLY at Intake
	K3A	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Employment Service—Pre-employment	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcEmploymentCoaching	A3B	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Employment Service— Employment Coaching	1 = Yes 0 = No	Complete ONLY at Intake

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	K3B	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Employment Service—Employment Coaching	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcIndividualCoord	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Individual Services Coordination	1 = Yes 0 = No	Complete ONLY at Intake
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Individual Services Coordination	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcTransportation	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Transportation	1 = Yes 0 = No	Complete ONLY at Intake
	K5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Transportation	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcHIVAIDSServices	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: HIV/AIDS Services	1 = Yes 0 = No	Complete ONLY at Intake
	K6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: HIV/AIDS Services	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcDrugFreeHousing	A7	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Supportive Transitional Drug-Free Housing Services	1 = Yes 0 = No	Complete ONLY at Intake
	K7	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Supportive Transitional Drug-Free Housing Services	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherCaseMgmt	A8	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Other	1 = Yes 0 = No	Complete ONLY at Intake
	K8	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Other	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherCaseMgmtSpec	A8	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at Intake SKIP if SvcOtherCaseMgmt >= 1

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	K8	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at DISCHARGE SKIP if SvcOtherCaseMgmt >= 1
MEDICAL SERVICES				
SvcMedicalCare	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Medical Services: Medical Care	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Medical Care	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcAlcoholDrugTesting	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Medical Services: Alcohol/Drug Testing	1 = Yes 0 = No	Complete ONLY at Intake
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Alcohol/Drug Testing	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcHIVAIDSMedical	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Medical Services: HIV/AIDS Medical Support and Testing	1 = Yes 0 = No	Complete ONLY at Intake
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: HIV/AIDS Medical Support and Testing	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherMedical	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Medical Services: Other	1 = Yes 0 = No	Complete ONLY at Intake
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Other	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherMedicalSpec	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Medical Services: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at Intake SKIP if SvcOtherMedical >= 1
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at DISCHARGE SKIP if SvcOtherMedical >= 1
AFTER CARE SERVICES				
SvcContinuingCare	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery. After Care Services: Continuing Care	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Continuing Care	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcRelapsePrevention	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery. After Care Services: Relapse Prevention	1 = Yes 0 = No	Complete ONLY at Intake

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	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Relapse Prevention	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcRecoveryCoaching	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Recovery Coaching	1 = Yes 0 = No	Complete ONLY at Intake
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Recovery Coaching	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcSelfHelpSupport	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Self-Help and Support Groups	1 = Yes 0 = No	Complete ONLY at Intake
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Self-Help and Support Groups	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcSpiritualSupport	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Spiritual Support	1 = Yes 0 = No	Complete ONLY at Intake
	K5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Spiritual Support	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherAfterCare	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Other	1 = Yes 0 = No	Complete ONLY at Intake
	K6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Other	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherAfterCareSpec	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at Intake SKIP if SvcOtherAfterCare >= 1
	K6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at DISCHARGE SKIP if SvcOtherAfterCare >= 1
EDUCATION SERVICES				
SvcSubstanceAbuseEdu	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Substance Abuse Education	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Substance Abuse Education	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcHIVAIDSEdu	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: HIV/AIDS Education	1 = Yes 0 = No	Complete ONLY at Intake

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: HIV/AIDS Education	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherEdu	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Other	1 = Yes 0 = No	Complete ONLY at Intake
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Other	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherEduSpec	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at Intake SKIP if SvcOtherEdu >= 1
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at DISCHARGE SKIP if SvcOtherEdu >= 1
PEER-TO-PEER RECOVERY SUPPORT SERVICES				
SvcPeerCoaching	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Peer Coaching or Mentoring	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Peer Coaching or Mentoring	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcHousingSupport	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Housing Support	1 = Yes 0 = No	Complete ONLY at Intake
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Housing Support	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcDrugFreeSocial	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Alcohol and Drug Free Social Activities	1 = Yes 0 = No	Complete ONLY at Intake
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Alcohol and Drug Free Social Activities	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcInformationReferral	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Information and Referral	1 = Yes 0 = No	Complete ONLY at Intake
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Information and Referral	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE

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Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
SvcOtherRecovery	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Other	1 = Yes 0 = No	Complete ONLY at Intake
	K5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Other	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherRecoverySpec	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at Intake SKIP if SvcOtherRecovery >= 1
	K5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Other (specify)	Text -1 = Appropriate Skip	Complete ONLY at DISCHARGE SKIP if SvcOtherRecovery >= 1
*** THIS SECTION IS FOR AUTOFILL DATE VARIABLES ***				
IntakeDate	autofill	Date of Intake Interview		*copied from InterviewDate where InterviewType=1
InterviewCreateDate	autofill	Date this interview was entered in the database		
*** THIS SECTION IS FOR ATR INTERVIEWS ONLY ***				
MethFlag		Indicates client is/is not a methamphetamine user	1 = Yes 0 = No	REQUIRED for ATR Grants when InterviewType = 1 (Intake) SKIP for all other grants