

Explanation of CSAT GPRA Codebook Elements

Note: This CSAT GPRA Codebook is being released to aid grantees in understanding the new tool and in transitioning their own systems and practices to accommodate the new tool. While the codebook is as accurate as possible at this time, there may be changes required as the new GPRA tool is finalized and tested in the SPARS system. It is expected that any changes will be minor; please watch for updates to this codebook as the deployment of the new tool goes live in SPARS.

Overview: This CSAT GPRA Codebook contains information about the fields that will be available for data download after the new GPRA tool has been deployed in SPARS. For this transition period, this version of the GPRA codebook features "crosswalk" information between the fields in the old and new tools (see further explanation below).

Codebook columns: The codebook contains a set of columns (A-G) for the new tool, and a set of columns (I-N) for the old tool. The columns pertaining to the old tool are copied from the expiring GPRA codebook. The gray column H, in between the new and old sets, indicates the nature of the change for each field from the old tool to the new tool (see explanation below). This information may be helpful for grantees working to transition their own data systems. Column I flags those fields that should be included in uploads for the new CSV batch upload feature in SPARS (see further explanation under "Using the codebook to aid CSV batch uploads" below). Grantees interested primarily in the new data may wish to focus only on columns A-G.

Codebook rows: There is a row in the codebook for every field that will appear in the data download from SPARS. The data download will include both fields from the new tool, and, where different, fields from the old tool as well (see explanation below) so that grantees may have all their data from before and after the tool change in an integrated file. Therefore, there is a row in the codebook for every field that appears in either the new tool and/or the old tool.

Types of field changes: The gray column H indicates the changes for each field between the old and new tools. The first line indicates the category of change and is always one of the six categories listed below. Please see the flowchart which describes the decision process for categorizing fields. Unchanged fields, as well as straight adds and drops of fields, are straightforward. For fields that exist in both the new and old tools but that were edited, the category is based on the extent of the edits. If the edits did not substantively alter the meaning of the question, and the new and old response categories were conformable for analysis, that field was designated as an Edit. Appropriate changes were made to the new field, and the new and old responses will appear in the same column in data download. For fields where the meaning changed substantially or the response categories changed in a way that would not support analysis across the different tool versions, Those fields were designated as **Edit-Retire** fields. The old field was "retired" by appending "_22" to its name, and a new version of the field was created using the existing field name. The six types of field change are as follows:

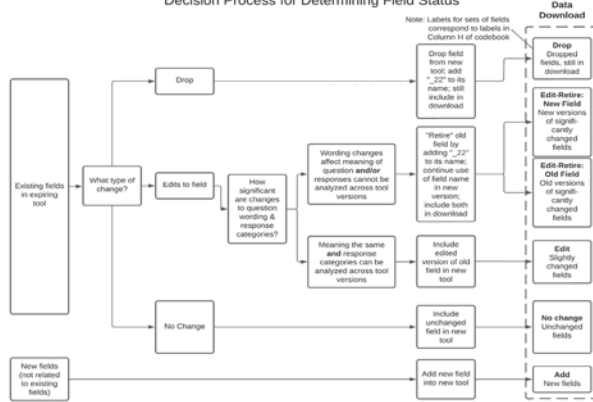
- No change:** There was no change in the field between old and new tools.
- Add:** The field is for a new item that was added by SAMHSA in the new tool; there is no related item in the old tool.
- Drop:** The field existed in the old tool but was dropped in the new tool. These fields are included in data download, so that grantees can have historical data integrated with new data in one file.
- Edit:** There were edits to the field but they were not, in our judgment, so significant that one could not analyze the new and old responses together in a single column.
- Edit-Retire: Old Field:** There were edits to the field that were, in our judgment, substantial enough to make old and new responses too different to analyze together in a single column. The old field was "retired" by appending "_22" to its name. Note that the "retired" field is included in data downloads for data continuity.
- Edit-Retire: New Field:** There were edits to the field that were substantial enough to make old and new responses too different to analyze together in a single column. The new field carries on with the same field name as was used in the old tool.

Types of edits: In column H of the codebook, for fields that were edited in moving from the old to the new tool, the subsequent lines of the cell indicate the type of edits that were done. They may be any combination of the following:

- Wording change
- Field name change
- Values change

Using the codebook to aid in CSV batch uploads: As mentioned above, the codebook includes a row for every field that appears in either the old tool or the new tool. The new CSV batch upload feature in SPARS is available only for the new tool, so does not accept fields that have been dropped or retired from the new tool. Furthermore, some fields that appear in data downloads are calculated by SPARS (e.g. the FFY of the interview) and are not uploaded by grantees. Grantees using the codebook to help them format data for CSV batch upload may filter on a value of 1 in Column I (Upload Field) to isolate the subset of fields required for CSV batch upload. Filtering to show only items with a 1 in column I will hide the dropped, retired, and SPARS-calculated fields.

Decision Process for Determining Field Status



The figure is a flowchart of the decision process for categorizing fields in the data download. The figure starts on the left with two boxes, for existing fields and totally new fields. On the far right is a set of six boxes indicating six different types of fields in the data download. Intermediate boxes linked by arrows show the decision process by which fields are categorized from the two starting boxes on the left to the six types on the right. Completely new fields in the new tool have only one pathway. They are added to the new tool and categorized as type "Add" in the codebook. Existing fields are evaluated for their type of change. There are three possible branches. First, the field could exist in the expiring tool but be dropped from the new tool. In that case, the field is renamed with "_22" appended to its name, and categorized as type "Drop" in the codebook. Second, the field could be unchanged between the old and new tools. In that case the field is simply added to the new tool and categorized as type "No change" in the codebook. Third, the field could be edited in the new version of the tool. In this case the pathway goes to a box asking how substantial the changes in the field are, with two branches coming out. If the wording and value changes are not substantial, the field is edited and continued in the new tool. These fields are classified as type "Edit" in the codebook. If the changes to the question wording are substantive, or the response category changes make analysis across the different tool versions difficult, the field from the expiring tool is "retired" by adding "_22" to its name, and a new version of the field with the old field name carries on in the new tool. These two types of fields are classified as "Edit-Retire: Old Field" and "Edit-Retire: New Field" respectively in the codebook.

CSAT GPRA Tool Codebook													
New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
A. RECORD MANAGEMENT	ClientID		Unique identifier for a person within a grant. Assigned by grantee.		Numeric	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	No change	1	ClientID	A	Unique identifier for a person within a grant. 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_22						Edit-Retire: Old Field	0	ClientType	A	Client Type	1 = Treatment Client 2 = Client in Recovery	REQUIRED (only asked at Intake) * RSCP grants should use "2"
A. RECORD MANAGEMENT	ClientDescripTreat		Client description by grant type: Treatment	1 = Yes 0 = No	Numeric		Edit-Retire: New Field	1					
A. RECORD MANAGEMENT	ClientDescripRecov		Client description by grant type: Recovery	1 = Yes 0 = No	Numeric		Edit-Retire: New Field	1					
A. RECORD MANAGEMENT	GrantNo		Contract/Grant ID	Assigned by CSAT	Numeric		No change	1	GrantNo		Grant Number	Assigned by CSAT	
A. RECORD MANAGEMENT	InterviewType		Interview Type	1 = Intake 2 = 6-month follow-up 4 = 3-month follow-up 5 = Discharge	Numeric		Edit Values change	1	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 PPV grant program.
A. RECORD MANAGEMENT	ConductedInterview		Did you conduct a follow-up/discharge interview?	1 = Yes 0 = No	Numeric	Complete at Follow-Up/Discharge	No change	1	ConductedInterview	A	Did you conduct a follow-up/discharge interview?	REQUIRED 1 = Yes 0 = No	Complete at Follow-Up/Discharge
A. RECORD MANAGEMENT	InterviewDate		The date the GPRA interview was completed. (If an interview was not conducted, do not enter a date.)	MM/DD/YYYY	Date	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. 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.	No change	1	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
A. RECORD MANAGEMENT	IntakeSeqNum		Intake sequence number (within client).		Numeric	AUTOFILL 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. The highest sequence number (IntakeSeqNum) within client should point to the current/active intake.	No change	0	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.
A. RECORD MANAGEMENT	GrantInactFlag		Grant Status (active or inactive)	0 = Active 1 = Inactive	Numeric	AUTOFILL A grant is Active beginning on it's Start Date; a grant becomes inactive 30 days after the grant end date.	No change	0	GrantInactFlag	autofill	Grant Status (active or inactive)	0 = Active 1 = Inactive	AUTOFILL * A grant is Active beginning on it's Start Date; a grant becomes inactive 30 days after the grant End Date
A. RECORD MANAGEMENT	InactFlag		Interview Status (active or inactive)	0 = Active 1 = Inactive	Numeric	AUTOFILL A client can have multiple intakes - the most current intake is "active" (inactflag=0) and the rest are set to "inactive" (inactflag=1). For regular Services: 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.	No change	0	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.
A. RECORD MANAGEMENT	FFY		Federal Fiscal Year	Federal Fiscal Year	Numeric	AUTOFILL Based on InterviewDate calculated separately for each interview; if no interview conducted, based on date interview entered database.	No change	0	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.
A. RECORD MANAGEMENT	Quarter		Federal Fiscal Year Quarter	1 = October - December 2 = January - March 3 = April - June 4 = July - September	Numeric	AUTOFILL Based on InterviewDate calculated separately for each interview; if no interview conducted, based on date interview entered database.	No change	0	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.
A. RECORD MANAGEMENT	Month		Month Interview took place	01 - 12 = Jan - Dec	Numeric	AUTOFILL Based on InterviewDate calculated separately for each interview; if no interview conducted, based on date interview entered database.	No change	0	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.
	ICD10CodeOne_22						Drop	0	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_22						Drop	0	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_22						Drop	0	ICD10CodeTwo	ICD10b	Substance Use Disorder Diagnosis 2	See ICD10_Diagnosis3 Value Definitions	
	ICD10CodeTwoCategory_22						Drop	0	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.

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
	ICD10CodeThree_22						Drop	0	ICD10CodeThree	ICD10c	Substance Use Disorder Diagnosis 3	[Long list of ICD-10 codes not shown]	
	ICD10CodeThreeCategory_22						Drop	0	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.
A. RECORD MANAGEMENT - DEMOGRAPHICS	BirthMonth	A1	Date of Birth - Month only		Numeric		No change	1	BirthMonth	A4	Date of Birth - Month only		
A. RECORD MANAGEMENT - DEMOGRAPHICS	BirthYear	A1	Date of Birth - Year only	1900 to (Current year less 10 years)	Numeric		No change	1	BirthYear	A4	Date of Birth - Year only	1900 to (Current year less 10 years)	REQUIRED
A. RECORD MANAGEMENT - DEMOGRAPHICS	Age	N/A	Calculated field - the difference between IntakeDate and BirthDate in years.		Numeric	AUTOFILL Calculated at Intake only.	No change	0			Approximate age in years.	Calculated field - the difference between IntakeDate and BirthDate	AUTOFILL * Calculated at Intake only.
A. RECORD MANAGEMENT - DEMOGRAPHICS	AgeGroup	N/A	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	Numeric	AUTOFILL Calculated at Intake only.	No change	0			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.
A. RECORD MANAGEMENT - DEMOGRAPHICS	Gender	A2	What do you consider yourself to be?	1 = Male 2 = Female 4 = Other (Specify) 5 = Transgender (Male to Female) 6 = Transgender (Female to Male) 7 = Gender non-conforming 9 = Refused 9 = Missing Data	Numeric		Edit Wording change Values change	1	Gender	A1	What is your gender?	1 = Male 2 = Female 3 = Transgender 4 = Other 7 = Refused 9 = Missing Data	Complete ONLY at intake
A. RECORD MANAGEMENT - DEMOGRAPHICS	GenderSpec	A2a	What do you consider yourself to be? Other, specify text.	Text -1 = Not Applicable	Character	Must be completed if Gender = 4, otherwise must be -1 (NA).	No change	1	GenderSpec	A1	Gender, Other, specify.		Complete ONLY at intake Blank only if A1 (Gender) not = 4, otherwise cannot be blank
A. RECORD MANAGEMENT - DEMOGRAPHICS	HispanicLatino	A3	Are you Hispanic, Latino/a, or of Spanish origin?	1 = Yes 0 = No 7 = Refused 9 = Missing Data	Numeric	If the client responds that he/she is not Hispanic or Latino, check "no" and continue with question A4. If the client refuses to answer check "Refused" and continue with question A4. If the client responds that he/she is Hispanic or Latino, check "yes" and inquire about which ethnic group the client considers him/herself.	Edit Wording change	1	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.
A. RECORD MANAGEMENT - DEMOGRAPHICS	EthnicCentralAmerican	A3a	What ethnic group do you consider yourself? You may indicate more than one. Central American.	1 = Yes 0 = No 7 = Refused 9 = Missing Data -1 = Not Applicable	Numeric	If HispanicLatino=1, then Ethnicity questions must be completed. If HispanicLatino=0 (No), -7 (Refused), or -9 (Missing), Ethnicity questions must be -1 (NA). If any Ethnicity field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Edit Wording change Values change	1	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	EthnicCuban	A3a	What ethnic group do you consider yourself? You may indicate more than one. Cuban	1 = Yes 0 = No 7 = Refused 9 = Missing Data -1 = Not Applicable	Numeric	If HispanicLatino=1, then Ethnicity questions must be completed. If HispanicLatino=0 (No), -7 (Refused), or -9 (Missing), Ethnicity questions must be -1 (NA). If any Ethnicity field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Edit Wording change Values change	1	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	EthnicDominican	A3a	What ethnic group do you consider yourself? You may indicate more than one. Dominican.	1 = Yes 0 = No 7 = Refused 9 = Missing Data -1 = Not Applicable	Numeric	If HispanicLatino=1, then Ethnicity questions must be completed. If HispanicLatino=0 (No), -7 (Refused), or -9 (Missing), Ethnicity questions must be -1 (NA). If any Ethnicity field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Edit Wording change Values change	1	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	EthnicMexican	A3a	What ethnic group do you consider yourself? You may indicate more than one. Mexican.	1 = Yes 0 = No 7 = Refused 9 = Missing Data -1 = Not Applicable	Numeric	If HispanicLatino=1, then Ethnicity questions must be completed. If HispanicLatino=0 (No), -7 (Refused), or -9 (Missing), Ethnicity questions must be -1 (NA). If any Ethnicity field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Edit Wording change Values change	1	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	EthnicPuertoRican	A3a	What ethnic group do you consider yourself? You may indicate more than one. Puerto Rican.	1 = Yes 0 = No 7 = Refused 9 = Missing Data -1 = Not Applicable	Numeric	If HispanicLatino=1, then Ethnicity questions must be completed. If HispanicLatino=0 (No), -7 (Refused), or -9 (Missing), Ethnicity questions must be -1 (NA). If any Ethnicity field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Edit Wording change Values change	1	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	EthnicSouthAmerican	A3a	What ethnic group do you consider yourself? You may indicate more than one. South American.	1 = Yes 0 = No 7 = Refused 9 = Missing Data -1 = Not Applicable	Numeric	If HispanicLatino=1, then Ethnicity questions must be completed. If HispanicLatino=0 (No), -7 (Refused), or -9 (Missing), Ethnicity questions must be -1 (NA). If any Ethnicity field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Edit Wording change Values change	1	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	EthnicOther	A3a	What ethnic group do you consider yourself? You may indicate more than one. Other (Specify).	1 = Yes 0 = No 7 = Refused 9 = Missing Data -1 = Not Applicable	Numeric	If HispanicLatino=1, then Ethnicity questions must be completed. If HispanicLatino=0 (No), -7 (Refused), or -9 (Missing), Ethnicity questions must be -1 (NA). If any Ethnicity field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Edit Wording change Values change	1	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	EthnicOtherSpec	A3a	What ethnic group do you consider yourself? You may indicate more than one. Other Specify text response.	Text -1 = Not Applicable	Character	If HispanicLatino=1, then Ethnicity questions must be completed. If HispanicLatino=0 (No), -7 (Refused), or -9 (Missing), Ethnicity questions must be -1 (NA). If any Ethnicity field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be. Must be completed if EthnicOther = 1, otherwise must be -1 (NA).	Edit Wording change Values change	1	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceBlack	A4	What is your race? You may indicate more than one. Black or African American.	1 = Yes 0 = No 7 = Refused 9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit Values change	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceWhite	A4	What is your race? You may indicate more than one. White.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit Values change	1	RaceWhite	A3	What is your race? White	1 = Yes Blank (NULL) = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceAmericanIndian	A4	What is your race? You may indicate more than one. American Indian.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit Values change	1	RaceAmericanIndian	A3	What is your race? American Indian	1 = Yes Blank (NULL) = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceAlaskaNative	A4	What is your race? You may indicate more than one. Alaska Native.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit Values change	1	RaceAlaskaNative	A3	What is your race? Alaska Native	1 = Yes Blank (NULL) = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
	RaceAsian_22						Edit-Retire: Old Field	0	RaceAsian	A3	What is your race? Asian	1 = Yes Blank (NULL) = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceAsianIndian	A4	What is your race? You may indicate more than one. Asian Indian.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceChinese	A4	What is your race? You may indicate more than one. Chinese.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceFilipino	A4	What is your race? You may indicate more than one. Filipino.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceJapanese	A4	What is your race? You may indicate more than one. Japanese.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceKorean	A4	What is your race? You may indicate more than one. Korean.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceVietnamese	A4	What is your race? You may indicate more than one. Vietnamese.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceOtherAsian	A4	What is your race? You may indicate more than one. Other Asian.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceNativeHawaiian	A4	What is your race? You may indicate more than one. Native Hawaiian.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit Wording change Values change	1	RaceNativeHawaiian	A3	What is your race? Native Hawaiian or Other Pacific Islander	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Complete ONLY at intake
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceGuamanianChamorro	A4	What is your race? You may indicate more than one. Guamanian or Chamorro.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceSamoan	A4	What is your race? You may indicate more than one. Samoan.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceOtherPacificIslander	A4	What is your race? You may indicate more than one. Other Pacific Islander.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceOther	A4	What is your race? You may indicate more than one. Other (Specify).	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Race field is -7 (Refused), or -9 (Missing), then all must be.	Edit Values change	1	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.
A. RECORD MANAGEMENT - DEMOGRAPHICS	RaceSpec	A4	What is your race? You may indicate more than one. Other specify text.	Text -1 = Not Applicable	Character	Must be completed if RaceOther = 1, otherwise must be -1 (NA).	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	LangNotEnglishAtHome	A5	Do you speak a language other than English at home?	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	Complete only for interviews conducted in English.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	LangNotEnglishSpoken	ASa	[IF YES] What is this language?	1 = Spanish 2 = Other (Specify) -7 = Refused -9 = Missing Data	Numeric	Complete only for interviews conducted in English.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	LangNotEnglishSpokenSpec	ASb	IF YES, what is this language? Other specify text.	Text -1 = Not Applicable	Character	Complete only for interviews conducted in English. Must be completed if LangNotEnglishSpoken = 2, otherwise must be -1 (NA).	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	LangNotSpanishAtHome	A5	Do you speak a language other than English at home?	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	Complete only for interviews conducted in Spanish.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	LangNotSpanishSpoken	ASa	[IF YES] What is this language?	1 = English 2 = Other (Specify) -7 = Refused -9 = Missing Data	Numeric	Complete only for interviews conducted in Spanish.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	LangNotSpanishSpokenSpec	ASb	IF YES, what is this language? Other specify text.	Text -1 = Not Applicable	Character	Complete only for interviews conducted in Spanish. Must be completed if LangNotSpanishSpoken = 2, otherwise must be -1 (NA).	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
A. RECORD MANAGEMENT - DEMOGRAPHICS	SexidentHeterosexual	A6	Do you think of yourself as... [you may indicate more than one]. Straight or Heterosexual.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Sexident field is -7 (Refused) or -9 (Missing), then all must be.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	SexidentHomosexual	A6	Do you think of yourself as... [you may indicate more than one]. Homosexual (Gay or Lesbian).	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Sexident field is -7 (Refused) or -9 (Missing), then all must be.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	SexidentBisexual	A6	Do you think of yourself as... [you may indicate more than one]. Bisexual.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Sexident field is -7 (Refused) or -9 (Missing), then all must be.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	SexidentQueerPanaQuest	A6	Do you think of yourself as... [you may indicate more than one]. Queer, Pansexual, and/or Questioning.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Sexident field is -7 (Refused) or -9 (Missing), then all must be.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	SexidentAsexual	A6	Do you think of yourself as... [you may indicate more than one]. Asexual.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Sexident field is -7 (Refused) or -9 (Missing), then all must be.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	SexidentOther	A6	Do you think of yourself as... [you may indicate more than one]. Other (specify).	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any Sexident field is -7 (Refused) or -9 (Missing), then all must be.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	SexidentSpec	A6	Do you think of yourself as... [you may indicate more than one]. Other, specify text.	Text 1 = Yes -1 = Not Applicable	Character	Must be completed if SexidentOther = 1, otherwise must be -1 (NA).	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	RelationshipStatus	A7	What is your relationship status?	1 = Married 2 = Single 3 = Divorced 4 = Separated 5 = Widowed 6 = In a relationship 7 = In multiple relationships -7 = Refused -9 = Missing Data	Numeric		Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	Pregnant	A8	Are you currently pregnant?	1 = Yes 0 = No -8 = Do not know -7 = Refused -9 = Missing Data	Numeric		Edit Values change	1	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)
A. RECORD MANAGEMENT - DEMOGRAPHICS	Children	A9	Do you have children? (Refers to children both living and/or who may have died)	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If Children <> 1, skip to question A10	Edit Wording change Values change	1	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_22						Edit-Retire: Old Field	0	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	ChildrenUnder18Nr	A9a	How many children under the age of 18 do you have?	1 - 99 = Children -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	SKIP if Children > 1	Edit-Retire: New Field	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	ChildrenCustody		Are any of your children, who are under the age of 18, living with someone else due to a court's intervention?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Skip if Children <> 1 or if ChildrenUnder18Nr <= 0.	Edit Wording change Values change	1	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	ChildrenCustodyNr	A9b1	[IF YES] Number of children removed from client's care.	1 - 99 = Children -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Skip if Children <> 1 or if ChildrenUnder18Nr <= 0 or if ChildrenCustody <= 0. ChildrenCustodyNr must be <= ChildrenUnder18Nr.	Edit Wording change Values change	1	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_22						Drop	0	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
A. RECORD MANAGEMENT - DEMOGRAPHICS	ChildrenReunited	A9c	Have you been reunited with any of your children, under the age of 18, who have been previously removed from your care?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Skip if Children <> 1 or if ChildrenUnder18Nr <= 0 or if ChildrenCustody <= 0.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	ChildrenReunitedNr	A9c1	[IF YES] Number of children with whom the client has been reunited	1 - 99 = Children -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Skip if Children <> 1 or if ChildrenUnder18Nr <= 0 or if ChildrenCustody <= 0 or if ChildrenReunited <> 1. ChildrenReunitedNr must be <= ChildrenCustodyNr.	Add	1					
A. RECORD MANAGEMENT - DEMOGRAPHICS	MilitaryServed	A10	Have you ever served in the Armed Forces, in the Reserves, in the National Guard, or in other Uniformed Services? [IF SERVED] What area, the Armed Forces, Reserves, National Guard, or other did you serve?	0 = No 1 = Yes, in the Armed Forces 2 = Yes, in the Reserves 3 = Yes, in the National Guard 4 = Yes, other Uniformed Services [Includes NOAA, USPHS] -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	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.

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
A. RECORD MANAGEMENT - DEMOGRAPHICS	ServicesTravelTime	A11	How long does it take you, on average, to travel to the location where you receive services provided by this grant?	1 = Half an hour or less 2 = Between half an hour and one hour 3 = Between one hour and one and a half hours 4 = Between one and a half hours and two hours 5 = Two hours or more -7 = Refused -9 = Missing Data	Numeric		Add	1					
	Veteran_22						Drop	0	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 ATR 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.
	ActiveDuty_22						Drop	0	ActiveDuty	ASa	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_22						Drop	0	NeverDeployed	ASb-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_22						Drop	0	IraqAfghanistan	ASb-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_22						Drop	0	PersianGulf	ASb-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_22						Drop	0	VietnamSoutheastAsia	ASb-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_22						Drop	0	Korea	ASb-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_22						Drop	0	WWII	ASb-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_22						Drop	0	DeployedCombatZone	ASb-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.'
	FamilyActiveDuty_22						Drop	0	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_22						Drop	0	ServiceMemRelationship1	A6_RehShip	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_RehShip to A6d should be skipped.

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
	ServiceMemExpOther1_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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.
	ServiceMemExpInjured2_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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.

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
	ServiceMemExpDeployed3_2						Drop	0	ServiceMemExpDeployed3	A63	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.
	ServiceMemExpInjured_22						Drop	0	ServiceMemExpInjured3	A63	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_22						Drop	0	ServiceMemExpCombatStress3	A63	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.
	ServiceMemExpDeceased_2						Drop	0	ServiceMemExpDeceased2	A63	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.
	ServiceMemRelationship4_22						Drop	0	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_22						Drop	0	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_2						Drop	0	ServiceMemExpDeployed4	A64	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_22						Drop	0	ServiceMemExpInjured4	A64	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_22						Drop	0	ServiceMemExpCombatStress4	A64	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_2						Drop	0	ServiceMemExpDeceased4	A64	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	ServiceMemExpDeployed5	A65	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.

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
	ServiceMemExpInjured5_22						Drop	0	ServiceMemExpInjured5	A65	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.
	ServiceMemExpCombatStress5_22						Drop	0	ServiceMemExpCombatStress5	A65	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_22						Drop	0	ServiceMemExpDeceased5	A65	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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.
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholDays	B1A1	The number of days, in the past 30 days that the client reports using a substance. Alcohol.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	DAUUseAlcoholDays	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 -99 = Interview before question added	REQUIRED If DAUUseAlcoholDays = 0, then DAUUseAlcoholIntox4Days and DAUUseAlcoholIntox4Days 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.
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholRoute	B1B1	The Route by which the substance is used. Alcohol.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholOther1Days	B1A2	The number of days, in the past 30 days that the client reports using a substance. Other alcohol.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholOther1Route	B1B2	The Route by which the substance is used. Other alcohol.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholOther15pec	B1A2	The Route by which the substance is used. Other alcohol text.	Text -1 = Not Applicable	Character	Must be completed if AlcoholOther1Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholOther2Days	B1A2	The number of days, in the past 30 days that the client reports using a substance. Other alcohol.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholOther2Route	B1B2	The Route by which the substance is used. Other alcohol.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholOther25pec	B1A2	The Route by which the substance is used. Other alcohol text.	Text -1 = Not Applicable	Character	Must be completed if AlcoholOther2Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholOther3Days	B1A2	The number of days, in the past 30 days that the client reports using a substance. Other alcohol.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholOther3Route	B1B2	The Route by which the substance is used. Other alcohol.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	AlcoholOther35pec	B1A2	The Route by which the substance is used. Other alcohol text.	Text -1 = Not Applicable	Character	Must be completed if AlcoholOther3Days > 0, otherwise must be -1 (NA).	Add	1					
	DAUseAlcoholIntox5Days_22						Drop	0	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
	DAUseAlcoholIntox4Days_22						Drop	0	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
	DAUseIllegalDrugsDays_22						Drop	0	DAUseIllegalDrugsDays	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 DAUseIllegalDrugsDays = 0, -7, -8 then DAUseBothDays = -1
	DAUseBothDays_22						Drop	0	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 DAUseAlcoholDays <= 0 or DAUseIllegalDrugsDays <= 0 * If any B2a1 > 0 then DAUseIllegalDrugsDays must be > 0 * If DAUseAlcoholDays or DAUseIllegalDrugsDays <= 0 then DAUseBothDays = -1
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsHeroinDays	B1A3	The number of days, in the past 30 days that the client reports using a substance. Heroin.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsHeroinRoute	B1B3	The Route by which the substance is used. Heroin.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsMorphineDays	B1A4	The number of days, in the past 30 days that the client reports using a substance. Morphine.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	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 <= DAUsellegalDrugsDays *If OpiatesMorphineDays <= 0 then OpiatesMorphineRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsMorphineRoute	B1B4	The Route by which the substance is used. Morphine.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsFentanylDays	B1A5	The number of days, in the past 30 days that the client reports using a substance. Fentanyl (prescription diversion or illicit source).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsFentanylRoute	B1B5	The Route by which the substance is used. Fentanyl (prescription diversion or illicit source).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsDilaudidDays	B1A6	The number of days, in the past 30 days that the client reports using a substance. Dilaudid.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	OpiatesDilaudidDays	B2c3	During the past 30 days, how many days have you used any of the following: Dilaudid	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 = Missing Data	REQUIRED *OpiatesDilaudidDays <= DAUsellegalDrugsDays *If OpiatesDilaudidDays <= 0 then OpiatesDilaudidRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsDilaudidRoute	B1B6	The Route by which the substance is used. Dilaudid.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	1	OpiatesDilaudidRoute	B2c3	Route of Administration: Dilaudid	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 OpiatesDilaudidDays <= 0
B. SUBSTANCE USE AND PLANNED SERVICES	OpiatesDemerolDays	B1A7	The number of days, in the past 30 days that the client reports using a substance. Demoral.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	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 <= DAUsellegalDrugsDays *If OpiatesDemerolDays <= 0 then OpiatesDemerolRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	OpiatesDemerolRoute	B1B7	The Route by which the substance is used. Demoral.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpiatesPercocetDays	B1A8	The number of days, in the past 30 days that the client reports using a substance. Percocet.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	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 <= DAUsellegalDrugsDays *If OpiatesPercocetDays <= 0 then OpiatesPercocetRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	OpiatesPercocetRoute	B1B8	The Route by which the substance is used. Percocet.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	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_22						Drop	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 <= DAUsellegalDrugsDays *If OpiatesDarvonDays <= 0 then OpiatesDarvonRoute = -1

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
	OpiatesDarvonRoute_22						Drop	0	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsCodeineDays	B1A9	The number of days, in the past 30 days that the client reports using a substance. Codeine.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	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 <= DAUselllegalDrugsDays *If OpiatesCodeineDays <= 0 then OpiatesCodeineRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsCodeineRoute	B1B9	The Route by which the substance is used. Codeine.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV injection 5 = IV injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsTylenolDays	B1A10	The number of days, in the past 30 days that the client reports using a substance. Tylenol 2, 3, 4.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	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 <= DAUselllegalDrugsDays *If OpiatesTylenolDays <= 0 then OpiatesTylenolRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsTylenolRoute	B1B10	The Route by which the substance is used. Tylenol 2, 3, 4.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV injection 5 = IV injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOxycodays	B1A11	The number of days, in the past 30 days that the client reports using a substance. OxyContin/Oxycodone.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	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 OpiatesOxycodoneRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOxycoroute	B1B11	The Route by which the substance is used. OxyContin/Oxycodone.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV injection 5 = IV injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsNonPresMethadoneDays	B1A12	The number of days, in the past 30 days that the client reports using a substance. Non-prescription methadone.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsNonPresMethadoneRoute	B1B12	The Route by which the substance is used. Non-prescription methadone.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV injection 5 = IV injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsNonPresBupDays	B1A13	The number of days, in the past 30 days that the client reports using a substance. Non-prescription buprenorphine.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsNonPresDupRoute	B1B13	The Route by which the substance is used. Non-prescription buprenorphine.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOther1Days	B1A14	The number of days, in the past 30 days that the client reports using a substance. Other opioids (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOther1Route	B1B14	The Route by which the substance is used. Other opioids (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOther1Spec	B1A14	The number of days, in the past 30 days that the client reports using a substance. Other opioids (specify) text.	Text -1 = Not Applicable	Character	Must be completed if OpioidsOther1Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOther2Days	B1A14	The number of days, in the past 30 days that the client reports using a substance. Other opioids (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOther2Route	B1B14	The Route by which the substance is used. Other opioids (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOther2Spec	B1A14	The number of days, in the past 30 days that the client reports using a substance. Other opioids (specify) text.	Text -1 = Not Applicable	Character	Must be completed if OpioidsOther2Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOther3Days	B1A14	The number of days, in the past 30 days that the client reports using a substance. Other opioids (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOther3Route	B1B14	The Route by which the substance is used. Other opioids (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OpioidsOther3Spec	B1A14	The number of days, in the past 30 days that the client reports using a substance. Other opioids (specify) text.	Text -1 = Not Applicable	Character	Must be completed if OpioidsOther3Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	MarijuanaDays	B1A15	The number of days, in the past 30 days that the client reports using a substance. Cannabis.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	MarijuanaRoute	B1B15	The Route by which the substance is used. Cannabis.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	SynthCannDays	B1A16	The number of days, in the past 30 days that the client reports using a substance. Synthetic cannabinoids.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SynthCannRoute	B1B16	The Route by which the substance is used. Synthetic cannabinoids.	1 = Oral 2 = Intranasal 3 = Vaping 4 = Non-IV Injection 5 = IV Injection 6 = Smoking 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CannOther1Days	B1A17	The number of days, in the past 30 days that the client reports using a substance. Other cannabis (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CannOther1Route	B1B17	The Route by which the substance is used. Other cannabis (specify).	1 = Oral 2 = Intranasal 3 = Vaping 4 = Non-IV Injection 5 = IV Injection 6 = Smoking 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CannOther1Spec	B1A17	The number of days, in the past 30 days that the client reports using a substance. Other cannabis (specify) text.	Text -1 = Not Applicable	Character	Must be completed if CannOther1Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CannOther2Days	B1A17	The number of days, in the past 30 days that the client reports using a substance. Other cannabis (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CannOther2Route	B1B17	The Route by which the substance is used. Other cannabis (specify).	1 = Oral 2 = Intranasal 3 = Vaping 4 = Non-IV Injection 5 = IV Injection 6 = Smoking 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CannOther2Spec	B1A17	The number of days, in the past 30 days that the client reports using a substance. Other cannabis (specify) text.	Text -1 = Not Applicable	Character	Must be completed if CannOther2Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CannOther3Days	B1A17	The number of days, in the past 30 days that the client reports using a substance. Other cannabis (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CannOther3Route	B1B17	The Route by which the substance is used. Other cannabis (specify).	1 = Oral 2 = Intranasal 3 = Vaping 4 = Non-IV Injection 5 = IV Injection 6 = Smoking 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CannOther3Spec	B1A17	The number of days, in the past 30 days that the client reports using a substance. Other cannabis (specify) text.	Text -1 = Not Applicable	Character	Must be completed if CannOther3Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SedativeDays	B1A18	The number of days, in the past 30 days that the client reports using a substance. Sedatives.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	SedativeRoute	B1B18	The Route by which the substance is used. Sedatives.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HypnoDays	B1A19	The number of days, in the past 30 days that the client reports using a substance. Hypnotics.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HypnoRoute	B1B19	The Route by which the substance is used. Hypnotics.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	BarbituatesDays	B1A20	The number of days, in the past 30 days that the client reports using a substance. Barbiturates.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change	1	BarbituatesDays	B2g2	During the past 30 days, how many days have you used any of the following: Barbiturates: Mephobarbital (Mebacur), 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
B. SUBSTANCE USE AND PLANNED SERVICES	BarbituatesRoute	B1B20	The Route by which the substance is used. Barbiturates.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Values change	1	BarbituatesRoute	B2g2	Route of Administration: Barbiturates: Mephobarbital (Mebacur), 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
B. SUBSTANCE USE AND PLANNED SERVICES	AnxioBenzoDays	B1A21	The number of days, in the past 30 days that the client reports using a substance. Anxiolytics/benzodiazepines.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change Field name change	1	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 <= DAUseIllegalDrugsDays **If BenzodiazepinesDays <= 0 then BenzodiazepinesRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	AnxioBenzoRoute	B1B21	The Route by which the substance is used. Anxiolytics/benzodiazepines.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Field name change Values change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	SedHypOther1Days	B1A22	The number of days, in the past 30 days that the client reports using a substance. Sedative, hypnotic, or anxiolytics other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SedHypOther1Route	B1B22	The Route by which the substance is used. Sedative, hypnotic, or anxiolytics other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SedHypOther1Spec	B1A22	The number of days, in the past 30 days that the client reports using a substance. Sedative, hypnotic, or anxiolytics other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if SedHypOther1Days > 0, otherwise must be -1 (NA).	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	SedHypOther2Days	B1A22	The number of days, in the past 30 days that the client reports using a substance. Sedative, hypnotic, or anxiolytics other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SedHypOther2Route	B1B22	The Route by which the substance is used. Sedative, hypnotic, or anxiolytics other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SedHypOther2Spec	B1A22	The number of days, in the past 30 days that the client reports using a substance. Sedative, hypnotic, or anxiolytics other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if SedHypOther2Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SedHypOther3Days	B1A22	The number of days, in the past 30 days that the client reports using a substance. Sedative, hypnotic, or anxiolytics other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SedHypOther3Route	B1B22	The Route by which the substance is used. Sedative, hypnotic, or anxiolytics other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SedHypOther3Spec	B1A22	The number of days, in the past 30 days that the client reports using a substance. Sedative, hypnotic, or anxiolytics other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if SedHypOther3Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineDays	B1A23	The number of days, in the past 30 days that the client reports using a substance. Cocaine.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit-Retire: New Field	1					
	CocaineCrackDays_22						Edit-Retire: Old Field	0	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 <= DAUseLegalDrugsDays *If CocaineCrackDays <=0 then CocaineCrackRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineRoute	B1B23	The Route by which the substance is used. Cocaine.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit-Retire: New Field	1					
	CocaineCrackRoute_22						Edit-Retire: Old Field	0	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
B. SUBSTANCE USE AND PLANNED SERVICES	CrackDays	B1A24	The number of days, in the past 30 days that the client reports using a substance. Crack.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CrackRoute	B1A24	The Route by which the substance is used. Crack.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineOther1Days	B1A25	The number of days, in the past 30 days that the client reports using a substance. Cocaine other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineOther1Route	B1B25	The Route by which the substance is used. Cocaine other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineOther1Spec	B1A25	The number of days, in the past 30 days, that the client reports using a substance. Cocaine other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if CocaineOther1Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineOther2Days	B1A25	The number of days, in the past 30 days that the client reports using a substance. Cocaine other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineOther2Route	B1B25	The Route by which the substance is used. Cocaine other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineOther2Spec	B1A25	The number of days, in the past 30 days, that the client reports using a substance. Cocaine other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if CocaineOther2Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineOther3Days	B1A25	The number of days, in the past 30 days that the client reports using a substance. Cocaine other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineOther3Route	B1B25	The Route by which the substance is used. Cocaine other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CocaineOther3Spec	B1A25	The number of days, in the past 30 days, that the client reports using a substance. Cocaine other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if CocaineOther3Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	MethamDays	B1A26	The number of days, in the past 30 days that the client reports using a substance. Methamphetamine.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	MethamRoute	B1B26	The Route by which the substance is used. Methamphetamine.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Values change	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
B. SUBSTANCE USE AND PLANNED SERVICES	StimMedsDays	B1A27	The number of days, in the past 30 days that the client reports using a substance. Stimulant medications.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	StimMedRoute	B1B27	The Route by which the substance is used. Stimulant medications.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimsOther1Days	B1A28	The number of days, in the past 30 days that the client reports using a substance. Other stimulants (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimsOther1Route	B1B28	The Route by which the substance is used. Other stimulants (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimsOther1Spec	B1A28	The number of days, in the past 30 days that the client reports using a substance. Other stimulants (specify) text.	Text -1 = Not Applicable	Character	Must be completed if StimOther1Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimsOther2Days	B1A28	The number of days, in the past 30 days that the client reports using a substance. Other stimulants (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimsOther2Route	B1B28	The Route by which the substance is used. Other stimulants (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimsOther2Spec	B1A28	The number of days, in the past 30 days that the client reports using a substance. Other stimulants (specify) text.	Text -1 = Not Applicable	Character	Must be completed if StimOther2Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimsOther3Days	B1A28	The number of days, in the past 30 days that the client reports using a substance. Other stimulants (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimsOther3Route	B1B28	The Route by which the substance is used. Other stimulants (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimsOther3Spec	B1A28	The number of days, in the past 30 days that the client reports using a substance. Other stimulants (specify) text.	Text -1 = Not Applicable	Character	Must be completed if StimOther3Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	PCPDays	B1A29	The number of days, in the past 30 days that the client reports using a substance. PCP.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	PCPRoute	B1B29	The Route by which the substance is used. PCP	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	MDMADays	B1A30	The number of days, in the past 30 days that the client reports using a substance. MDMA.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	MDMARoute	B1B30	The Route by which the substance is used. MDMA.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	LSDDays	B1A31	The number of days, in the past 30 days that the client reports using a substance. LSD.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	LSDRoute	B1B31	The Route by which the substance is used. LSD.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	MushroomDays	B1A32	The number of days, in the past 30 days that the client reports using a substance. Mushrooms.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	MushroomRoute	B1B32	The Route by which the substance is used. Mushrooms.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	MescalineDays	B1A33	The number of days, in the past 30 days that the client reports using a substance. Mescaline.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	MescalineRoute	B1B33	The Route by which the substance is used. Mescaline.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SalviaDays	B1A34	The number of days, in the past 30 days that the client reports using a substance. Salvia.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	SalviaRoute	B1B34	The Route by which the substance is used. Salvia.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DMTDays	B1A35	The number of days, in the past 30 days that the client reports using a substance. DMT.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	DMTRoute	B1B35	The Route by which the substance is used. DMT.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HalluPsychOther1Days	B1A36	The number of days, in the past 30 days that the client reports using a substance. Hallucinogens and psychedelics other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HalluPsychOther1Route	B1B36	The Route by which the substance is used. Hallucinogens and psychedelics other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HalluPsychOther1Spec	B1A36	The number of days, in the past 30 days that the client reports using a substance. Hallucinogens and psychedelics other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if HalluPsychOther1Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HalluPsychOther2Days	B1A36	The number of days, in the past 30 days that the client reports using a substance. Hallucinogens and psychedelics other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HalluPsychOther2Route	B1B36	The Route by which the substance is used. Hallucinogens and psychedelics other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HalluPsychOther2Spec	B1A36	The number of days, in the past 30 days that the client reports using a substance. Hallucinogens and psychedelics other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if HalluPsychOther2Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HalluPsychOther3Days	B1A36	The number of days, in the past 30 days that the client reports using a substance. Hallucinogens and psychedelics other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HalluPsychOther3Route	B1B36	The Route by which the substance is used. Hallucinogens and psychedelics other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	HalluPsychOther3Spec	B1A36	The number of days, in the past 30 days that the client reports using a substance. Hallucinogens and psychedelics other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if HalluPsychOther3Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsDays	B1A37	The number of days, in the past 30 days that the client reports using a substance. Inhalants.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change	1	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 <= DAUSELegalDrugsDays *If InhalantsDays <= 0 then InhalantsRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsRoute	B1B37	The Route by which the substance is used. Inhalants.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Values change	1	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsOther1Days	B1A38	The number of days, in the past 30 days that the client reports using a substance. Inhalants other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsOther1Route	B1B38	The Route by which the substance is used. Inhalants other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsOther1Spec	B1A38	The number of days, in the past 30 days that the client reports using a substance. Inhalants other (specify).	Text -1 = Not Applicable	Character	Must be completed if InhalantsOther1Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsOther2Days	B1A38	The number of days, in the past 30 days that the client reports using a substance. Inhalants other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsOther2Route	B1B38	The Route by which the substance is used. Inhalants other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsOther2Spec	B1A38	The number of days, in the past 30 days that the client reports using a substance. Inhalants other (specify).	Text -1 = Not Applicable	Character	Must be completed if InhalantsOther2Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsOther3Days	B1A38	The number of days, in the past 30 days that the client reports using a substance. Inhalants other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsOther3Route	B1B38	The Route by which the substance is used. Inhalants other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	InhalantsOther3Spec	B1A38	The number of days, in the past 30 days that the client reports using a substance. Inhalants other (specify).	Text -1 = Not Applicable	Character	Must be completed if InhalantsOther3Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	NonPrescGhbDays	B1A39	The number of days, in the past 30 days that the client reports using a substance. Non-prescription GHB.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change	1	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 <= DAUselllegalDrugsDays *If NonPrescGhbDays <= 0 then NonPrescGhbRoute = -1
B. SUBSTANCE USE AND PLANNED SERVICES	NonPrescGhbRoute	B1B39	The Route by which the substance is used. Non-prescription GHB.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Edit Wording change Values change	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
B. SUBSTANCE USE AND PLANNED SERVICES	KetamineDays	B1A40	The number of days, in the past 30 days that the client reports using a substance. Ketamine.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Edit Wording change	1	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 <= DAUselllegalDrugsDays *If KetamineDays <= 0 then KetamineRoute = -1

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	KetamineRoute	B1B40	The Route by which the substance is used. Ketamine.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Wording change Values change	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
B. SUBSTANCE USE AND PLANNED SERVICES	BathSaltsDays	B1A41	The number of days, in the past 30 days that the client reports using a substance. MDPV/bath salts.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	BathSaltsRoute	B1B41	The Route by which the substance is used. MDPV/bath salts.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	KratomDays	B1A42	The number of days, in the past 30 days that the client reports using a substance. Kratom.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	KratomRoute	B1B42	The Route by which the substance is used. Kratom.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	KhatDays	B1A43	The number of days, in the past 30 days that the client reports using a substance. Khat.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	KhatRoute	B1B43	The Route by which the substance is used. Khat.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OtherTranqDays	B1A44	The number of days, in the past 30 days that the client reports using a substance. Other tranquilizers.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OtherTranqRoute	B1B44	The Route by which the substance is used Other tranquilizers.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OtherDownersDays	B1A45	The number of days, in the past 30 days that the client reports using a substance. Other downers.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	OtherDownersRoute	B1B45	The Route by which the substance is used. Other downers.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OtherSedativesDays	B1A46	The number of days, in the past 30 days that the client reports using a substance. Other sedatives.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OtherSedativesRoute	B1B46	The Route by which the substance is used. Other sedatives.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OtherHypsDays	B1A47	The number of days, in the past 30 days that the client reports using a substance. Other hypnotics.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OtherHypsRoute	B1B47	The Route by which the substance is used. Other hypnotics.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	PsychActOther1Days	B1A48	The number of days, in the past 30 days that the client reports using a substance. Other psychoactive substances (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	PsychActOther1Route	B1B48	The Route by which the substance is used. Other psychoactive substances (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	PsychActOther1Spec	B1A48	The number of days, in the past 30 days that the client reports using a substance. Other psychoactive substances (specify) text.	Text -1 = Not Applicable	Character	Must be completed if PsychActOther1Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	PsychActOther2Days	B1A48	The number of days, in the past 30 days that the client reports using a substance. Other psychoactive substances (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	PsychActOther2Route	B1B48	The Route by which the substance is used. Other psychoactive substances (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	PsychActOther2Spec	B1A48	The number of days, in the past 30 days that the client reports using a substance. Other psychoactive substances (specify) text.	Text -1 = Not Applicable	Character	Must be completed if PsychActOther2Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	PsychActOther3Days	B1A48	The number of days, in the past 30 days that the client reports using a substance. Other psychoactive substances (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	PsychActOther3Route	B1A48	The Route by which the substance is used. Other psychoactive substances (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	PsychActOther3Spec	B1A48	The number of days, in the past 30 days, that the client reports using a substance. Other psychoactive substances (specify) text.	Text -1 = Not Applicable	Character	Must be completed if PsychActOther3Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TobaccoDays	B1A49	The number of days, in the past 30 days, that the client reports using a substance. Tobacco.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TobaccoRoute	B1B49	The Route by which the substance is used. Tobacco.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	NicotineDays	B1A50	The number of days, in the past 30 days, that the client reports using a substance. Nicotine.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	NicotineRoute	B1B50	The Route by which the substance is used. Nicotine.	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TobNicOther1Days	B1A51	The number of days, in the past 30 days, that the client reports using a substance. Tobacco and nicotine other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TobNicOther1Route	B1B51	The Route by which the substance is used. Tobacco and nicotine other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TobNicOther1Spec	B1A51	The number of days, in the past 30 days, that the client reports using a substance. Tobacco and nicotine other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if TobNicOther1Days > 0, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TobNicOther2Days	B1A51	The number of days, in the past 30 days, that the client reports using a substance. Tobacco and nicotine other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -9 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TobNicOther2Route	B1B51	The Route by which the substance is used. Tobacco and nicotine other (specify).	1 = Oral 2 = Intranasal 6 = Vaping 3 = Smoking 4 = Non-IV Injection 5 = IV Injection 0 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TobNicOther2Spec	B1A51	The number of days, in the past 30 days, that the client reports using a substance. Tobacco and nicotine other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if TobNicOther2Days > 0, otherwise must be -1 (NA).	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	TobNicOther3Days	B1A51	The number of days, in the past 30 days that the client reports using a substance. Tobacco and nicotine other (specify).	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Missing Data	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TobNicOther3Route	B1B51	The Route by which the substance is used. Tobacco and nicotine other (specify).	1 = Oral 2 = Intranasal 3 = Vaping 4 = Smoking 5 = Non-IV injection 6 = IV injection 7 = Other -1 = Not Applicable -7 = Refused -9 = Missing Data NOTE: THE NUMBERING OF THE RESPONSE OPTIONS DOES NOT CORRESPOND TO THE NUMBERS IN THE PAPER TOOL.	Numeric	If any Days or Route field is -7 (Refused) or -9 (Missing Data) then all must be. Route field must be -1 (NA) if corresponding Days field is <= 0.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TobNicOther3Spec	B1A51	The number of days, in the past 30 days that the client reports using a substance. Tobacco and nicotine other (specify) text.	Text -1 = Not Applicable	Character	Must be completed if TobNicOther3Days > 0, otherwise must be -1 (NA).	Add	1					
	HallucPsychDays_22						Drop	0	HallucPsychDays	B2e	During the past 30 days, how many days have you used any of the following: Hallucinogens/ psychedelics, PCP (Angel Dust, Ozon, 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 <= DAUseIllegalDrugsDays *If HallucPsychDays < 1 skip to MethamDays
	HallucPsychRoute_22						Drop	0	HallucPsychRoute	B2e	Route of Administration: Hallucinogens/ psychedelics, PCP (Angel Dust, Ozon, 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
	OtherTranquilizersDays_22						Drop	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_22						Drop	0	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
	OtherIllegalDrugsDays_22						Drop	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 <= DAUseIllegalDrugsDays *If OtherIllegalDrugsDays <= 0 then OtherIllegalDrugsRoute = -1
	OtherIllegalDrugsRoute_22						Drop	0	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_22						Drop	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_22						Drop	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 ParaphenallaUsedOthers = -1
	ParaphenallaUsedOthers_22						Drop	0	ParaphenallaUsedOthers	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
B. SUBSTANCE USE AND PLANNED SERVICES	AlcMedNaltrexone	B2	If you have been diagnosed with an alcohol use disorder, which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? Naltrexone	1 = Yes 0 = No -9 = Missing Data	Numeric	If any AlcMed field is -9 (Missing Data) then all must be.	Edit Word change Field name change Values change	1	AlcoholMedicationNaltrexone	2a_1	In the past 30 days, which FDA-approved medication did the client receive for the treatment of an alcohol use disorder? (Naltrexone/Alc)	1 = Yes 0 = No -8 = Don't know -9 = Missing Data -1 = Not Applicable	

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	AlcMedNaltrexoneDays	82	Specify how many days received.	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any AlcMed field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	AlcMedExtReNaltrexone	82	If you have been diagnosed with an alcohol use disorder, which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? Extended-Release Naltrexone	1 = Yes 0 = No -9 = Missing Data	Numeric	If any AlcMed field is -9 (Missing Data) then all must be.	Edit Wording change Field name change Values change	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	
B. SUBSTANCE USE AND PLANNED SERVICES	AlcMedExtReNaltrexoneDays	82	Specify how many days received.	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any AlcMed field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	AlcMedDisulfiram	82	If you have been diagnosed with an alcohol use disorder, which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? Disulfiram	1 = Yes 0 = No -9 = Missing Data	Numeric	If any AlcMed field is -9 (Missing Data) then all must be.	Edit Wording change Field name change Values change	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	
B. SUBSTANCE USE AND PLANNED SERVICES	AlcMedDisulfiramDays	82	Specify how many days received.	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any AlcMed field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	AlcMedAcamprosate	82	If you have been diagnosed with an alcohol use disorder, which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? Acamprosate	1 = Yes 0 = No -9 = Missing Data	Numeric	If any AlcMed field is -9 (Missing Data) then all must be.	Edit Wording change Field name change Values change	1	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	
B. SUBSTANCE USE AND PLANNED SERVICES	AlcMedAcamprosateDays	82	Specify how many days received.	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any AlcMed field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	AlcMedNoneRcvdDiagnosed	82	If you have been diagnosed with an alcohol use disorder, which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? Did not receive an FDA-approved medication for a diagnosed alcohol use disorder	1 = Yes 0 = No -9 = Missing Data	Numeric	Cannot be 1 if any of AlcMedNaltrexone, AlcMedExtReNaltrexone, AlcMedDisulfiram, AlcMedAcamprosate = 1. Only one of AlcMedNoneRcvdDiagnosed and AlcMedNotDiagnosed can be 1. If any AlcMed field is -9 (Missing), then all must be.	Edit Wording change Field name change Values change	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.
B. SUBSTANCE USE AND PLANNED SERVICES	AlcMedNotDiagnosed	82	If you have been diagnosed with an alcohol use disorder, which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? Client does not report such a diagnosis	1 = Yes 0 = No -9 = Missing Data	Numeric	Only one of AlcMedNoneRcvdDiagnosed and AlcMedNotDiagnosed can be 1. If any AlcMed field is -9 (Missing), then all must be.	Edit Wording change Field name change Values change	1	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.

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	OpMedMethadone	83	If you have been diagnosed with an opioid use disorder, which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? Methadone	1 = Yes 0 = No -9 = Missing Data	Numeric	If any OpMed field is -9 (Missing Data) then all must be.	Edit Wording change Field name change Values change	1	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	
B. SUBSTANCE USE AND PLANNED SERVICES	OpMedMethadoneDays	83	If you have been diagnosed with an opioid use disorder, which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? Methadone	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any OpMed field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpMedBuprenorphine	83	If you have been diagnosed with an opioid use disorder, which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? Buprenorphine	1 = Yes 0 = No -9 = Missing Data	Numeric	If any OpMed field is -9 (Missing Data) then all must be.	Edit Wording change Field name change Values change	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	
B. SUBSTANCE USE AND PLANNED SERVICES	OpMedBuprenorphineDays	83	If you have been diagnosed with an opioid use disorder, which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? Buprenorphine	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any OpMed field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpMedNaltrexone	83	If you have been diagnosed with an opioid use disorder, which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? Naltrexone	1 = Yes 0 = No -9 = Missing Data	Numeric	If any OpMed field is -9 (Missing Data) then all must be.	Edit Wording change Field name change Values change	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	
B. SUBSTANCE USE AND PLANNED SERVICES	OpMedNaltrexoneDays	83	If you have been diagnosed with an opioid use disorder, which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? Naltrexone	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any OpMed field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpMedExtRelNaltrexone	83	If you have been diagnosed with an opioid use disorder, which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? Extended-Release Naltrexone	1 = Yes 0 = No -9 = Missing Data	Numeric	If any OpMed field is -9 (Missing Data) then all must be.	Edit Wording change Field name change Values change	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	
B. SUBSTANCE USE AND PLANNED SERVICES	OpMedExtRelNaltrexoneDays	83	If you have been diagnosed with an opioid use disorder, which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? Extended-Release Naltrexone	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any OpMed field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	OpMedNoneRcvdDiagnosed	83	If you have been diagnosed with an opioid use disorder, which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? Did not receive an FDA-approved medication for a diagnosed opioid use disorder	1 = Yes 0 = No -9 = Missing Data	Numeric	Cannot be 1 if any of OpMedMethadone, OpMedBuprenorphine, OpMedNaltrexone, OpMedExtRelNaltrexone = 1. Only one of OpMedNoneRcvdDiagnosed and OpMedNotDiagnosed can be 1. If any OpMed field is -9 (Missing) then all must be.	Edit Wording change Field name change Values change	1	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.

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	OpMedNotDiagnosed	83	If you have been diagnosed with an opioid use disorder, which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? Client does not report such a diagnosis	1 = Yes 0 = No -9 = Missing Data	Numeric	Only one of OpMedNoneRcvdDiagnosed and OpMedNotDiagnosed can be 1. If any OpMed field is -9 (Missing) then all must be.	Edit Wording change Field name change Values change	1	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 OpioidMedicationNotFdaApprovedNotDiagnosed OR OpioidMedicationNotFdaApprovedNotDiagnosed must be a non- No answer. If OpioidMedicationNotFdaApprovedNotDiagnosed equals YES, THEN OpioidMedicationNotFdaApprovedNotDiagnosed can not equal YES.
B. SUBSTANCE USE AND PLANNED SERVICES	StimDisContingMgmt	84	If you have been diagnosed with a stimulant use disorder, which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? Contingency Management	1 = Yes 0 = No -9 = Missing Data	Numeric	If any StimDis field is -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimDisContingMgmtDays	84	Specify how many days received.	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any StimDis field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimDisCommReinf	84	If you have been diagnosed with a stimulant use disorder, which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? Community Reinforcement	1 = Yes 0 = No -9 = Missing Data	Numeric	If any StimDis field is -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimDisCommReinfDays	84	Specify how many days received.	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any StimDis field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimDisCBT	84	If you have been diagnosed with a stimulant use disorder, which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? Cognitive Behavioral Therapy	1 = Yes 0 = No -9 = Missing Data	Numeric	If any StimDis field is -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimDisCBTDays	84	Specify how many days received.	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any StimDis field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimDisOtherEBI	84	If you have been diagnosed with a stimulant use disorder, which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? Other evidence-based intervention	1 = Yes 0 = No -9 = Missing Data	Numeric	If any StimDis field is -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimDisOtherEBIDays	84	If you have been diagnosed with a stimulant use disorder, which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? Other evidence-based intervention	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any StimDis field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimDisNoneRcvdDiagnosed	84	If you have been diagnosed with a stimulant use disorder, which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? Did not receive any intervention for a diagnosed stimulant use disorder	1 = Yes 0 = No -9 = Missing Data	Numeric	Cannot be 1 if any of StimDisContingMgmt, StimDisCommReinf, StimDisCBT, StimDisOtherEBI = 1. Only one of StimDisNoneRcvdDiagnosed and StimDisNotDiagnosed can be 1. If any StimDis field is -9 (Missing) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	StimDisNotDiagnosed	84	If you have been diagnosed with a stimulant use disorder, which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? Client does not report such a diagnosis	1 = Yes 0 = No -9 = Missing Data	Numeric	Only one of StimDisNoneRcvdDiagnosed and StimDisNotDiagnosed can be 1. If any StimDis field is -9 (Missing) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TUDNICReplace	85	If you have been diagnosed with a tobacco use disorder, which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? (Nicotine Replacement)	1 = Yes 0 = No -9 = Missing Data	Numeric	If any TUD field is -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TUDNICReplaceDays	85	If you have been diagnosed with a tobacco use disorder, which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? (Nicotine Replacement)	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any TUD field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field <= 1.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TUDBupropion	85	If you have been diagnosed with a tobacco use disorder, which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? (Bupropion)	1 = Yes 0 = No -9 = Missing Data	Numeric	If any TUD field is -9 (Missing Data) then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	TUDbupropionDays	85	If you have been diagnosed with a tobacco use disorder, which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? [bupropion]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any TUD field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field < 1.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TUDvarenicline	85	If you have been diagnosed with a tobacco use disorder, which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? [varenicline]	1 = Yes 0 = No -9 = Missing Data	Numeric	If any TUD field is -9 (Missing Data) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TUDvareniclineDays	85	If you have been diagnosed with a tobacco use disorder, which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? [varenicline]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	If any TUD field is -9 (Missing Data) then all must be. Days field must be -1 (NA) if corresponding yes/no field < 1.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TUDNotRcvdDiagnosed	85	If you have been diagnosed with a tobacco use disorder, which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? [Did not receive an FDA-approved medication for a diagnosed tobacco use disorder]	1 = Yes 0 = No -9 = Missing Data	Numeric	Cannot be 1 if any of TUDNicReplace, TUDbupropion, TUDvarenicline = 1. Only one of TUDNotRcvdDiagnosed and TUDNotDiagnosed can be 1. If any TUD field is -9 (Missing) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TUDNotDiagnosed	85	If you have been diagnosed with a tobacco use disorder, which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? [Client does not report such a diagnosis]	1 = Yes 0 = No -9 = Missing Data	Numeric	Only one of TUDNotRcvdDiagnosed and TUDNotDiagnosed can be 1. If any TUD field is -9 (Missing) then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	Overdose	86	In the past 30 days, did you experience an overdose or take too much of a substance that resulted in needing supervision or medical attention?	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric		Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OverdoseIntervNaloxone	87	In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one. Naloxone (Narcan).	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if Overdose = 1, otherwise must be set to -1 (NA). If any OverdoseInterv field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OverdoseIntervCareED	87	In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one. Care in an emergency department.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if Overdose = 1, otherwise must be set to -1 (NA). If any OverdoseInterv field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OverdoseIntervCarePCP	87	In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one. Care from a primary care provider.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if Overdose = 1, otherwise must be set to -1 (NA). If any OverdoseInterv field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OverdoseIntervHospital	87	In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one. Admission to a hospital.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if Overdose = 1, otherwise must be set to -1 (NA). If any OverdoseInterv field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OverdoseIntervSupervise	87	In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one. Supervision by someone else.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if Overdose = 1, otherwise must be set to -1 (NA). If any OverdoseInterv field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OverdoseIntervOther	87	In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one. Other.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if Overdose = 1, otherwise must be set to -1 (NA). If any OverdoseInterv field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	OverdoseIntervSpec	87	In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one. Other specify text.	Text -1 = Not Applicable	Character	Completed if Overdose = 1, otherwise must be set to -1 (NA). Must be completed if OverdoseIntervOther = 1, otherwise must be -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TxSUD	88	Not including this current episode, how many times in your life have you been treated at an inpatient or outpatient facility for a substance use disorder?	1 = One time 2 = Two times 3 = Three times 4 = Four times 5 = Five times 6 = Six or more times 0 = Never -7 = Refused -9 = Missing data	Numeric		Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	TxSUDWhen	89	Approximately when was the last time you received inpatient or outpatient treatment for a substance use disorder?	1 = Less than 6 months ago 2 = Between 6 months and one year ago 3 = One to two years ago 4 = Two to three years ago 5 = Three to four years ago 6 = Five or more years ago -7 = Refused -9 = Missing data -1 = Not applicable	Numeric	Must be completed if TxSUD between 1 and 6 inclusive, otherwise must be set to -1 (NA).	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	MHDiagnosis	810	Have you ever been diagnosed with a mental health illness by a health care professional?	1 = Yes 0 = No -7 = Refused -9 = Missing data	Numeric		Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	DxBriefPsych	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxDelusional	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxSchizoaffective	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxSchizophrenia	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxSchizotypal	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxSharedPsychotic	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxUnspecPsych	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxBipolar	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxMajorDepRecurr	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxMajorDepSingle	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxManicEp	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxPersistMood	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	DxUnspecMood	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxAgora	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxAgoraWithPD	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxAgoraUnspec	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxGAD	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxPanic	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxPhobic	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxSocialPhobia	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxSpecPhobia	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxExcoriation	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxHoarding	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxOCD	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	DxOCDMixed	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxAcuteStress	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxAdjustment	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxBodyDysmorph	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxDissoCovers	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxDissoCID	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxPTSD	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxSomat	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxEating	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxSleep	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxAntisocial	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxAvoidant	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES	DxBorderline	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxDependent	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxHistoric	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxIntellect	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxObsessCompulsPers	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxOtherSpecPD	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxParanoid	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxPersonalityUnspec	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxDevelopmentalDis	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxSchizoidPD	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	DxNoneOfTheAbove	B10a	[IF YES] Please ask the client to self-report their mental health illnesses as listed in the table below. The client should be encouraged to report their own mental health illness but if preferred, the list can be read to the client. Please indicate all that apply.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if MHDiagnosis = 1. If any Dx field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be. If DxNoneOfTheAbove = 1 no other Dx field may be set to 1.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES	CooccurringScreen	B11	Was the client screened by your program, using an evidence-based tool or set of questions, for co-occurring mental health and/or substance use disorders?	1 = Yes 0 = No -9 = Missing Data	Numeric	Complete only at intake.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES	CooccurringScreenStatus	B11a	[IF YES] Did the client screen positive for co-occurring mental and substance use disorders?	1 = Yes 0 = No -9 = Missing Data	Numeric	Complete only at intake. Completed if CooccurringScreen = 1	No change	1	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;
B. SUBSTANCE USE AND PLANNED SERVICES	CooccurringReferral	B11b	[IF YES] Was the client referred for further assessment for a co-occurring mental health and substance use disorder?	1 = Yes 0 = No -9 = Missing Data	Numeric	Complete only at intake. Completed if CooccurringScreen = 1	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcCaseManagement	B12_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	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	No change	1	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
	PlanSvcDayTreatment_22						Drop	0	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcIntensiveOutpatient	B12_a2	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Intensive Outpatient Treatment	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcInpatient	B12_a3	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Inpatient/Hospital (Other than Withdrawal Management)	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcOutpatient	B12_a4	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Outpatient Therapy	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcOutreach	B12_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	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcMethadone	B12_a6A	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Methadone	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcBuprenorphine	B12_a6B	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Buprenorphine	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcNaltrexoneShortActing	B12_a6C	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Naltrexone – Short Acting	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcNaltrexoneLongActing	B12_a6D	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Naltrexone – Long Acting (Report 28 days for each one injection)	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcDisulfiram	B12_a6E	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Disulfiram	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcAcamprostate	B12_a6F	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Acamprostate	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcNicotineReplacement	B12_a6G	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Nicotine Replacement	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcBupropion	B12_a6H	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Bupropion	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcVarenicline	B12_a6I	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Varenicline	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcResidentialRehab	B12_a7	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	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	No change	1	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcHospitalInpatient	B12_a8A	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Withdrawal Management: Hospital Inpatient	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Edit Wording change	1	SvcHospitalInpatient	A8A	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcFreeStandingRes	B12_a8B	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Withdrawal Management: Free Standing Residential	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Edit Wording change	1	SvcFreeStandingRes	A8B	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcAmbulatoryDetox	B12_a8C	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Withdrawal Management: Ambulatory Detoxification	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	Edit Wording change	1	SvcAmbulatoryDetox	A8C	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcAfterCare	B12_a9	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	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcRecoverySupport	B12_a10	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	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcOtherModalities	B12_a11	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Other	1 = Yes 0 = No	Numeric	Complete only at intake. At least one item from the Modality section must be specified.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MODALITY	PlanSvcOtherModalitiesSpec	B12_a11	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Other (specify)	Text -1 = Not Applicable	Character	Complete ONLY at intake. Complete if PlanSvcOtherModalities1, otherwise must be -1 (NA).	No change	1	SvcOtherModalitiesSpec	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcScreening	B12_b1	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Screening	1 = Yes 0 = No	Numeric	Complete only at intake. SBIRT grantees must select at least one of: PlanSvcScreening, PlanSvcBriefIntervention, PlanSvcBriefTreatment, PlanSvcReferralTreatment	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcBriefIntervention	B12_b2	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	Numeric	Complete only at intake. SBIRT grantees must select at least one of: PlanSvcScreening, PlanSvcBriefIntervention, PlanSvcBriefTreatment, PlanSvcReferralTreatment	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcBriefTreatment	B12_b3	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	Numeric	Complete only at intake. SBIRT grantees must select at least one of: PlanSvcScreening, PlanSvcBriefIntervention, PlanSvcBriefTreatment, PlanSvcReferralTreatment	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcReferralTreatment	B12_b4	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	Numeric	Complete only at intake. SBIRT grantees must select at least one of: PlanSvcScreening, PlanSvcBriefIntervention, PlanSvcBriefTreatment, PlanSvcReferralTreatment	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcAssessment	B12_b5	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Assessment	1 = Yes 0 = No	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcTreatmentPlanning	B12_b6	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Treatment Planning	1 = Yes 0 = No	Numeric	Complete only at intake.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcRecoveryPlanning	B12_b7	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Recovery Planning	1 = Yes 0 = No	Numeric	Complete only at intake. Note: This service is duplicated under the Recovery Support Services section. Until corrected, grantees should enter the same value in both locations.	Add	1			Not on old form.		
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcIndividualCouns	B12_b8	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	Numeric	Complete only at intake.	No change	1	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcGroupCouns	B12_b9	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcContingencyManagement	B12_b10	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Contingency Management	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcCommunityReinforcement	B12_b11	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Community Reinforcement	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcCBT	B12_b12	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Cognitive Behavioral Therapy	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcFamilyMarriageCouns	B12_b13	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcCoOccurring	B12_b14	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Co-Occurring Treatment Services	1 = Yes 0 = No	Numeric	Complete only at intake.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcPharmacological	B12_b15	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcHIVAIDSCouns	B12_b16	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcCulturalInterventions	B12_b17	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Cultural Interventions/Activities	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcOtherClinicalCouns	B12_b18	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - TREATMENT	PlanSvcOtherClinicalCounsSpec	B12_b18	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 = Not Applicable	Character	Complete only at intake. Complete if PlanSvcOtherClinicalCouns = 1, otherwise must be -1 (NA).	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcFamilyServices	B12_c1	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Family Services (e.g. Marriage, Education, Parenting, Child Development Services)	1 = Yes 0 = No	Numeric	Complete only at intake.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcChildCare	B12_c2	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	Numeric	Complete only at intake.	No change	1	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcPreEmployment	B12_c3A	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcEmploymentCoaching	B12_c3B	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcIndividualCoord	B12_c4	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcTransportation	B12_c5	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	Numeric	Complete only at intake.	No change	1	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
	PlanSvcHIV/AIDSServices_Z2						Edit-Retire: Old Field	0	SvcHIV/AIDSServices	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
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcHIV/AIDSServicesPreExp	B12_c6A	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: If HIV Neg, Pre-Exposure Prophylaxis	1 = Yes 0 = No	Numeric	Complete only at intake. Note: This specific HIV/AIDS services does not have a corresponding field for received services.	Edit-Retire: New Field	1					
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcHIV/AIDSServicesPostExp	B12_c6B	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: If HIV Neg, Post-Exposure Prophylaxis	1 = Yes 0 = No	Numeric	Complete only at intake. Note: This specific HIV/AIDS services does not have a corresponding field for received services.	Edit-Retire: New Field	1					
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcHIV/AIDSServicesHIVTx	B12_c6C	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: If HIV Positive, HIV Treatment	1 = Yes 0 = No	Numeric	Complete only at intake. Note: This specific HIV/AIDS services does not have a corresponding field for received services.	Edit-Retire: New Field	1					
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcDrugFreeHousing	B12_c7	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Transitional Drug-Free Housing Services	1 = Yes 0 = No	Numeric	Complete only at intake.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcHousingSupport	B12_c8	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Housing Support	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcHealthInsuranceEnrollment	B12_c9	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Health Insurance Enrollment	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcOtherCaseMgmt	B12_c10	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - CASE MANAGEMENT	PlanSvcOtherCaseMgmtSpec	B12_c10	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 = Not Applicable	Character	Complete only at intake. Complete if PlanSvcOtherCaseMgmt = 1, otherwise must be -1 (NA).	No change	1	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES - MEDICAL	PlanSvcMedicalCare	B12_d1	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MEDICAL	PlanSvcAlcoholDrugTesting	B12_d2	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MEDICAL	PlanSvcOBGYN	B12_d3	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: OB/GYN Services	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1			Not on old form.		
B. SUBSTANCE USE AND PLANNED SERVICES - MEDICAL	PlanSvcHIVAIDSMedical	B12_d4	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: HIV/AIDS Medical Support & Testing	1 = Yes 0 = No	Numeric	Complete only at intake.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MEDICAL	PlanSvcDental	B12_d5	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: Dental Care	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MEDICAL	PlanSvcHepatitisSupport	B12_d6	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: Hepatitis Medical Support & Testing	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MEDICAL	PlanSvcOtherSTISupport	B12_d7	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: Other STI Support & Testing	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - MEDICAL	PlanSvcOtherMedical	B12_d8	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - MEDICAL	PlanSvcOtherMedicalSpec	B12_d8	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: Other (specify)	Text -1 = Not Applicable	Character	Complete only at intake. Complete if PlanSvcOtherMedical = 1, otherwise must be -1 (NA).	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - AFTER CARE	PlanSvcContinuingCare	B12_e1	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - AFTER CARE	PlanSvcRelapsePrevention	B12_e2	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - AFTER CARE	PlanSvcRecoveryCoaching	B12_e3	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - AFTER CARE	PlanSvcSelfHelpSupport	B12_e4	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Self-Help and Mutual Support Groups	1 = Yes 0 = No	Numeric	Complete only at intake.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - AFTER CARE	PlanSvcSpiritualSupport	B12_e5	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - AFTER CARE	PlanSvcOtherAfterCare	B12_e6	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	Numeric	Complete only at intake.	No change	1	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES - AFTER CARE	PlanSvcOtherAfterCareSpec	B12_e6	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 = Not Applicable	Character	Complete only at intake. Complete if PlanSvcOtherAfterCare = 1, otherwise must be -1 (NA).	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - EDUCATION	PlanSvcSubstanceAbuseEdu	B12_f1	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Substance Misuse Education	1 = Yes 0 = No	Numeric	Complete only at intake.	Edit Wording change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - EDUCATION	PlanSvcHIVAIDSEdu	B12_f2	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - EDUCATION	PlanSvcNaloxoneTraining	B12_f3	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Naloxone Training	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - EDUCATION	PlanSvcFentanylTestStripTraining	B12_f4	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Fentanyl Test Strip Training	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - EDUCATION	PlanSvcHepatitisEdu	B12_f5	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Hepatitis Education	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - EDUCATION	PlanSvcOtherSTIEdu	B12_f6	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Other STI Education Services	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - EDUCATION	PlanSvcOtherEdu	B12_f7	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - EDUCATION	PlanSvcOtherEduSpec	B12_f7	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Other (specify)	Text -1 = Not Applicable	Character	Complete only at intake. Complete if PlanSvcOtherEdu = 1, otherwise must be -1 (NA).	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcPeerCoaching	B12_g1	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcVocational	B12_g2	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Vocational Services	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcRecoveryHousing	B12_g3	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Recovery Housing	1 = Yes 0 = No	Numeric	Complete only at intake.	Edit Wording change Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcRecoveryPlanningRSS	B12_g4	Identify the services you plan to provide to the client during the client's course of treatment/recovery Planning Treatment: Recovery Planning	1 = Yes 0 = No	Numeric	Complete only at intake. Note: This service is duplicated under the Treatment Services section. Until corrected, grantees should enter the same value in both locations.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcRecoveryCaseManagement	B12_g5	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Case Management Services to Specifically Support Recovery	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcDrugFreeSocial	B12_g6	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcInformationReferral	B12_g7	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	Numeric	Complete only at intake.	No change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcOtherRecoverySupport	B12_g8	Identify the services you plan to provide to the client during the client's course of treatment/recovery Recovery Support Services: Other	1 = Yes 0 = No	Numeric	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcOtherRecoverySupportSpec	B12_g8	Identify the services you plan to provide to the client during the client's course of treatment/recovery Recovery Support Services: Other (specify)	Text -1 = Not Applicable	Character	Complete only at intake.	Add	1					
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcOtherPeerRecovery	B12_g9	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	Numeric	Complete only at intake.	Edit Field name change	1	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
B. SUBSTANCE USE AND PLANNED SERVICES - RECOVERY SUPPORT	PlanSvcOtherPeerRecoverySpec	B12_g9	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 = Not Applicable	Character	Complete only at intake. Complete if PlanSvcOtherPeerRecovery = 1, otherwise must be -1 (NA).	Edit Field name change	1	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
C. LIVING CONDITIONS	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 -7 = Refused -9 = Missing Data	Numeric		Edit Values change	1	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
C. LIVING CONDITIONS	LivingHoused	C1	In the past 30 days, where have you been living most of the time? If housed, check appropriate subcategory.	1 = Own/Rental apartment, room, trailer, or house 2 = Someone else's apartment, room, trailer, or house 3 = Halfway house or Transitional Housing 4 = Residential Treatment 5 = Recovery Residence/Sober Living 6 = Dormitory/College Residence -1 = Not applicable -7 = Refused -9 = Missing Data	Numeric	Complete if LivingWhere = 4.	Edit Values change	1	LivingHoused	C1	In the past 30 days, where have you been living most of the time?	1 = Own/Rental 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
C. LIVING CONDITIONS	LivingHousedSpec	C1	In the past 30 days, where have you been living most of the time?	Text -1 = Not Applicable	Character	Complete if LivingHoused = 5, otherwise must be -1 (NA).	No Change	1	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
C. LIVING CONDITIONS	LivingAlcDrugUse	C2	Do you currently live with any person who, over the past 30 days, has regularly used alcohol or other substances	1= Yes 2 = No 3 = No, lives alone -7 = Refused -9 = Missing Data	Numeric		Add	1					
	LivingConditionsSatisfaction_22						Drop	0	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.
	ImpactStress_22						Drop	0	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 DAUseIllegDrugsDays > 0 then ImpactStress cannot = 5 * ImpactStress = 5 only if both DAUseAlcoholDays and DAUseIllegDrugsDays = 0
	ImpactActivity_22						Drop	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 DAUseIllegDrugsDays > 0 then ImpactActivity cannot = 5 * ImpactActivity = 5 only if both DAUseAlcoholDays and DAUseIllegDrugsDays = 0

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
	ImpactEmotional_22						Drop	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 DAUseIllegalDrugsDays > 0 then ImpactEmotional cannot = 5 * ImpactEmotional = 5 only if both DAUseAlcoholDays and DAUseIllegalDrugsDays = 0
D. EDUCATION, EMPLOYMENT, AND INCOME	SchoolOrTrainingProgram	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 -7 = Refused -9 = Missing Data	Numeric		Edit Field name change Values change	1	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_22						Drop	0	TrainingProgramSpec	D1	Are you currently enrolled in school or a job training program? Other, SPECIFY	Text -1 = Appropriate Skip	SKIP if TrainingProgram not = 4
	EducationYears_22						Edit-Retire: Old Field	0	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	REQUIRED
D. EDUCATION, EMPLOYMENT, AND INCOME	Education	D2	What is the highest level of education you have finished, whether or not you received a degree?	1 = Less than 12th grade 2 = 12th grade/high school diploma/equivalent 3 = Vocational/technical diploma 4 = Some college or university 5 = Bachelor's degree (for example BA, BS) 6 = Graduate work/graduate degree 7 = Other (specify) -7 = Refused -9 = Missing Data	Numeric		Edit-Retire: New Field	1					
D. EDUCATION, EMPLOYMENT, AND INCOME	EmployStatus	D3	Are you currently employed?	1 = Employed, full time (35+ hours per week, or would be, if not for leave or an excused absence) 2 = Employed, part time 3 = Unemployed - but looking for work 7 = Not employed, not looking for work 4 = Not working due to a disability 6 = Retired, not working 0 = Other (SPECIFY) -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	SBIRT Brief Intervention Clients would be coded as Not Applicable (-1).	Edit Values change	1	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).
D. EDUCATION, EMPLOYMENT, AND INCOME	EmployStatusSpec	D3	Are you currently employed? Other, SPECIFY	Text -1 = Not Applicable	Character	Complete if EmployStatus = 0, otherwise must be -1 (NA).	No Change	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 = EmployStatus = 1 or 2 2 = EmployStatus = 3, 4, 5, 6, 7 -1 = no interview conducted or SBIRT "SF" or "BI" interview -9 = EmployStatus < 0, unable to determine Employment	Numeric	AUTOFILL	No Change	0	Employment		Calculated field based on Employment Status.	1 = EmployStatus (D3) = 1 or 2 2 = EmployStatus (D3) = 3, 4, 5, 6, 7 -1 = no interview conducted or SBIRT "SF" or "BI" interview -9 = EmployStatus (D3) < 0, unable to determine Employment	AUTOFILL * Calculated for each interview separately.
	EnoughMoneyForNeeds_22						Drop	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.
D. EDUCATION, EMPLOYMENT, AND INCOME	EnoughMoneyFood	D4	Do you, individually have enough money to pay for the following living expenses? Choose all that apply [Food]	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any EnoughMoney field is -1 (NA), -7 (Refused), or -9 (Missing) then all must be	Add	1					
D. EDUCATION, EMPLOYMENT, AND INCOME	EnoughMoneyClothing	D4	Do you, individually have enough money to pay for the following living expenses? Choose all that apply [Clothing]	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any EnoughMoney field is -1 (NA), -7 (Refused), or -9 (Missing) then all must be	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
D. EDUCATION, EMPLOYMENT, AND INCOME	EnoughMoneyTransport	D4	Do you, individually have enough money to pay for the following living expenses? Choose all that apply [Transportation]	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any EnoughMoney field is -1 (NA), -7 (Refused), or -9 (Missing) then all must be	Add	1					
D. EDUCATION, EMPLOYMENT, AND INCOME	EnoughMoneyRentHousing	D4	Do you, individually have enough money to pay for the following living expenses? Choose all that apply [Rent/Housing]	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any EnoughMoney field is -1 (NA), -7 (Refused), or -9 (Missing) then all must be	Add	1					
D. EDUCATION, EMPLOYMENT, AND INCOME	EnoughMoneyUtilities	D4	Do you, individually have enough money to pay for the following living expenses? Choose all that apply [Utilities (Gas/Water/Electric)]	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any EnoughMoney field is -1 (NA), -7 (Refused), or -9 (Missing) then all must be	Add	1					
D. EDUCATION, EMPLOYMENT, AND INCOME	EnoughMoneyPhone	D4	Do you, individually have enough money to pay for the following living expenses? Choose all that apply [Telephone Connection (Cell or Landline)]	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any EnoughMoney field is -1 (NA), -7 (Refused), or -9 (Missing) then all must be	Add	1					
D. EDUCATION, EMPLOYMENT, AND INCOME	EnoughMoneyChildcare	D4	Do you, individually have enough money to pay for the following living expenses? Choose all that apply [Childcare]	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any EnoughMoney field is -1 (NA), -7 (Refused), or -9 (Missing) then all must be	Add	1					
D. EDUCATION, EMPLOYMENT, AND INCOME	EnoughMoneyHealthins	D4	Do you, individually have enough money to pay for the following living expenses? Choose all that apply [Health Insurance]	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any EnoughMoney field is -1 (NA), -7 (Refused), or -9 (Missing) then all must be	Add	1					
D. EDUCATION, EMPLOYMENT, AND INCOME	Income	D5	What is your personal annual income, meaning the total pre-tax income from all sources, earned in the past year?	1 = 0 to 9,999 2 = 10,000 to 14,999 3 = 15,000 to 19,999 4 = 20,000 to 24,999 5 = 25,000 to 49,999 6 = 50,000 to 74,999 7 = 75,000 to 99,999 8 = 100,000 to 199,999 9 = 200,000 or more -7 = Refused -9 = Missing Data	Numeric		Edit-Retire: New Field	1					
	IncomeWages_22						Edit-Retire: Old Field	0	IncomeWages	D4a	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Wages.	0-99999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
	IncomePubAssist_22						Edit-Retire: Old Field	0	IncomePubAssist	D4b	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Public assistance.	0-99999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
	IncomeRetirement_22						Edit-Retire: Old Field	0	IncomeRetirement	D4c	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Retirement.	0-99999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
	IncomeDisability_22						Edit-Retire: Old Field	0	IncomeDisability	D4d	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Disability.	0-99999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
	IncomeNonLegal_22						Edit-Retire: Old Field	0	IncomeNonLegal	D4e	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Non-legal income.	0-99999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
	IncomeFamFriends_22						Edit-Retire: Old Field	0	IncomeFamFriends	D4f	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Family and/or friends.	0-99999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
	IncomeOther_22						Edit-Retire: Old Field	0	IncomeOther	D4g	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Other.	0-99999 -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data	
	IncomeOtherSpec_22						Edit-Retire: Old Field	0	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
E. LEGAL	ArrestedDays	E1	In the past 30 days, how many times have you been arrested? (IF THE CLIENT INDICATES NO ARRESTS IN THE PAST 30 DAYS, BUT IS INCARCERATED AT THE TIME OF THE INTERVIEW, MARK CURRENTLY INCARCERATED)	0-99 = times -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	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
E. LEGAL	Incarcerated	E1	In the past 30 days, how many times have you been arrested? (IF THE CLIENT INDICATES NO ARRESTS IN THE PAST 30 DAYS, BUT IS INCARCERATED AT THE TIME OF THE INTERVIEW, MARK CURRENTLY INCARCERATED). Currently Incarcerated.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric		Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
	ArrestedDrugDays_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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
E. LEGAL	AwaitTrial	E2	Are you currently awaiting charges, trial, or sentencing?	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric		Edit Values change	1	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_22						Edit-Retire: Old Field	0	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
E. LEGAL	ParoleProb	E3	Are you currently on parole or probation or intensive pretrial supervision?	1 = Probation 2 = Parole 3 = Intensive Pretrial Supervision 4 = No -7 = Refused -9 = Missing Data	Numeric		Edit-Retire: New Field	1					
E. LEGAL	DrugCourDeferredProsec	E4	Do you currently participate in a drug court program or are you in a deferred prosecution agreement?	1 = Drug court program 2 = Deferred prosecution agreement 3 = No, neither of these -7 = Refused -9 = Missing Data	Numeric		Add	1					
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY	LifeQuality	F1	How would you rate your quality of life over the past 30 days?	1 = Very Poor 2 = Poor 3 = Neither poor nor good 4 = Good 5 = Very Good -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	-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.	Edit Wording change Values change	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.
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY	Depression	F2a	In the past 30 days, how many days have you: Experienced serious depression.	0-30 = days -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	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
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY	Anxiety	F2b	In the past 30 days, how many days have you: Experienced serious anxiety or tension.	0-30 = days -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	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
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY	Hallucinations	F2c	In the past 30 days, how many days have you: Experienced hallucinations.	0-30 = days -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	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
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY	BrainFunction	F2d	In the past 30 days, how many days have you: Experienced trouble understanding, concentrating, or remembering.	0-30 = days -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	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
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY	ViolentBehavior	F2e	In the past 30 days, how many days have you: Experienced trouble controlling violent behavior.	0-30 = days -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	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
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY	Suicide	F2f	In the past 30 days, how many days have you: Attempted suicide.	0-30 = days -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	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
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY	PsychoEmotMedication	F2g	In the past 30 days, how many days have you: Been prescribed medication for psychological/emotional problem.	0-30 = days -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	PsychoEmotMedication	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
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY	PsychoEmotImpact	F3	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 6 = No reported mental health complaints in the past 30 days -7 = Refused -9 = Missing Data	Numeric		Edit Values change	1	PsychoEmotImpact	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 PsychoEmotMedication <= 0

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	ReceivedMedCarePCP	F4	In the past 30 days, where have you gone to receive medical care? You may select more than one response. Primary Care Provider.	1 = Yes 0 = No -9 = Missing	Numeric	If any ReceivedMedCare fields are -9 (Missing) then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	ReceivedMedCareUrgentCare	F4	In the past 30 days, where have you gone to receive medical care? You may select more than one response. Urgent Care.	1 = Yes 0 = No -9 = Missing	Numeric	If any ReceivedMedCare fields are -9 (Missing) then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	ReceivedMedCareED	F4	In the past 30 days, where have you gone to receive medical care? You may select more than one response. The Emergency Department.	1 = Yes 0 = No -9 = Missing	Numeric	If any ReceivedMedCare fields are -9 (Missing) then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	ReceivedMedCareSpecialist	F4	In the past 30 days, where have you gone to receive medical care? You may select more than one response. A specialist doctor.	1 = Yes 0 = No -9 = Missing	Numeric	If any ReceivedMedCare fields are -9 (Missing) then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	ReceivedMedCareNoCareSought	F4	In the past 30 days, where have you gone to receive medical care? You may select more than one response. No care was sought.	1 = Yes 0 = No -9 = Missing	Numeric	If any ReceivedMedCare fields are -9 (Missing) then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	ReceivedMedCareOther	F4	In the past 30 days, where have you gone to receive medical care? You may select more than one response. Other (specify).	1 = Yes 0 = No -9 = Missing	Numeric	If any ReceivedMedCare fields are -9 (Missing) then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	ReceivedMedCareSpec	F4	Other (specified)	Text -1 = Not Applicable	Character	Completed if ReceivedMedCareOther = 1, otherwise must be -1 (NA).	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	MedInsuranceStatus	F5	Do you currently have medical/health insurance?	1 = Yes 0 = No -7 = Refused -9 = Missing	Numeric		Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	MedinsTypeMedicare	F5a	What type of insurance do you have? Medicare.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if MedInsuranceStatus = 1. If any MedinsType field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	MedinsTypeMedicaid	F5a	What type of insurance do you have? Medicaid.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if MedInsuranceStatus = 1. If any MedinsType field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	MedinsTypePrivateOrEmployer	F5a	What type of insurance do you have? Private insurance of employer provided.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if MedInsuranceStatus = 1. If any MedinsType field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	MedinsTypeMilitary	F5a	What type of insurance do you have? TRICARE or other military health care.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if MedInsuranceStatus = 1. If any MedinsType field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	MedinsTypeAssistanceProgram	F5a	What type of insurance do you have? An assistance program (for example, a medication assistance program).	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if MedInsuranceStatus = 1. If any MedinsType field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	MedinsTypeOther	F5a	What type of insurance do you have? Any other type of health insurance or health coverage plan (specify).	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if MedInsuranceStatus = 1. If any MedinsType field is -1 (NA), -7 (Refused), or -9 (Missing), then all must be.	Add	1					
MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY	MedinsTypeSpec	F5a	What type of insurance do you have? Other specify text.	Text -1 = Not Applicable	Character	Completed if MedinsTypeOther = 1, otherwise must be -1 (NA).	Add	1					
	HealthStatus_22						Drop	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_22						Drop	0	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_22						Drop	0	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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	InpatientMental_22						Drop	0	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_22						Drop	0	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_22						Drop	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_22						Drop	0	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_22						Drop	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_22						Drop	0	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_22						Drop	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_22						Drop	0	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_22						Drop	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_22						Drop	0	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_22						Drop	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_22						Drop	0	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_22						Drop	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
	ERMentalTimes_22						Drop	0	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_22						Drop	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_22						Drop	0	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

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	HIVTest_22						Drop	0	HIVTest	F4	Have you ever been tested for HIV?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -8 = Don't Know -9 = Missing Data -1* = Not Applicable	First asked July 13, 2009 Not asked of ATR II clients, but it is asked of ATR III and ATR IV clients.
	HIVTestResult_22						Drop	0	HIVTestResult	F4a	Do you know the results of your HIV testing?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	SKIP if HIVTest not = Yes (1)
	HealthSatisfaction_22						Drop	0	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_22						Drop	0	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.
	PerformDailyActivitiesSat_22						Drop	0	PerformDailyActivitiesSatisfacti on	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_22						Drop	0	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.
	AnyViolence_22						Drop	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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_22						Drop	0	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	

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	AttendVoluntary_22						Edit-Retire: Old Field	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
G. SOCIAL CONNECTEDNESS	AttendVoluntary	G1	In the past 30 days, did you attend any voluntary mutual support groups for recovery? In other words, did you participate in a non-professional, peer-operated organization that assists individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Secular Organization for Sobriety, Women for Sobriety, religious/faith-affiliated recovery mutual support groups, etc.? Attendance could have been in person or virtual.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric		Edit-Retire: New Field	1					
	AttendVoluntaryTimes_22						Edit-Retire: Old Field	0	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
G. SOCIAL CONNECTEDNESS	AttendVoluntaryTimes	G1	In the past 30 days, did you attend any voluntary mutual support groups for recovery? [If YES] Specify How Many Times.	1-99 = times -1 = Not Applicable -7 = Refused -8 = Missing Data	Numeric	Completed if AttendVoluntary = 1	Edit-Retire: New Field	1					
	AttendReligious_22						Edit-Retire: Old Field	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
	AttendReligiousTimes_22						Edit-Retire: Old Field	0	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_22						Edit-Retire: Old Field	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_22						Edit-Retire: Old Field	0	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
G. SOCIAL CONNECTEDNESS	InteractFamilyFriends	G2	In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric		Edit Values change	1	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_22						Drop	0	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_22						Drop	0	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
G. SOCIAL CONNECTEDNESS	RelationshipSatisfaction	G3	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 -9 = Missing Data -1 = Not Applicable	Numeric	-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.	Edit Values change	1	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.
G. SOCIAL CONNECTEDNESS	ChangeConnectionsPlaces	G4	In the past 30 days did you realize that you need to change those social connections or places that negatively impact your recovery?	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric		Add	1					
H1. PROGRAM SPECIFIC QUESTIONS	ReunitedChild	H1_1	Which of the following occurred for the client subsequent to receiving treatment? Client was reunited with child (or children).	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any H1_1 fields are -9 (Missing) then all must be.	Add	1					
H1. PROGRAM SPECIFIC QUESTIONS	ReunitedChildWithAgySup	H1_1a	Which of the following occurred for the client subsequent to receiving treatment? Client was reunited with child (or children). With Agency Supervision.	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any H1_1 fields are -9 (Missing) then all must be. Completed if ReunitedChild = 1.	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
H1. PROGRAM SPECIFIC QUESTIONS	ReunitedChildWithoutAgencySupervision	H1_1_3b	Which of the following occurred for the client subsequent to receiving treatment? Client was reunited with child (or children). Without Agency Supervision.	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any H1_1 fields are -9 (Missing) then all must be. Completed if ReunitedChild = 1.	Add	1					
H1. PROGRAM SPECIFIC QUESTIONS	AvoidedOutOfHomePlacement	H1_1	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any H1_1 fields are -9 (Missing) then all must be.	Edit Values change	1	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.'
H1. PROGRAM SPECIFIC QUESTIONS	H1NoneOfAbove	H1_1	Which of the following occurred for the client subsequent to receiving treatment? None of the above	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any H1_1 fields are -9 (Missing) then all must be. If H1NoneOfAbove = 1 no other H1_1 field may be set to 1.	Add	1					
H2. PROGRAM SPECIFIC QUESTIONS	HelpObPrivateHealthInsurance	H2_1	Did the [insert grantee name] help you obtain any of the following benefits? [CHECK ALL THAT APPLY] Private health insurance	1 = Yes 0 = No -7 = Refused -9 = Missing -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any HelpOb field is -7 (Refused) or -9 (Missing), then all must be.	Edit Field name change Values change	1	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.'
H2. PROGRAM SPECIFIC QUESTIONS	HelpObMedicaid	H2_1	Did the [insert grantee name] help you obtain any of the following benefits? Medicaid	1 = Yes 0 = No -7 = Refused -9 = Missing -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any HelpOb field is -7 (Refused) or -9 (Missing), then all must be.	Edit Field name change Values change	1	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.'
H2. PROGRAM SPECIFIC QUESTIONS	HelpObMedicare	H2_1	Did the [insert grantee name] help you obtain any of the following benefits? Medicare	1 = Yes 0 = No -7 = Refused -9 = Missing -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any HelpOb field is -7 (Refused) or -9 (Missing), then all must be.	Add	1					
H2. PROGRAM SPECIFIC QUESTIONS	HelpObSSIORSSDI	H2_1	Did the [insert grantee name] help you obtain any of the following benefits? SSIORSSDI	1 = Yes 0 = No -7 = Refused -9 = Missing -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any HelpOb field is -7 (Refused) or -9 (Missing), then all must be.	Edit Field name change Values change	1	SSIORSSDI	H2c	Did the [insert grantee name] help you obtain any of the following benefits? SSIORSSDI	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.'
H2. PROGRAM SPECIFIC QUESTIONS	HelpObTANF	H2_1	Did the [insert grantee name] help you obtain any of the following benefits? TANF	1 = Yes 0 = No -7 = Refused -9 = Missing -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any HelpOb field is -7 (Refused) or -9 (Missing), then all must be.	Edit Field name change Values change	1	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.'
H2. PROGRAM SPECIFIC QUESTIONS	HelpObSNAP	H2_1	Did the [insert grantee name] help you obtain any of the following benefits? SNAP	1 = Yes 0 = No -7 = Refused -9 = Missing -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any HelpOb field is -7 (Refused) or -9 (Missing), then all must be.	Edit Field name change Values change	1	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.'
H2. PROGRAM SPECIFIC QUESTIONS	HelpObOtherBenefit	H2_1	Did the [insert grantee name] help you obtain any of the following benefits? Other (Specify)	1 = Yes 0 = No -7 = Refused -9 = Missing -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any HelpOb field is -7 (Refused) or -9 (Missing), then all must be.	Edit Field name change Values change	1	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.'
H2. PROGRAM SPECIFIC QUESTIONS	HelpObOtherBenefitSpec	H2_1	Specify Other Benefit Received (from H2g)	Text -1 = Not Applicable	Character	Completed if HelpObOtherBenefit = 1, otherwise must be -1 (NA).	Edit Field name change	1	OtherBenefitSpec	H2fa	Specify Other Benefit Received (from H2f)	Text -1 = Not Applicable	Complete ONLY at Follow-Up and Discharge -1 (Not Applicable) if intake interview Completed only if OtherBenefit = 1
H2. PROGRAM SPECIFIC QUESTIONS	HelpObNoneOfTheAbove	H2_1	Did the [insert grantee name] help you obtain any of the following benefits? None of the above	1 = Yes 0 = No -7 = Refused -9 = Missing -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. If any HelpOb field is -7 (Refused) or -9 (Missing), then all must be. If HelpObNoneOfTheAbove is 1, then no other HelpOb field may be.	Edit Field name change Values change	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.'
H3. PROGRAM SPECIFIC QUESTIONS	EnrolledInSchool	H3_1a	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only.	Edit Values change	1	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
H3. PROGRAM SPECIFIC QUESTIONS	EnrolledInSchoolHelp	H3_1a	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. Asked if EnrolledInSchool = 1.	Edit Values change	1	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
H3. PROGRAM SPECIFIC QUESTIONS	EnrolledInVocTraining	H3_1b	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only.	Edit Values change	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
H3. PROGRAM SPECIFIC QUESTIONS	EnrolledInVocTrainingHelp	H3_1b	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. Asked if EnrolledVocTraining = 1	Edit Values change	1	EnrolledInVocationalTrainingHelp	H3c_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
H3. PROGRAM SPECIFIC QUESTIONS	CurrentlyEmployed	H3_1c	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only.	Edit Values change	1	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
H3. PROGRAM SPECIFIC QUESTIONS	CurrentlyEmployedHelp	H3_1c	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. Asked if CurrentlyEmployed = 1	Edit Values change	1	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
H3. PROGRAM SPECIFIC QUESTIONS	LivingInStableHousing	H3_1d	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only.	Edit Values change	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
H3. PROGRAM SPECIFIC QUESTIONS	LivingInStableHousingHelp	H3_1d	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only. Asked if LivingInStableHousing = 1	Edit Values change	1	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
H4. PROGRAM SPECIFIC QUESTIONS	MaintainFamilyResponsibilities	H4_1a	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only.	Edit Values change	1	EnableFocusOnTreatment (Name in previous codebook incorrect)	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
H4. PROGRAM SPECIFIC QUESTIONS	SupportToParentingAndRecovery	H4_1b	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only.	Edit Values change	1	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
H5. PROGRAM SPECIFIC QUESTIONS	EnableFocusOnTreatment	H5_1a	Please indicate the degree to which you agree or disagree with the following statement Receiving treatment in a residential setting without 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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only.	Edit Values change	1	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
H5. PROGRAM SPECIFIC QUESTIONS	SupportToParentingAndRecoveryH5	H5_1b	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 -9 = Missing Data -1 = Not Applicable	Numeric	Asked at follow-up and discharge only.	Edit Values change	1	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
H6. PROGRAM SPECIFIC QUESTIONS	CurrentSAMHSAGrantFunding	H6_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 -7 = Refused -9 = Missing Data	Numeric	If any funding field is -7 (Refused) or -9 (Missing), then all must be.	Edit Values change	1	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.'

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
H6. PROGRAM SPECIFIC QUESTIONS	OtherFederalGrantFunding	H6_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 -7 = Refused -9 = Missing Data	Numeric	If any funding field is -7 (Refused) or -9 (Missing), then all must be.	Edit Values change	1	OtherFederalGrantFunding	H6_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.'
H6. PROGRAM SPECIFIC QUESTIONS	StateFunding	H6_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 -7 = Refused -9 = Missing Data	Numeric	If any funding field is -7 (Refused) or -9 (Missing), then all must be.	Edit Values change	1	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.'
H6. PROGRAM SPECIFIC QUESTIONS	ClientsPrivateInsurance	H6_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 -7 = Refused -9 = Missing Data	Numeric	If any funding field is -7 (Refused) or -9 (Missing), then all must be.	Edit Values change	1	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.'
H6. PROGRAM SPECIFIC QUESTIONS	MedicaidOrMedicare	H6_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 -7 = Refused -9 = Missing Data	Numeric	If any funding field is -7 (Refused) or -9 (Missing), then all must be.	Edit Values change	1	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.'
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTTricare	H6_1	Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. Tricare	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any funding field is -7 (Refused) or -9 (Missing), then all must be.	Add	1					
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTOther	H6_1	Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. Other (specify)	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric	If any funding field is -7 (Refused) or -9 (Missing), then all must be.	Edit Values change	1	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.'
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTOtherSpec	H6_1	Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. Other (specify) text.	Text -1 = Not Applicable	Character	Complete if SBIRTOther = 1, otherwise must be set to -1 (NA).	Edit Values change	1	SBIRTOtherSpec	H6f_1a	Other (specified)	Text -1 = Not Applicable	IF SBIRTOther not equal to 1 then skip and set to -1.
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTClientScreen	H6_2	When the SBIRT was administered, how did the client screen?	1 = Positive 2 = Negative -1 = Not Applicable	Numeric	Reported only at intake.	Add	1	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.
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTScoreAUDIT	H6_3a	What was his/her screening score? AUDIT	1-99 = score -1 = Not Applicable	Numeric	Reported only at intake.	Add	1					
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTScoreCAGE	H6_3b	What was his/her screening score? CAGE	1-99 = score -1 = Not Applicable	Numeric	Reported only at intake.	Add	1					
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTScoreDAST	H6_3c	What was his/her screening score? DAST	1-99 = score -1 = Not Applicable	Numeric	Reported only at intake.	Add	1					
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTScoreDAST10	H6_3d	What was his/her screening score? DAST-10	1-99 = score -1 = Not Applicable	Numeric	Reported only at intake.	Add	1					
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTScoreNIAAA	H6_3e	What was his/her screening score? NIAAA Guide	1-99 = score -1 = Not Applicable	Numeric	Reported only at intake.	Add	1					
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTScoreASSIST	H6_3f	What was his/her screening score? ASSIST/Alcohol Subscore	1-99 = score -1 = Not Applicable	Numeric	Reported only at intake.	Add	1					
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTScoreOther	H6_3g	What was his/her screening score? Other (SPECIFY)	1-99 = score -1 = Not Applicable	Numeric	Reported only at intake.	Add	1					
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTScoreSpec	H6_3g	What was their screening score? Other (SPECIFY) text.	Text -1 = Not Applicable	Character	Reported only at intake. Completed if # SBIRTScoreOther >=1, otherwise must be -1 (NA).	Add	1					
H6. PROGRAM SPECIFIC QUESTIONS	SBIRTContService	H6_4	Were they willing to continue their participation in SBIRT services?	1 = Yes 0 = No -1 = Not Applicable	Numeric	Reported only at intake.	Edit Wording change Field name change Values change	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
	ScoreType1						Drop	0	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						Drop	0	ScoreValue1	A4a	What was his/her screening score?	D-99 = score	Complete ONLY at intake and ScoreType1 is not blank

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
	ScoreType2						Drop	0	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						Drop	0	ScoreValue2	A4a	What was his/her screening score?	0 = 99 = score -1 = Not Applicable	Complete ONLY at Intake and ScoreType2 is not blank
	ScoreType3						Drop	0	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						Drop	0	ScoreValue3	A4a	What was his/her screening score?	0 = 99 = score -1 = Not Applicable	Complete ONLY at Intake and ScoreType3 is not blank
	ScoreOtherspec						Drop	0	ScoreOtherspec	A4a	Specify other type of screening score.	Text -1 = Not Applicable	If ScoreType1, ScoreType2, or ScoreType3 = "Other", then complete ONLY at Intake
H6. PROGRAM SPECIFIC QUESTIONS	BriefInterventionAssigned	H6_5a	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 -9 = Missing Data -1 = Not Applicable	Numeric	Reported only at Intake. If Client screened Negative select No.	Edit Field name change Values change	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
H6. PROGRAM SPECIFIC QUESTIONS	BriefTreatmentAssigned	H6_5b	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 -9 = Missing Data -1 = Not Applicable	Numeric	Reported only at Intake. If Client screened Negative select No.	Edit Field name change Values change	1	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
H6. PROGRAM SPECIFIC QUESTIONS	ReferralToTreatmentAssigned	H6_5c	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 -9 = Missing Data -1 = Not Applicable	Numeric	Reported only at Intake. If Client screened Negative select No.	Edit Field name change Values change	1	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
H6. PROGRAM SPECIFIC QUESTIONS	BriefIntervention	H6_6a	Did the client receive the following types of services? Brief Intervention	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Numeric		Edit Values change	1	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	
H6. PROGRAM SPECIFIC QUESTIONS	BriefTreatment	H6_6b	Did the client receive the following types of services? Brief Treatment	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Numeric		Edit Values change	1	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	
H6. PROGRAM SPECIFIC QUESTIONS	ReferralToTreatment	H6_6c	Did the client receive the following types of services? Referral to Treatment	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Numeric		Edit Values change	1	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	
H7. PROGRAM SPECIFIC QUESTIONS	SexActivity	H7_1	In the past 30 days, have you been sexually active?	1 = Yes 0 = No 3 = Not permitted to ask -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	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
H7. PROGRAM SPECIFIC QUESTIONS	SexContacts	H7_1a	In the past 30 days, have you been sexually active? [If YES] Altogether, in the past 30 days, how many sexual partners did you have?	1-999 = partners -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if SexActivity = 1.	Edit Wording change Values change	1	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_22						Edit-Retire: Old Field	0	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.

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
H7. PROGRAM SPECIFIC QUESTIONS	SexUnprot	H7_1b	In the past 30 days have you been sexually active? (If YES) Did you engage in unprotected/condomless sex?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if SexActivity = 1.	Edit-Retire: New Field	1					
	SexUnprotHIVaids_22						Edit-Retire: Old Field	0	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
H7. PROGRAM SPECIFIC QUESTIONS	SexUnprotectedHIV	H7_1c_1	In the past 30 days, did you engage in unprotected/condomless sex? (If YES) Were any of your partners: Living with HIV and not taking HIV medications	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if SexActivity = 1 and SexUnprot = 1.	Edit-Retire: New Field	1					
	SexUnprotInjDrugUser_22						Edit-Retire: Old Field	0	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
H7. PROGRAM SPECIFIC QUESTIONS	SexUnprotectedInjDrugUser	H7_1c_2	In the past 30 days, did you engage in unprotected/condomless sex? (If YES) Were any of your partners: A person who injects drugs	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if SexActivity = 1 and SexUnprot = 1.	Edit-Retire: New Field	1					
	SexUnprotHigh_22						Edit-Retire: Old Field	0	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
H7. PROGRAM SPECIFIC QUESTIONS	SexUnprotectedHigh	H7_1c_3	In the past 30 days, did you engage in unprotected/condomless sex? (If YES) Were any of your partners: High on one or more substances	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if SexActivity = 1 and SexUnprot = 1.	Edit-Retire: New Field	1					
H7. PROGRAM SPECIFIC QUESTIONS	PHEPO/Treat	H7_2	Are you currently taking Pre-Exposure Prophylaxis (PrEP) for HIV prevention, or are you taking medication for the treatment of HIV?	1 = PrEP 2 = Treatment for HIV 3 = Neither -7 = Refused -9 = Missing Data	Numeric		Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVTestH	H7_3a1	Did the program provide access to the following? An HIV test.	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	1	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	
H7. PROGRAM SPECIFIC QUESTIONS	HIVTestFirstTime	H7_3a2	Did the program provide access to an HIV test? (If YES) Was this the first time that you had been tested for HIV?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestH = 1.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVTestLocation	H7_3a3	Did the program provide access to an HIV test? (If YES) Was HIV testing performed on-site or were you referred out for testing?	1 = On-site 2 = Referred out -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestFirstTime = 1.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVTestReferralLocation	H7_3a4	Was HIV testing performed on-site or were you referred out for testing? (If REFERRED OUT FOR TESTING) Where was testing performed?	1 = Primary Care Provider's office 2 = Dedicated clinic 3 = VA Medical Center 4 = Health Center of Community Clinic 5 = Local Health Department 6 = Specialty Addiction Treatment Program 7 = Sexual Health Center 8 = A mobile testing service 9 = Other (Specify)	Numeric	Completed if HIVTestLocation = 2.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVTestReferralLocationSpec	H7_3a4	Other (specified)	Text -1 = Not Applicable	Character	Completed if HIVTestReferralLocation = 9.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVTestResultH	H7_3a5	What was the result?	1 = Positive 2 = Negative 3 = Indeterminate -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	Completed if HIVTestH = 1.	Edit Wording change Values change	1	HIVTestResultH	H7a1	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
H7. PROGRAM SPECIFIC QUESTIONS	HIVTestConfirmatory	H7_3a6	What was the result? (If POSITIVE OR INDETERMINATE) Did you receive confirmatory testing?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestResultH = 1 or HIVTestResultH = 3.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVTestConfirmatoryRes	H7_3a7	Did you receive confirmatory testing? (If YES) What was the result?	1 = Positive 2 = Negative 3 = Indeterminate -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	Completed if HIVTestConfirmatory = 1.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	TreatmentForHIVH	H7_3a8	Were you connected to HIV treatment services within 30 days of the positive test result?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestResultH = 1.	Edit Wording change Values change	1	TreatmentForHIVH	H7a1	(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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
H7. PROGRAM SPECIFIC QUESTIONS	TreatmentForHIVLocation	H7_3a9	Were you connected to HIV treatment services within 30 days of the positive test result? (If YES) Where were you referred for ongoing treatment?	1 = Primary Care Provider's office 2 = Dedicated Clinic 3 = VA Medical Center 4 = Health Center of Community Clinic 5 = Local Health Department 6 = Specialty Addiction Treatment Program 7 = Sexual Health Center 8 = Other (Specify)	Numeric	Completed if TreatmentForHIV = 1	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	TreatmentForHIVLocationSpec	H7_3a9	Other (specified)	Text -1 = Not Applicable	Character	Completed if TreatmentForHIVLocation = 9, otherwise must be -1 (NA).	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVTestingPartners	H7_3a10	Was rapid HIV testing offered to your substance-using and/or sexual partners?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestingResult = 1.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVTestingPartnersNumber	H7_3a11	Was rapid HIV testing offered to your substance-using and/or sexual partners? (If YES) What was the number of drug-using and/or sexual partners offered HIV testing?	1 = 1 2 = 2 3 = 3 4 = 4 or more -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestingPartners = 1.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVReferredPreEP	H7_3a12	What was the result? (If NEGATIVE) Were you referred for Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP), and/or were you referred for counseling about these interventions? PreEP.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestingResult = 2. If any HIVReferred field is -1 (NA), -7 (Refused), -9 (Missing) then all must be.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVReferredPEP	H7_3a12	What was the result? (If NEGATIVE) Were you referred for Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP), and/or were you referred for counseling about these interventions? PEP.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestingResult = 2. If any HIVReferred field is -1 (NA), -7 (Refused), -9 (Missing) then all must be.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVReferredCounseling	H7_3a12	What was the result? (If NEGATIVE) Were you referred for Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP), and/or were you referred for counseling about these interventions? Received counseling.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestingResult = 2. If any HIVReferred field is -1 (NA), -7 (Refused), -9 (Missing) then all must be.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVReferredNoMedications	H7_3a12	What was the result? (If NEGATIVE) Were you referred for Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP), and/or were you referred for counseling about these interventions? Did not receive medications.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestingResult = 2. If any HIVReferred field is -1 (NA), -7 (Refused), -9 (Missing) then all must be.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HIVReferredNoCounseling	H7_3a12	What was the result? (If NEGATIVE) Were you referred for Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP), and/or were you referred for counseling about these interventions? Did not receive counseling.	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Completed if HIVTestingResult = 2. If any HIVReferred field is -1 (NA), -7 (Refused), -9 (Missing) then all must be.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HCVtest	H7_3b1	Did the program provide access to the following? Did you receive a Rapid Hepatitis C (HCV) test?	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	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	
H7. PROGRAM SPECIFIC QUESTIONS	HCVtestConfirmatory	H7_3b2	Did you receive a Rapid Hepatitis C (HCV) test? (If YES) Was this followed up with confirmatory Hepatitis C (HCV RNA) testing?	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Asked if HCVtest = 1.	Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HCVtestResult	H7_3b3	Did you receive a Rapid Hepatitis C (HCV) test? (If YES) What was the result of your HCV test?	1 = Positive 2 = Negative 3 = Indeterminate -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	Asked if HCVtest = 1.	Edit Values change	1	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
H7. PROGRAM SPECIFIC QUESTIONS	TreatmentForHCV	H7_3b4	(IF SCREENED POSITIVE OR INDETERMINATE) Were you connected to Hepatitis C treatment services?	1 = Yes 0 = No -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	Asked if HCVtestResult = 1 or HCVtestResult = 3.	Edit Wording change Values change	1	TreatmentForHCV	H7ci	(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
H7. PROGRAM SPECIFIC QUESTIONS	HBVtest	H7_3c1	Did the program provide access to the following? Hepatitis B (HBV) test?	1 = Yes 0 = No -7 = Refused -9 = Missing Data	Numeric		Edit Wording change Values change	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	
H7. PROGRAM SPECIFIC QUESTIONS	HBVtestResult	H7_3c2	If yes, What was the result of your HBV test?	1 = Positive 2 = Negative 3 = Indeterminate -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	Asked if HBVtest = 1.	Edit Values change	1	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
H7. PROGRAM SPECIFIC QUESTIONS	TreatmentForHBV	H7_3c3	(IF SCREENED POSITIVE OR INDETERMINATE) Were you connected to Hepatitis B treatment services?	1 = Yes 0 = No -1 = Not Applicable -7 = Refused -9 = Missing Data	Numeric	Asked if HBVtestResult = 1 or HBVtestResult = 3.	Edit Wording change Values change	1	TreatmentForHBV	H7bi	(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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
H7. PROGRAM SPECIFIC QUESTIONS	HepABVacc	H7_3d1	Did the program provide access to the following? Was the client offered a Hepatitis A and B Vaccination?	1 = Yes 0 = No -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric		Add	1					
H7. PROGRAM SPECIFIC QUESTIONS	HepABVaccReferral	H7_3d2	Was the client offered a Hepatitis A and B Vaccination? (If NO) Was the client referred out for vaccination?	1 = Yes 0 = No -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	Asked if HepABVacc = 0.	Add	1					
H8. PROGRAM SPECIFIC QUESTIONS	PeersupportH	H8_1	Is peer support available at this program?	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge.	Add	1					
H8. PROGRAM SPECIFIC QUESTIONS	EnrolledInSchoolH	H8_2a	Have you achieved any of the following since you began receiving peer services from [insert grantee name]? Enrolled in school	1 = Yes 0 = No -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge. Completed if PeersupportH = 1.	Edit Wording change Values change	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
H8. PROGRAM SPECIFIC QUESTIONS	EnrolledInSchoolHelpH	H8_2a	(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 -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge. Completed if EnrolledInSchool = 1.	Edit Wording change Values change	1	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
H8. PROGRAM SPECIFIC QUESTIONS	EnrolledInVocTrainingH	H8_2b	Have you achieved any of the following since you began receiving peer services from [insert grantee name]? Enrolled in vocational training	1 = Yes 0 = No -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge. Completed if PeersupportH = 1.	Edit Wording change Values change	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
H8. PROGRAM SPECIFIC QUESTIONS	EnrolledInVocTrainingHelpH	H8_2b	(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 -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge. Completed if EnrolledInVocationalTraining = 1.	Edit Wording change Values change	1	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
H8. PROGRAM SPECIFIC QUESTIONS	CurrentlyEmployedH	H8_2c	Have you achieved any of the following since you began receiving peer services from [insert grantee name]? Currently employed	1 = Yes 0 = No -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge. Completed if PeersupportH = 1.	Edit Wording change Values change	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
H8. PROGRAM SPECIFIC QUESTIONS	CurrentlyEmployedHelpH	H8_2c	(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 -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge. Completed if CurrentlyEmployed = 1.	Edit Wording change Values change	1	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
H8. PROGRAM SPECIFIC QUESTIONS	LivingInStableHousingH	H8_2d	Have you achieved any of the following since you began receiving peer services from [insert grantee name]? Living in stable housing	1 = Yes 0 = No -7 = Refused -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge. Completed if PeersupportH = 1.	Edit Wording change Values change	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
H8. PROGRAM SPECIFIC QUESTIONS	LivingInStableHousingHelpH	H8_2d	(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 -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge. Completed if LivingInStableHousing = 1.	Edit Wording change Values change	1	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
H8. PROGRAM SPECIFIC QUESTIONS	QualityOfLife	H8_3	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 -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge.	Edit Values change	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
H9. PROGRAM SPECIFIC QUESTIONS	CommunicateWithProvider	H9_1a	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 -9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge.	Edit Values change	1	CommunicateWithProvider	H9a1	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
H9. PROGRAM SPECIFIC QUESTIONS	ReduceSubstanceUse	H9_1b	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 9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge.	Edit Values change	1	ReduceSubstanceUse	H9a1	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
H9. PROGRAM SPECIFIC QUESTIONS	ManageMentalHealthSymptoms	H9_1c	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 9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge.	Edit Values change	1	ManageMentalHealthSymptoms	H9a1	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
H9. PROGRAM SPECIFIC QUESTIONS	SupportRecovery	H9_1d	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 9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge.	Edit Values change	1	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
H10. PROGRAM SPECIFIC QUESTIONS	MentalHealthDisorderScreen	H10_1	Did the client screen positive for, or have a history of, a mental health disorder?	2 = Client screened positive 1 = Client screened negative 3 = Client was not screened 4 = Client has a positive history 9 = Missing Data	Numeric	Note order and codes. Ordering is as on the new tool; the numeric codes maintain consistency with the expired tool.	Edit Wording change Values change	1	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	
H10. PROGRAM SPECIFIC QUESTIONS	MentalHealthServiceReferred	H10_1a	(If positive) Was the client referred to mental health services?	1 = Yes 0 = No 9 = Missing Data -1 = Not Applicable	Numeric	Completed if MentalHealthDisorderScreen = 2 or MentalHealthDisorderScreen = 4.	Edit Values change	1	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
H10. PROGRAM SPECIFIC QUESTIONS	MentalHealthServiceReceived	H10_1b	(If yes) Did the client receive mental health services?	1 = Yes 0 = No 9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge only. Completed if MentalHealthServiceReferred = 1. Completed at follow-up/discharge only.	Edit Values change	1	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
H10. PROGRAM SPECIFIC QUESTIONS	CoOccurringDisorderScreen	H10_2	Did the client screen positive for, or have a history of, a substance use disorder(s)?	2 = Client screened positive 1 = Client screened negative 3 = Client was not screened 4 = Client has a positive history 9 = Missing Data	Numeric	Note order and codes. Ordering is as on the new tool; numeric codes maintain consistency with the expired tool.	Edit Wording change Field name change Values change	1	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	
H10. PROGRAM SPECIFIC QUESTIONS	CoOccurringServiceReferred	H10_2a	(If positive) Was the client referred to substance use disorder services?	1 = Yes 0 = No 9 = Missing Data -1 = Not Applicable	Numeric	Completed if CoOccurringDisorderScreen = 2 or CoOccurringDisorderScreen = 4	Edit Field name change Values change	1	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
H10. PROGRAM SPECIFIC QUESTIONS	CoOccurringServiceReceived	H10_2b	(If yes) Did the client receive substance use disorder services?	1 = Yes 0 = No 9 = Missing Data -1 = Not Applicable	Numeric	Completed at follow-up and discharge only. Completed if CoOccurringServiceReferred = 1. Completed at follow-up/discharge only.	Edit Field name change Values change	1	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
H10. PROGRAM SPECIFIC QUESTIONS	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 9 = Missing Data -1 = Not Applicable	Numeric		Edit Values change	1	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
I. FOLLOW-UP STATUS	FLWPClntContacted	11	Was the client able to be contacted for follow-up?	1 = Yes 0 = No	Numeric		Add	1					
I. FOLLOW-UP STATUS	FLWPStatus	12	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	Numeric	If FLWPClntContacted = 0, FLWPStatus cannot be 11 or 12. If FLWPClntContacted = 1, FLWPStatus cannot be 1. If FLWPStatus = 1 for any interview there cannot be further interviews for that client.	No change	1	FLWPStatus	11	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.
I. FOLLOW-UP STATUS	FLWPStatusSpec	12	What is the follow-up status of the client? Other, specify text.	Text -1 = Not Applicable	Character	Complete if FLWPStatus = 32, otherwise must be 1 (NA).	No change	1	FLWPStatusSpec	11	What is the follow-up status of the client? Other (Specify)	Blank [NULL] -1 = Appropriate Skip	SKIP if FLWPStatus not = 32
I. FOLLOW-UP STATUS	ReceivingServices	13	Is the client still receiving services from your program?	1 = Yes 0 = No	Numeric		No change	1	ReceivingServices	12	Is the client still receiving services from your program?	1 = Yes 0 = No	REQUIRED -- Complete ONLY at Follow-up.

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic	
J. DISCHARGE STATUS	DischargeDate	J1	On what date as the client discharged?	MM/DD/YYYY = date of discharge	Date	Must not be earlier than intake interview date, and no later than current date.	Edit Wording change	1	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	
J. DISCHARGE STATUS	DischargeStatusCompl	J2	What is the client's discharge status?	1 = Completion/ Graduate 2 = Termination	Numeric		No change	1	DischargeStatusCompl	J2	What is the client's discharge status?	1 = Completion/ Graduate 2 = Termination	REQUIRED - Complete ONLY at discharge	
J. DISCHARGE STATUS	DischargeStatusTermReason	J2a	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	Numeric	Complete if DischargeStatusCompl = 2.	No change	1	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	SKIP if DischargeStatus not = 2	
J. DISCHARGE STATUS	OtherDischargeStatTermReasonSpec	J2a	Specify other reason for termination	Text -1 = Not Applicable	Character	Complete if DischargeStatusTermReason = 13, otherwise set to -1 (NA).	No change	1	OtherDischargeStatTermReasonSpec	J2	Specify other reason for termination	Text Blank [NULL] -1 = Appropriate Skip	SKIP if DischargeStatusTermReason not = 13	
J. DISCHARGE STATUS	JHIVTest	J3	Did the program order an HIV test for this client?	1 = Yes 0 = No -9 = Missing Data	Numeric		Edit Wording change	1	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.	
J. DISCHARGE STATUS	JHIVTestResult	J4	Did the program refer this client for HIV testing with another provider?	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if JHIVTest = 0. Code to -1 if JHIVTest=1, else code to -9.	Edit Wording change	1	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.	
J. DISCHARGE STATUS	ODPreventionToolsProvided	J5	Did the program provide Naloxone and/or Fentanyl Test Strips to this client at any time during their involvement in grant funded services?	1 = Naloxone 2 = Fentanyl Test Strips 3 = Both Naloxone and Fentanyl Test Strips 4 = Neither -9 = Missing Data	Numeric		Add	1						
J. DISCHARGE STATUS	VaccinatedStatusCOVID19	J6	Is the client fully vaccinated against the virus that causes COVID-19?	1 = Yes 2 = No, partially vaccinated with plans to receive the subsequent vaccination on time 3 = No, partially vaccinated with no plan to receive the subsequent vaccination 4 = No, client REFUSED vaccination -7 = Refused -9 = Missing Data	Numeric		Add	1						
K. SERVICES RECEIVED - MODALITY	SvcCaseManagement	K1_a1	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	Numeric		No change	1	SvcCaseManagement	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_22						Drop	0	SvcDayTreatment	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	
K. SERVICES RECEIVED - MODALITY	SvcIntensiveOutpatient	K1_a2	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Intensive Outpatient Treatment	0 = No service provided 1-999 = days of service	Numeric		Edit Wording change	1	SvcIntensiveOutpatient	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	
K. SERVICES RECEIVED - MODALITY	SvcInpatient	K1_a3	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Inpatient/Hospital (Other than Withdrawal Management)	0 = No service provided 1-999 = days of service	Numeric		Edit Wording change	1	SvcInpatient	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	
K. SERVICES RECEIVED - MODALITY	SvcOutpatient	K1_a4	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Outpatient Therapy	0 = No service provided 1-999 = days of service	Numeric		Edit Wording change	1	SvcOutpatient	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	
K. SERVICES RECEIVED - MODALITY	SvcOutreach	K1_a5	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	Numeric		No change	1	SvcOutreach	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	

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
K. SERVICES RECEIVED - MODALITY	SvcMethadone	K1_86A	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Methadone	0 = No service provided 1-999 = days of service	Numeric		Edit Wording change	1	SvcMethadone	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
K. SERVICES RECEIVED - MODALITY	SvcBuprenorphine	K1_86B	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Buprenorphine	0 = No service provided 1-999 = days of service	Numeric		Add	1					
K. SERVICES RECEIVED - MODALITY	SvcNaltrexoneShortActing	K1_86C	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Naltrexone – Short Acting	0 = No service provided 1-999 = days of service	Numeric		Add	1					
K. SERVICES RECEIVED - MODALITY	SvcNaltrexoneLongActing	K1_86D	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Naltrexone – Long Acting (Report 28 days for each one injection)	0 = No service provided 1-999 = days of service	Numeric		Add	1					
K. SERVICES RECEIVED - MODALITY	SvcDisulfiram	K1_86E	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Disulfiram	0 = No service provided 1-999 = days of service	Numeric		Add	1					
K. SERVICES RECEIVED - MODALITY	SvcAcamprosate	K1_86F	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Acamprosate	0 = No service provided 1-999 = days of service	Numeric		Add	1					
K. SERVICES RECEIVED - MODALITY	SvcNicotineReplacement	K1_86G	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Nicotine Replacement	0 = No service provided 1-999 = days of service	Numeric		Add	1					
K. SERVICES RECEIVED - MODALITY	SvcBupropion	K1_86H	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Bupropion	0 = No service provided 1-999 = days of service	Numeric		Add	1					
K. SERVICES RECEIVED - MODALITY	SvcVarenicline	K1_86I	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Medication: Varenicline	0 = No service provided 1-999 = days of service	Numeric		Add	1					
K. SERVICES RECEIVED - MODALITY	SvcResidentialRehab	K1_87	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	Numeric		No change	1	SvcResidentialRehab	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
K. SERVICES RECEIVED - MODALITY	SvcHospitalInpatient	K1_88A	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Withdrawal Management: Hospital Inpatient	0 = No service provided 1-999 = days of service	Numeric		Edit Wording change	1	SvcHospitalInpatient	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
K. SERVICES RECEIVED - MODALITY	SvcFreeStandingRes	K1_88B	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Withdrawal Management: Free Standing Residential	0 = No service provided 1-999 = days of service	Numeric		Edit Wording change	1	SvcFreeStandingRes	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
K. SERVICES RECEIVED - MODALITY	SvcAmbulatoryDetox	K1_88C	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Withdrawal Management: Ambulatory Detoxification	0 = No service provided 1-999 = days of service	Numeric		Edit Wording change	1	SvcAmbulatoryDetox	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
K. SERVICES RECEIVED - MODALITY	SvcAfterCare	K1_89	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	Numeric		No change	1	SvcAfterCare	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
K. SERVICES RECEIVED - MODALITY	SvcRecoverySupport	K1_810	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	Numeric		No change	1	SvcRecoverySupport	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
K. SERVICES RECEIVED - MODALITY	SvcOtherModalities	K1_811	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	Numeric		No change	1	SvcOtherModalities	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
K. SERVICES RECEIVED - MODALITY	SvcOtherModalitiesSpec	K1_b11	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Other (specify)	Text 1 = Not Applicable	Character	Complete if SvcOtherModalities = 1, otherwise must be -1 (NA).	No change	1	SvcOtherModalitiesSpec	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
K. SERVICES RECEIVED - TREATMENT	SvcScreening	K1_b1	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	Numeric	SBIRT grantees must select at least one of: SvcScreening, SvcBriefIntervention, SvcBriefTreatment, SvcReferralTreatment	No change	1	SvcScreening	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
K. SERVICES RECEIVED - TREATMENT	SvcBriefIntervention	K1_b2	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	Numeric	SBIRT grantees must select at least one of: SvcScreening, SvcBriefIntervention, SvcBriefTreatment, SvcReferralTreatment	No change	1	SvcBriefIntervention	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
K. SERVICES RECEIVED - TREATMENT	SvcBriefTreatment	K1_b3	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	Numeric	SBIRT grantees must select at least one of: SvcScreening, SvcBriefIntervention, SvcBriefTreatment, SvcReferralTreatment	No change	1	SvcBriefTreatment	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
K. SERVICES RECEIVED - TREATMENT	SvcReferralTreatment	K1_b4	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	Numeric	SBIRT grantees must select at least one of: SvcScreening, SvcBriefIntervention, SvcBriefTreatment, SvcReferralTreatment	No change	1	SvcReferralTreatment	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
K. SERVICES RECEIVED - TREATMENT	SvcAssessment	K1_b5	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	Numeric		No change	1	SvcAssessment	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
K. SERVICES RECEIVED - TREATMENT	SvcTreatmentPlanning	K1_b6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Treatment Planning	0 = No service provided 1-999 = number of sessions	Numeric		Edit Wording change	1	SvcTreatmentPlanning	K6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Recovery Planning	0 = No service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
K. SERVICES RECEIVED - TREATMENT	SvcRecoveryPlanning	K1_b7	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Recovery Planning	0 = No service provided 1-999 = number of sessions	Numeric	Note: This service is duplicated under the Recovery Support Services section. Until corrected, grantees should enter the same value in both locations.	Add	1			Not on old form.		
K. SERVICES RECEIVED - TREATMENT	SvcIndividualCouns	K1_b8	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	Numeric		No change	1	SvcIndividualCouns	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
K. SERVICES RECEIVED - TREATMENT	SvcGroupCouns	K1_b9	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	Numeric		No change	1	SvcGroupCouns	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
K. SERVICES RECEIVED - TREATMENT	SvcContingencyManagement	K1_b10	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Contingency Management	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - TREATMENT	SvcCommunityReinforcement	K1_b11	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Community Reinforcement	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - TREATMENT	SvcCBT	K1_b12	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Cognitive Behavioral Therapy	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - TREATMENT	SvcFamilyMarriageCouns	K1_b13	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	Numeric		No change	1	SvcFamilyMarriageCouns	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
K. SERVICES RECEIVED - TREATMENT	SvcCoOccurring	K1_b14	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Co-Occurring Treatment Services	0 = No service provided 1-999 = number of sessions	Numeric		Edit Wording change	1	SvcCoOccurring	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
K. SERVICES RECEIVED - TREATMENT	SvcPharmacological	K1_b15	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	Numeric		No change	1	SvcPharmacological	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
K. SERVICES RECEIVED - TREATMENT	SvcHIV/AIDS	K1_b16	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	Numeric		No change	1	SvcHIV/AIDS	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
K. SERVICES RECEIVED - TREATMENT	SvcCulturalInterventions	K1_b17	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Cultural Interventions/Activities	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - TREATMENT	SvcOtherClinicalCouns	K1_b18	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	Numeric		No change	1	SvcOtherClinicalCouns	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
K. SERVICES RECEIVED - TREATMENT	SvcOtherClinicalCounsSpec	K1_b18	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 = Not Applicable	Character	Complete if SvcOtherClinicalCouns = 1, otherwise must be -1 (NA).	No change	1	SvcOtherClinicalCounsSpec	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
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcFamilyServices	K1_c1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Family Services (e.g., Marriage, Education, Parenting, Child Development Services)	0 = No service provided 1-999 = number of sessions	Numeric		Edit Wording change	1	SvcFamilyServices	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
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcChildCare	K1_c2	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	Numeric		No change	1	SvcChildCare	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
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcPreEmployment	K1_c3A	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	Numeric		No change	1	SvcPreEmployment	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
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcEmploymentCoaching	K1_c3B	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	Numeric		No change	1	SvcEmploymentCoaching	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
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcIndividualCoord	K1_c4	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	Numeric		No change	1	SvcIndividualCoord	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
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcTransportation	K1_c5	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	Numeric		No change	1	SvcTransportation	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
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcHIV/AIDS	K1_c6	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 & Counseling	0 = No service provided 1-999 = number of sessions	Numeric	Note: There is no corresponding planned service field this service. The planned services are broken into a set of more detailed categories.	Edit Wording change	1	SvcHIV/AIDS	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcDrugFreeHousing	K1_c7	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Transitional Drug-Free Housing Services	0 = No service provided 1-999 = number of sessions	Numeric		Edit Wording change	1	SvcDrugFreeHousing	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
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcHousingSupport	K1_c8	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Housing Support	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcHealthInsuranceEnrollment	K1_c9	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Health Insurance Enrollment	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcOtherCaseMgmt	K1_c10	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	Numeric		No change	1	SvcOtherCaseMgmt	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
K. SERVICES RECEIVED - CASE MANAGEMENT	SvcOtherCaseMgmtSpec	K1_c10	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 = Not Applicable	Character	Complete if if SvcOtherCaseMgmt = 1, otherwise must be -1 (NA).	No change	1	SvcOtherCaseMgmtSpec	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
K. SERVICES RECEIVED - MEDICAL	SvcMedicalCare	K1_d1	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	Numeric		No change	1	SvcMedicalCare	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
K. SERVICES RECEIVED - MEDICAL	SvcAlcoholDrugTesting	K1_d2	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	Numeric		No change	1	SvcAlcoholDrugTesting	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
K. SERVICES RECEIVED - MEDICAL	SvcOBYN	K1_d3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: OBYN Services	0 = No service provided 1-999 = number of sessions	Numeric		Add	1			Not on old form.		
K. SERVICES RECEIVED - MEDICAL	SvcHIVAIDSMedical	K1_d4	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 & Testing	0 = No service provided 1-999 = number of sessions	Numeric		Edit Wording change	1	SvcHIVAIDSMedical	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
K. SERVICES RECEIVED - MEDICAL	SvcHepatitisSupport	K1_d5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Hepatitis Medical Support & Testing	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - MEDICAL	SvcOtherSTISupport	K1_d6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Other STI Support & Testing	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - MEDICAL	SvcDental	K1_d7	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Dental Care	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - MEDICAL	SvcOtherMedical	K1_d8	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	Numeric		No change	1	SvcOtherMedical	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
K. SERVICES RECEIVED - MEDICAL	SvcOtherMedicalSpec	K1_d8	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 = Not Applicable	Character	Complete if if SvcOtherMedical = 1, otherwise must be -1 (NA).	No change	1	SvcOtherMedicalSpec	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
K. SERVICES RECEIVED - AFTER CARE	SvcContinuingCare	K1_e1	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	Numeric		No change	1	SvcContinuingCare	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

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K. SERVICES RECEIVED - AFTER CARE	SvcRelapsePrevention	K1_e2	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	Numeric		No change	1	SvcRelapsePrevention	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
K. SERVICES RECEIVED - AFTER CARE	SvcRecoveryCoaching	K1_e3	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	Numeric		No change	1	SvcRecoveryCoaching	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
K. SERVICES RECEIVED - AFTER CARE	SvcSelfHelpSupport	K1_e4	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 Mutual Support Groups	0 = No service provided 1-999 = number of sessions	Numeric		Edit Wording change	1	SvcSelfHelpSupport	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
K. SERVICES RECEIVED - AFTER CARE	SvcSpiritualSupport	K1_e5	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	Numeric		No change	1	SvcSpiritualSupport	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
K. SERVICES RECEIVED - AFTER CARE	SvcOtherAfterCare	K1_e6	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	Numeric		No change	1	SvcOtherAfterCare	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
K. SERVICES RECEIVED - AFTER CARE	SvcOtherAfterCareSpec	K1_e6	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 = Not Applicable	Character	Complete if SvcOtherAfterCare = 1, otherwise must be -1 (NA).	No change	1	SvcOtherAfterCareSpec	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
K. SERVICES RECEIVED - EDUCATION	SvcSubstanceAbuseEdu	K1_f1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Substance Misuse Education	0 = No service provided 1-999 = number of sessions	Numeric		Edit Wording change	1	SvcSubstanceAbuseEdu	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
K. SERVICES RECEIVED - EDUCATION	SvcHIVAIDSedu	K1_f2	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	Numeric		No change	1	SvcHIVAIDSedu	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
K. SERVICES RECEIVED - EDUCATION	SvcHepatitisEdu	K1_f3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Hepatitis Education	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - EDUCATION	SvcOtherSTIEdu	K1_f4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Hepatitis Education	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - EDUCATION	SvcNaloxoneTraining	K1_f5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Naloxone Training	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - EDUCATION	SvcFentanylTestStripTraining	K1_f6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Fentanyl Test Strip Training	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - EDUCATION	SvcOtherEdu	K1_f7	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	Numeric		No change	1	SvcOtherEdu	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
K. SERVICES RECEIVED - EDUCATION	SvcOtherEduSpec	K1_f7	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 = Not Applicable	Character	Complete if SvcOtherEdu = 1, otherwise must be -1 (NA).	No change	1	SvcOtherEduSpec	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
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcPeerCoaching	K1_g1	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	Numeric		No change	1	SvcPeerCoaching	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

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcVocational	K1_g2	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: Vocational Services	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcRecoveryHousing	K1_g3	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: Recovery Housing	0 = No service provided 1-999 = number of sessions	Numeric		Edit Wording change Field name change	1	SvcHousingSupport	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
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcRecoveryPlanningRSS	K1_g4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Recovery Planning	0 = No service provided 1-999 = number of sessions	Numeric	Note: This service is duplicated under the Treatment Services section. Until corrected, grantees should enter the same value in both locations.	Add	1					
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcRecoveryCaseManagement	K1_g5	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: Case Management Services to Specifically Support Recovery	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcDrugFreeSocial	K1_g6	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	Numeric		No change	1	SvcDrugFreeSocial	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
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcInformationReferral	K1_g7	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	Numeric		No change	1	SvcInformationReferral	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
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcOtherRecoverySupport	K1_g8	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Recovery Support Services: Other	0 = No service provided 1-999 = number of sessions	Numeric		Add	1					
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcOtherRecoverySupportSpec	K1_g8	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 = Not Applicable	Character	Complete if SvcOtherRecoverySupport = 1, otherwise must be -1 (NA).	Add	1					
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcOtherPeerRecovery	K1_g9	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	Numeric		Edit Field name change	1	SvcOtherRecovery	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
K. SERVICES RECEIVED - RECOVERY SUPPORT	SvcOtherPeerRecoverySpec	K1_g9	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 = Not Applicable	Character	Complete if SvcOtherPeerRecovery = 1, otherwise must be -1 (NA).	Edit Field name change	1	SvcOtherRecoverySpec	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
K. SERVICES RECEIVED	AttendedMostPlannedServices	K2	Has this client attended 60% or more of their planned services?	1 = Yes 0 = No -9 = Missing Data	Numeric		Add	1					
K. SERVICES RECEIVED	ReceivedTelehealthServices	K3	Did this client receive any services via telehealth or a virtual platform?	1 = Yes 0 = No -9 = Missing Data	Numeric		Add	1					
K. SERVICES RECEIVED	PreviouslyDiagnosedOUD	K4	Has this client previously been diagnosed with an opioid use disorder?	1 = Yes 0 = No -9 = Missing Data	Numeric		Add	1					
K. SERVICES RECEIVED	KOUDMedMethadone	K4a	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder? [Methadone]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedOUD = 1. If any KOUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KOUDMedMethadoneDays	K4a	If client received an FDA-approved medication for this opioid use disorder, indicate the number of days the client received medication. [Methadone]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field < 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KOUDMedBuprenorphine	K4a	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder? [Buprenorphine]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedOUD = 1. If any KOUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KOUDMedBuprenorphineDays	K4a	If client received an FDA-approved medication for this opioid use disorder, indicate the number of days the client received medication. [Buprenorphine]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field < 1, otherwise set to -1 (NA).	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
K. SERVICES RECEIVED	KOUDMedNaltrexone	K4a	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder? [Naltrexone]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedOUD = 1. If any KOUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KOUDMedNaltrexoneDays	K4a	If client received an FDA-approved medication for this opioid use disorder, indicate the number of days the client received medication. [Naltrexone]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <> 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KOUDMedXRNaltrexone	K4a	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder? [Extended-release naltrexone]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedOUD = 1. If any KOUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KOUDMedXRNaltrexoneDays	K4a	If client received an FDA-approved medication for this opioid use disorder, indicate the number of days the client received medication. [Extended-release naltrexone]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <> 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KOUDMedNotReceived	K4a	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder? [Did not receive an FDA-approved medication for a diagnosed opioid use disorder]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedOUD = 1. If any KOUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be. Cannot be 1 if any other KOUDMed yes/no field is 1.	Add	1					
K. SERVICES RECEIVED	OUDMedTakenAsPrescribed	K4b	Has this client taken the medication as prescribed?	1 = Yes 0 = No -9 = Missing Data -1 = Not Applicable	Numeric	Complete if KOUDMedMethadone = 1 or KOUDMedBuprenorphine = 1 or KOUDMedNaltrexone = 1 or KOUDMedXRNaltrexone = 1	Add	1					
K. SERVICES RECEIVED	PreviouslyDiagnosedAUD	K5	Has this client previously been diagnosed with an alcohol use disorder?	1 = Yes 0 = No -9 = Missing Data	Numeric		Add	1					
K. SERVICES RECEIVED	KAUDMedNaltrexone	K5a	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? [Naltrexone]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedAUD = 1. If any KAUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KAUDMedNaltrexoneDays	K5a	If client received an FDA-approved medication for this alcohol use disorder, indicate the number of days the client received medication. [Naltrexone]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <> 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KAUDMedXRNaltrexone	K5a	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? [Extended-release naltrexone]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedAUD = 1. If any KAUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KAUDMedXRNaltrexoneDays	K5a	If client received an FDA-approved medication for this alcohol use disorder, indicate the number of days the client received medication. [Extended-release naltrexone]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <> 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KAUDMedDisulfiram	K5a	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? [Disulfiram]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedAUD = 1. If any KAUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KAUDMedDisulfiramDays	K5a	If client received an FDA-approved medication for this alcohol use disorder, indicate the number of days the client received medication. [Disulfiram]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <> 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KAUDMedAcamprosate	K5a	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? [Acamprosate]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedAUD = 1. If any KAUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KAUDMedAcamprosateDays	K5a	If client received an FDA-approved medication for this alcohol use disorder, indicate the number of days the client received medication. [Acamprosate]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <> 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KAUDMedNotReceived	K5a	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? [Did not receive an FDA-approved medication for a diagnosed alcohol use disorder]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedAUD = 1. If any KAUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be. Cannot be 1 if any other KAUDMed yes/no field is 1.	Add	1					
K. SERVICES RECEIVED	AUDMedTakenAsPrescribed	K5b	Has this client taken the medication as prescribed?	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if KAUDMedNaltrexone = 1 or KAUDMedXRNaltrexone = 1 or KAUDMedDisulfiram = 1 or KAUDMedAcamprosate = 1.	Add	1					
K. SERVICES RECEIVED	PreviouslyDiagnosedSUD	K6	Has this client previously been diagnosed with an stimulant use disorder?	1 = Yes 0 = No -9 = Missing Data	Numeric		Add	1					
K. SERVICES RECEIVED	KSUDIntContMgmt	K6a_1	In the past 30 days, which evidence-based interventions did the client receive for the treatment of this stimulant use disorder? [Contingency Management]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedSUD = 1. If any KSUDInt yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KSUDIntContMgmtDays	K6a_1	If client received an evidence-based intervention for this stimulant use disorder, indicate the number of days the client received the intervention. [Contingency Management]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <> 1, otherwise set to -1 (NA).	Add	1					

New Instrument Section	New Codebook Field Name	New Question Number	New Question and/or Description	New Value Definitions	New Data Type	New Code Book Warning Edits / Skip Logic	Change Type	Upload Field	Old Codebook Field Name	Old Question Number	Old Question and/or Description	Old Value Definitions	Old Code Book Warning Edits / Skip Logic
K. SERVICES RECEIVED	KSUDIntCommReinf	K6a_1	In the past 30 days, which evidence-based interventions did the client receive for the treatment of this stimulant use disorder? [Community Reinforcement]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedSTUD = 1. If any KSUDInt yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KSUDIntCommReinfDays	K6a_2	If client received an evidence-based intervention for this stimulant use disorder, indicate the number of days the client received the intervention. [Community Reinforcement]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <= 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KSUDIntCBT	K6a_3	In the past 30 days, which evidence-based interventions did the client receive for the treatment of this stimulant use disorder? [Cognitive Behavioral Therapy]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedSTUD = 1. If any KSUDInt yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KSUDIntCBTDays	K6a_3	If client received an evidence-based intervention for this stimulant use disorder, indicate the number of days the client received the intervention. [Cognitive Behavioral Therapy]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <= 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KSUDIntOther	K6a_4	In the past 30 days, which evidence-based interventions did the client receive for the treatment of this stimulant use disorder? [Other treatment approach]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedSTUD = 1. If any KSUDInt yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KSUDIntOtherDays	K6a_4	If client received an evidence-based intervention for this stimulant use disorder, indicate the number of days the client received the intervention. [Other treatment approach]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <= 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KSUDIntNotReceived	K6a_5	In the past 30 days, which evidence-based interventions did the client receive for the treatment of this stimulant use disorder? [Did not receive any intervention for a stimulant use disorder]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedSTUD = 1. If any KSUDInt yes/no field is -1 (NA) or -9 (Missing) then all must be. Cannot be 1 if any other KSUDInt yes/no field is 1.	Add	1					
K. SERVICES RECEIVED	STUDIntAttended	K6b	Has this client attended and participated in evidence-based interventions for stimulant use disorder?	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if KSUDIntCommReinf = 1 or KSUDIntCBT = 1 or KSUDIntOther = 1.	Add	1					
K. SERVICES RECEIVED	PreviouslyDiagnosedTUD	K7	Has this client previously been diagnosed with an tobacco use disorder?	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric		Add	1					
K. SERVICES RECEIVED	KTUDMedNicotineRepl	K7a_1	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this tobacco use disorder? [Nicotine Replacement]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedTUD = 1. If any KTUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KTUDMedNicotineReplDays	K7a_1	If client received an FDA-approved medication for this tobacco use disorder, indicate the number of days the client received medication. [Nicotine Replacement]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <= 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KTUDMedBupropion	K7a_2	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this tobacco use disorder? [Bupropion]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedTUD = 1. If any KTUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KTUDMedBupropionDays	K7a_2	If client received an FDA-approved medication for this tobacco use disorder, indicate the number of days the client received medication. [Bupropion]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <= 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KTUDMedVarenicline	K7a_3	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this tobacco use disorder? [Varenicline]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedTUD = 1. If any KTUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be.	Add	1					
K. SERVICES RECEIVED	KTUDMedVareniclineDays	K7a_3	If client received an FDA-approved medication for this tobacco use disorder, indicate the number of days the client received medication. [Varenicline]	0-30 days -1 = Not Applicable -9 = Missing Data	Numeric	Complete if corresponding Days field <= 1, otherwise set to -1 (NA).	Add	1					
K. SERVICES RECEIVED	KTUDMedNotReceived	K7a_4	In the past 30 days, which FDA-approved medication did the client receive for the treatment of this tobacco use disorder? [Did not receive an FDA-approved medication for a diagnosed tobacco use disorder]	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if PreviouslyDiagnosedTUD = 1. If any KTUDMed yes/no field is -1 (NA) or -9 (Missing) then all must be. Cannot be 1 if any other KTUDMed yes/no field is 1.	Add	1					
K. SERVICES RECEIVED	TUDMedTakenAsPrescribed	K7b	Has this client taken the medication as prescribed?	1 = Yes 0 = No -1 = Not Applicable -9 = Missing Data	Numeric	Complete if KTUDMedNicotineRepl = 1 or KTUDMedBupropion = 1 or KTUDMedVarenicline = 1.	Add	1					

CSAT GPRA Tool Sections to be Completed by Type of Interview

This table shows the different portions of the CSAT GPRA tool that must be completed for baseline, follow-up, and discharge interviews. The information for follow-up and discharge interviews is shown separately for whether the interview was, or was not conducted, as the required sections differ.

Tool Sections	Intake/Baseline	Follow-up		Discharge	
	Interview Conducted	Interview Conducted	Interview Not Conducted	Interview Conducted	Interview Not Conducted
A. Record Management	Y	Y	Y	Y	Y
A. Record Management - Demographics	Y				
B. Substance Use	Y	Y		Y	
B. Planned Services	Y				
C. Living Conditions	Y	Y		Y	
D. Education, Employment, and Income	Y	Y		Y	
E. Legal	Y	Y		Y	
F. Mental and Physical Health Problems and Treatment/Recovery	Y	Y		Y	
G. Social Connectedness	Y	Y		Y	
H. Program Specific Questions	Y	Y		Y	
I. Follow-Up Status		Y	Y		
J. Discharge Status				Y	Y
K. Services Received Under Grant Funding				Y	Y