

DATA COLLECTION
INSTRUMENT (DCI)
(PRE-POPULATED SECTIONS
ARE BASED ON
THE HLQ and 2ND PAGE OF HLQ)

Rev: 9-14-15

Public reporting burden for this collection of information is estimated to average 28 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client baseline or reassessment, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 2-, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-xxxx.

BASELINE INTERVIEW, CONTINUE TO SECTION A2

REASSESSMENT AND DISCHARGE INTERVIEWS, SKIP TO SECTION B

End of A1: Record Management DEMOGRAPHICS ARE PRE-POPULATED FROM HLQ SECTION A2

RECORD MANAGEMENT—PLANNED SERVICES

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

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

1. Modality (CIRCLE AT LEAST ONE MODALITY)

- | | | |
|--|-----|----|
| a. Case management | Yes | No |
| b. Day treatment | Yes | No |
| c. Inpatient/Hospital (Other than detox) | Yes | No |
| d. Outpatient | Yes | No |
| e. Outreach | Yes | No |
| f. Intensive outpatient | Yes | No |
| g. Medication assisted treatment (CIRCLE ONLY ONE) | | |

For Opioid Addiction

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

For Alcohol Addiction

- | | | |
|-------------------------------------|-----|----|
| (1) Naltrexone ® (Oral) | Yes | No |
| (2) Vivitrol ® (Injectable) | Yes | No |
| (3) Disulfiram ® | Yes | No |
| (4) Acamprosate ® | Yes | No |
| h. Residential/Rehabilitation | Yes | No |
| i. Detoxification (CIRCLE ONLY ONE) | | |
| (1) Hospital inpatient | Yes | No |
| (2) Free standing residential | Yes | No |
| (3) Ambulatory detoxification | Yes | No |
| j. After care | Yes | No |
| k. Recovery support | Yes | No |
| l. Other (SPECIFY): _____ | Yes | No |

2. Treatment Services (CIRCLE AT LEAST ONE SERVICE)

- | | | |
|---|-----|----|
| a. Screening | Yes | No |
| b. Brief intervention | Yes | No |
| c. Brief treatment | Yes | No |
| d. Referral to treatment | Yes | No |
| e. Assessment | Yes | No |
| f. Treatment/Recovery planning | Yes | No |
| g. Individual counseling | Yes | No |
| h. Group counseling | Yes | No |
| i. Family/Marriage counseling | Yes | No |
| j. Co-occurring treatment/Recovery services | Yes | No |
| k. Psycho-Pharmacological interventions | Yes | No |
| l. HIV/AIDS counseling | Yes | No |
| m. Mental health services | Yes | No |
| n. Other clinical services (SPECIFY): _____ | Yes | No |

3. Medical Services (CIRCLE AT LEAST ONE SERVICE)

- | | | |
|--|-----|----|
| a. Medical care | Yes | No |
| b. Alcohol/drug testing | Yes | No |
| c. HIV/AIDS medical support & testing | Yes | No |
| d. Other medical services (SPECIFY): _____ | Yes | No |

SECTION A2

RECORD MANAGEMENT—PLANNED SERVICES (CONT.)

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

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

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

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

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

6. Education Services
(CIRCLE AT LEAST ONE SERVICE)

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

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

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

CONTINUE TO SECTION A3

End of Section A2: Record Management—Planned Services

SECTION A3: DEMOGRAPHICS

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

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

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

- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

- 2. Are you Hispanic, Latino/a, or Spanish origin? (ONE OR MORE CATEGORIES MAY BE SELECTED) (*PRE-POLULATED*)**

- Yes, Central American
- Yes, Cuban
- Yes, Dominican
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, South American
- Yes, another Hispanic, Latino, or Spanish origin (SPECIFY): _____
- No, not of Hispanic, Latino/a, or Spanish origin
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

- 3. What is your race? (ONE OR MORE CATEGORIES MAY BE SELECTED) (*PRE-POLULATED*)**

- | | |
|---|---|
| <input type="radio"/> White | <input type="radio"/> Asian Indian |
| <input type="radio"/> Black or African American | <input type="radio"/> Chinese |
| <input type="radio"/> American Indian | <input type="radio"/> Filipino |
| <input type="radio"/> Alaska Native | <input type="radio"/> Japanese |
| | <input type="radio"/> Korean |
| <input type="radio"/> Native Hawaiian | <input type="radio"/> Vietnamese |
| <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Other Asian |
| <input type="radio"/> Samoan | |
| <input type="radio"/> Other Pacific Islander | <input type="radio"/> DECLINED |
| | <input type="radio"/> DON'T KNOW/ INFORMATION NOT AVAILABLE |

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

- Yes
- No (SKIP TO QUESTION 5)
- DECLINED (SKIP TO QUESTION 5)
- DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 5)

**SECTION A3
DEMOGRAPHICS (CONT.)**

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

4b. If you speak a language other than English at home, what language do you speak? (PRE-POLULATED)

- Spanish
 - Other (SPECIFY): _____
 - DECLINED
 - DON'T KNOW/ INFORMATION NOT AVAILABLE
-

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

- Male
- Female
- Different identity (SPECIFY): _____
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Straight
 - Lesbian (if female) or Gay (if male)
 - Bisexual
 - Other (SPECIFY): _____
 - DECLINED
 - DON'T KNOW/ INFORMATION NOT AVAILABLE
-

DISABILITY MEASURES (#7-13-COMplete for positive screens only, pre-populated as don't know for negative screens)

7. Are you deaf or do you have serious difficulty hearing?

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

9. Have you been diagnosed with a learning disability (Autism, Dyslexia, ADHD, etc.)?

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

10. Have you been diagnosed with a traumatic brain injury (TBI)?

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION A4

[End of Section A3: Demographics](#)

SECTION A4
MILITARY FAMILY AND DEPLOYMENT

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

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

1a. Have you ever served on active, reserve, or National Guard duty? (*PRE-POLULATED*)

- Yes
- No (SKIP TO QUESTION 2A)
- DECLINED (SKIP TO QUESTION 2A)
- DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 2A)

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

- Army
- Marine Corps
- Navy
- Air Force
- Coast Guard
- PHS
- NOAA
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Active
- Reserve
- National Guard
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- On active duty
- Separated
- Retired
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION A4
MILITARY FAMILY AND DEPLOYMENT (CONT.)

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

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

- No, never deployed to a combat zone
 - Yes, Iraq or Afghanistan (e.g., OEF/OIF/OND)
 - Yes, Persian Gulf (Operation Desert Shield/Desert Storm)
 - Yes, Vietnam/Southeast Asia
 - Yes, Korea
 - Yes, Persian Gulf (Operation Desert Shield/Desert Storm)
 - Yes, World War II
 - Yes, other (SPECIFY COMBAT ZONE): _____
 - DECLINED
 - DON'T KNOW/ INFORMATION NOT AVAILABLE
-

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

2a. Is anyone in your immediate family currently serving as a member of one the branches of the United States Uniformed Services on active duty, reserve components or National Guard? (*PRE-POLULATED*)

- Yes
- No (SKIP TO SECTION B)
- DECLINED (SKIP TO SECTION B)
- DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO SECTION B)

**SECTION A4
MILITARY FAMILY AND DEPLOYMENT (CONT.) (*PRE-POLULATED*)**

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

2b. The following four questions relate to experiences you or a member of your immediate family may have had while serving?

| | What is the relationship of that person (Service Member) to you: (IDENTIFY UP TO FIVE RELATIVES IN THE COLUMN HEADINGS. FOR EXAMPLE: MOTHER, FATHER, SISTER, BROTHER, SPOUSE, PARTNER, DAUGHTER, SON, OR OTHER IMMEDIATE RELATIVE). | | | | | |
|--|---|---|---|---|---|---|
| Has the Service Member experienced any of the following: | (SELF) | Relationship (Specify): |
| (1) Deployed in support of combat operations (e.g., Iraq or Afghanistan)? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know |
| (2) Was physically injured during combat operations? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know |
| (3) Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know |
| (4) Died or was killed? | | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know |

CONTINUE TO SECTION B

End of Section A4: MILITARY FAMILY AND DEPLOYMENT

SECTION B
DRUG AND ALCOHOL USE

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

OFFENDER REENTRY PROGRAM (ORP) GRANTS SHOULD ASK ABOUT DRUG USE “IN THE PAST 30 DAYS PRIOR TO INCARCERATION” FOR QUESTIONS B1 THROUGH B6E AT BASELINE AND THE “PAST 30 DAYS” AT REASSESSMENT AND DISCHARGE.

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

- |__|__| DAYS (IF ZERO, SKIP TO QUESTION 4)
 DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

2. (IF MALE)

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

- |__|__| DAYS DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

(IF FEMALE)

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

- |__|__| DAYS DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

3. (FOR MALES AND FEMALES) In the past 30 days, how many days have you used both alcohol and drugs (on the same day)? (NUMBER OF DAYS IN QUESTION 3 SHOULD BE EQUAL TO OR LESS THAN NUMBER OF DAYS IN QUESTION 1)

- |__|__| DAYS DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- |__|__| DAYS (IF ZERO, SKIP TO QUESTION 5I)
 DECLINED (SKIP TO QUESTION 5I)
 DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 5I)

SECTION C
FAMILY AND HOUSING

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

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

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

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

|_|_| NIGHTS

- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?

- Not at all
- Somewhat
- Considerably
- Extremely
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION C
FAMILY AND HOUSING (CONT.)

4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?

- Not at all
- Somewhat
- Considerably
- Extremely
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?

- Not at all
 - Somewhat
 - Considerably
 - Extremely
 - DECLINED
 - DON'T KNOW/ INFORMATION NOT AVAILABLE
-

6. Are you currently pregnant? Should be asked of females only

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

7a. (IF NOT MALE) Do you have any children? Should be asked of both females and males

- Yes
- No (SKIP TO SECTION D)
- DECLINED (SKIP TO SECTION D)
- DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO SECTION D)

7b. If you have any children, how many children do you have? (IF THE ANSWER TO QUESTION 7A IS YES, VALUE IN QUESTION 7B MUST BE GREATER THAN ZERO)

|__|__| CHILDREN

- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

7c. If you have any children, how many of your children are living with someone else due to a child protection court order? (THE VALUE IN QUESTION 7C CANNOT EXCEED THE VALUE IN QUESTION 7B)

|__|__| CHILDREN

- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION C
FAMILY AND HOUSING (CONT.)

7d. If you have any children, for how many of your children have you lost parental rights? (THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED) (THE VALUE IN QUESTION 7D CANNOT EXCEED THE VALUE IN QUESTION 7B)

|_|_|_| CHILDREN

- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION D
End of Section C: Family and Housing

SECTION D
EDUCATION, EMPLOYMENT, AND INCOME

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

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

- No/Not enrolled
- Enrolled, full time
- Enrolled, part time
- Other (SPECIFY): _____
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- PRESCHOOL
- KINDERGARTEN
- 1ST GRADE
- 2ND GRADE
- 3RD GRADE
- 4TH GRADE
- 5TH GRADE
- 6TH GRADE
- 7TH GRADE
- 8TH GRADE
- 9TH GRADE
- 10TH GRADE
- 11TH GRADE
- 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
- SOME COLLEGE OR UNIVERSITY
- BACHELOR'S DEGREE (BA, BS) OR HIGHER
- VOCATIONAL/TECHNICAL DIPLOMA AFTER HIGH SCHOOL
- I NEVER ATTENDED SCHOOL OR A JOB TRAINING PROGRAM
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- IF CLIENT IS UNDER 16 YEARS OF AGE, SKIP TO SECTION E.
- CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.
- IF CLIENT IS ENROLLED, FULL TIME IN QUESTION 1 AND INDICATED EMPLOYED, FULL TIME IN QUESTION 3, ASK FOR CLARIFICATION.
- IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE QUESTION 3 AS UNEMPLOYED, NOT LOOKING FOR WORK.

- Employed full time (35+ hours per week, or would have been)
- Employed part time
- Unemployed, looking for work (SKIP TO QUESTION 7)
- Unemployed, disabled (SKIP TO QUESTION 7)
- Unemployed, volunteer work (SKIP TO QUESTION 7)
- Unemployed, retired (SKIP TO QUESTION 7)
- Unemployed, not looking for work (SKIP TO QUESTION 7)

CONTINUE TO SECTION E

**End of Section D: Education, Employment, and Income SECTION E
CRIME AND CRIMINAL JUSTICE STATUS**

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

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

|__|__| times (IF ZERO, SKIP TO QUESTION 2)

- DECLINED (SKIP TO QUESTION 2)
- DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 2)

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

|__|__| times

- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

1c. Out of the times you have been arrested in the past 30 days, how many nights have you spent in jail/prison? (IF VALUE IN QUESTION 1A IS GREATER THAN 15, SECTION C, QUESTION 1 MUST BE JAIL/PRISON. IF QUESTION SECTION C, QUESTION 1 IS JAIL/PRISON, THAN VALUE IN QUESTION 1C MUST BE AT LEAST 15.)

|__|__| nights

- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

OFFENDER REENTRY PROGRAM (ORP) GRANTS PLEASE ASK IF A CRIME WAS COMMITTED “30 DAYS PRIOR TO INCARCERATION” AT BASELINE AND “THE PAST 30 DAYS’ AT REASSESSMENT AND DISCHARGE.

2. In the **past 30 days**, how many times have you committed a crime? (THE ANSWER TO QUESTION 2 MUST BE EQUAL TO OR GREATER THAN THE NUMBER IN SECTION B, QUESTION 4 BECAUSE USING ILLEGAL DRUGS IS A CRIME)

|____|____| times

- DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

3. Are you currently awaiting charges, trial, or sentencing?

- Yes
 No
 DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

4. Are you currently on parole/probation?

- Yes
 No
 DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION F1

End of Section E: Crime and Criminal Justice Status

SECTION F1: MENTAL AND PHYSICAL HEALTH

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

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

- Excellent
 Very Good
 Good
 Poor
 DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE
-

2. During the **past 30 nights**, did you receive **inpatient** treatment for:

2a. Physical complaint

- Yes. SPECIFY NUMBER OF NIGHTS: |____|____|
 No
 DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

2b. Mental or emotional difficulties

- Yes. SPECIFY NUMBER OF NIGHTS: |____|____|
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

2c. Alcohol or substance abuse

- Yes. SPECIFY NUMBER OF NIGHTS: |____|____|
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

3. During the past 30 nights, did you receive outpatient treatment for:

3a. Physical complaint

- Yes. SPECIFY NUMBER OF NIGHTS: |____|____|
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

3b. Mental or emotional difficulties

- Yes. SPECIFY NUMBER OF NIGHTS: |____|____|
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

3c. Alcohol or substance abuse

- Yes. SPECIFY NUMBER OF NIGHTS: |____|____|
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

4. During the past 30 nights, did you receive emergency room/urgent care treatment for:

4a. Physical complaint

- Yes. SPECIFY NUMBER OF NIGHTS: |____|____|
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

4b. Mental or emotional difficulties

- Yes. SPECIFY NUMBER OF NIGHTS: |____|____|
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

4c. Alcohol or substance abuse

- Yes. SPECIFY NUMBER OF NIGHTS: |____|____|
 - No
 - DECLINED
 - DON'T KNOW/ INFORMATION NOT AVAILABLE
-

THE FOLLOWING THREE QUESTIONS (5-7) ARE ONLY FOR CLIENTS 10 YEARS OF AGE AND OLDER

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

8. The following seven questions (8a-8g) ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

| QUESTIONS | RESPONSE OPTIONS | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------|
| | All of the Time | Most of the Time | Some of the Time | A Little of the Time | None of the Time | DECLINED | DON'T KNOW/ INFO NOT AVAILABLE |
| During the <u>past 30 days</u> , about how often did you feel— | | | | | | | |
| 8a. Nervous | <input type="radio"/> |
| 8b. Hopeless | <input type="radio"/> |
| 8c. Restless or fidgety | <input type="radio"/> |
| 8d. So depressed that nothing could cheer you up | <input type="radio"/> |
| 8e. That everything was an effort | <input type="radio"/> |
| 8f. Worthless | <input type="radio"/> |
| 8g. Bothered by the above psychological or emotional problems | <input type="radio"/> |

SECTION F1: MENTAL AND PHYSICAL HEALTH (CONT.)

9a. Have you been tested for HIV?

- Yes
- No (SKIP TO QUESTION 11A)
- DECLINED (SKIP TO QUESTION 11A)
- DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 11A)

9b. If you have been tested for HIV, what was the result?

- Negative/Non-reactive
- Positive/reactive
- Invalid/Indeterminate
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

10a. Have you been tested for Hepatitis B?

- Yes
- No (SKIP TO QUESTION 12A)
- DECLINED (SKIP TO QUESTION 12A)
- Don't know (SKIP TO QUESTION 12A)

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

- Negative/Non-Reactive
- Positive/Reactive
- Invalid/Indeterminate
- DECLINED
- DON'T KNOW/INFORMATION NOT AVAILABLE

11a. Have you been tested for Hepatitis C?

- Yes
- No (SKIP TO SECTION F2)
- Decline (SKIP TO SECTION F2)
- DON'T KNOW/INFORMATION NOT AVAILABLE (SKIP TO SECTION F2)

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

- Negative/Non-Reactive
- Positive/Reactive
 - If Positive/Reactive, did you receive a confirmatory test?**
 - Yes
 - No
- Invalid/Indeterminate
- DECLINED
- DON'T KNOW/INFORMATION NOT AVAILABLE

CONTINUE TO SECTION F2

End of Section F1: Mental and Physical Health

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

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

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

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

- Yes. SPECIFY NUMBER OF TIMES: |____|____|
 No
 DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes. SPECIFY NUMBER OF TIMES: |____|____|
 No
 DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes. SPECIFY NUMBER OF TIMES: |____|____|
 No
 DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes
 No
 DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Strongly agree
 Agree
 Undecided
 Disagree
 Strongly disagree
 DECLINED
 DON'T KNOW/ INFORMATION NOT AVAILABLE

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

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

- On my own most of the time
- With support from others most of the time
- On my own
- Some of the time and with support from others
- Some of the time
- Rarely or never
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION F3

End of Section F2: Recovery, Self-Help, and Peer-Support

SECTION F3

VIOLENCE AND TRAUMA

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

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

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

- Yes
- No (SKIP TO QUESTION 2)
- DECLINED (SKIP TO QUESTION 2)
- DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 2)

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

- Natural or man-made disaster
- Community or school violence
- Interpersonal violence (including physical, sexual or psychological)
- Military trauma
- Other (SPECIFY): _____
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Yes
- No
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

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

- Never
- A few times
- More than a few times
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION G

End of Section F3: Violence and Trauma

SECTION G
SOCIAL CONNECTEDNESS

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

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

| QUESTIONS | RESPONSE OPTIONS | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------------|
| Over the <u>past 30 days</u> — | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree | DECLINED | DON'T KNOW INFO NOT AVAILABLE |
| 1a. In a crisis, I would have the support I need from family or friends. | <input type="radio"/> |
| 1b. I feel I belong in my community. | <input type="radio"/> |

2. To whom do you turn when you are having trouble?

- No one
- Clergy member
- Family member
- Friends
- Other (SPECIFY): _____
- DECLINED
- DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION I (our program does not have a section H)

End of Section G: Social Connectedness

STOP HERE FOR BASELINE INTERVIEW

CONTINUE TO SECTION I FOR REASSESSMENT

SKIP TO SECTION J FOR DISCHARGE

SECTION I: REASSESSMENT STATUS

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT REASSESSMENT

| QUESTIONS | QUESTIONS | |
|---|-----------------------|-----------------------|
| Over the <u>past 30 days</u> — | Yes | No |
| 1. Have you or other grant staff had contact with the client within 90 days of the last encounter? | <input type="radio"/> | <input type="radio"/> |
| 2. Is the client still receiving services from your program? | <input type="radio"/> | <input type="radio"/> |

SKIP TO SECTION K

End of Section I: Reassessment Status

SECTION J: DISCHARGE STATUS

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT DISCHARGE

1. On what date was the client discharged?

/ /
 Month Day Year

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

/ /
 Month Day Year

3. What is the client’s discharge status?

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

CONTINUE TO SECTION K

End of Section J: Discharge Status

SECTION K
SERVICES RECEIVED: ALL OTHER PROGRAMS

Automated based on utilization data in BHSD Star to count number of Screens, BI, BT, RT, and case management

THIS SECTION TO BE COMPLETED BY STAFF.

ALL PROGRAMS **EXCEPT PPW PROGRAMS** SHOULD COMPLETE THIS SECTION.

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

SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 2A THROUGH 2D.

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

SECTION K
SERVICES RECEIVED: ALL OTHER PROGRAMS (CONT.)

THIS SECTION TO BE COMPLETED BY STAFF ONLY

ALL PROGRAMS **EXCEPT PPW PROGRAMS** SHOULD COMPLETE THIS SECTION.

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

| 4. Case Management Services | Sessions | 6. Education Services | Sessions |
|--|-----------------|--|-----------------|
| a. Family Services (Including Marriage Education, Parenting, Child Development Services) | _ _ _ _ | a. Substance Abuse Education | _ _ _ _ |
| b. Child Care | _ _ _ _ | b. HIV/AIDS Education | _ _ _ _ |
| c. Employment Service | | c. Other | |
| (1) Pre-Employment | _ _ _ _ | (SPECIFY): _____ | _ _ _ _ |
| (2) Employment Coaching | _ _ _ _ | | |
| d. Individual Services Coordination | _ _ _ _ | 7. Peer-to-Peer Recovery Support Services | |
| e. Transportation | _ _ _ _ | a. Peer Coaching or Mentoring | _ _ _ _ |
| f. HIV/AIDS Service | _ _ _ _ | b. Housing Support | _ _ _ _ |
| g. Supportive Transitional Drug-Free Housing Services | _ _ _ _ | c. Alcohol- and Drug-Free Social Activities | _ _ _ _ |
| h. Care coordination | _ _ _ _ | d. Information and Referral | _ _ _ _ |
| i. Other | | e. Other | |
| (SPECIFY): _____ | _ _ _ _ | (SPECIFY): _____ | _ _ _ _ |
| 5. After Care Services | | | |
| a. Continuing Care | _ _ _ _ | | |
| b. Relapse Prevention | _ _ _ _ | | |
| c. Recovery Coaching | _ _ _ _ | | |
| d. Self-Help and Support Groups | _ _ _ _ | | |
| e. Spiritual Support | _ _ _ _ | | |
| f. Other After Care Services | _ _ _ _ | | |
| g. Other | | | |
| (SPECIFY): _____ | _ _ _ _ | | |

END OF INSTRUMENT

End of Section K: Services Received
