

**CSAT GPRA Client/Participant Outcome
Measures for Discretionary Programs**

Name of Primary Counselor/Interviewer: _____

Tribal Access Site _____

REMEMBER:

ANSWER EVERY QUESTION!!!

CHECK YOUR WORK!!!!!!!

THIS FORM WILL NOT BE COUNTED BY CSAT UNLESS IT IS COMPLETE

**ONCE A CLIENT ID # IS ASSIGNED, DO NOT CHANGE IT. IT STAYS WITH THE CLIENT NO
MATTER HOW MANY INTAKES OR FOLLOW-UPS ARE DONE.**

Put the Client ID # on the bottom of EVERY page of this form.

**FAX TO INTER-TRIBAL COUNCIL OF MICHIGAN
906-632-7744**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including 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/participant intake or follow-up, 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 7-1044, 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 0930-0208.

A. RECORD MANAGEMENT

PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT THE CLIENT ONLY AT INTAKE]

Identify the services you plan to provide to the client during the client's course of treatment/recovery.

[CIRCLE 'Y' FOR YES OR 'N' FOR NO FOR EACH ONE]

SELECT AT LEAST ONE MODALITY

Modality	Yes	No
1. Case Management	y	n
2. Day Treatment	y	n
3. Inpatient/Hospital (not detox)	y	n
4. Outpatient	y	n
5. Outreach	y	n
6. Intensive Outpatient	y	n
7. Methadone	y	n
8. Residential/Rehabilitation	y	n
9. Detoxification (Select only one)		
A. Hospital Inpatient	y	n
B. Free Standing Residential	y	n
C. Ambulatory Detoxification	y	n
10. After Care	y	n
11. Recovery Support	y	n
12. Other (Specify) _____	y	n

Treatment Services

	Yes	No
1. Screening	y	n
2. Brief Intervention	y	n
3. Brief Treatment	y	n
4. Referral to Treatment	y	n
5. Assessment	y	n
6. Treatment/Recovery Planning	y	n
7. Individual Counseling	y	n
8. Group Counseling	y	n
9. Family/Marriage Counseling	y	n
10. Co-Occurring Treatment/Recovery Services	y	n
11. Pharmacological Interventions	y	n
12. HIV/AIDS Counseling	y	n
13. Other Clinical Services (Specify) _____	y	n

Indigenous Services

	Yes	No
1. Indigenous Language	y	n
2. Storytelling, Cultural Teaching	y	n
3. Daily Living Skills	y	n
4. Talking Circle	y	n
5. Tribal Song and Dance	y	n
6. Tribal Arts and Crafts	y	n
7. Traditional Healing Services	y	n
8. Sweat Lodge	y	n
9. Anishnaabek Healing Ceremony	y	n
10. Referral to Traditional Practitioner	y	n
11. Other (Specify) _____	y	n

Case Management Services

	Yes	No
1. Family Services (Including Marriage Education, Parenting, Child Development Services)		
2. Child Care	y	n
3. Employment Service		
A. Pre-Employment	y	n
B. Employment Coaching	y	n
4. Individual Services Coordination	y	n
5. Transportation	y	n
6. HIV/AIDS Service	y	n
7. Supportive Transitional Drug-Free Housing Services	y	n
8. Other Case Management Services (Specify) _____	y	n

Medical Services

	Yes	No
1. Medical Care	y	n
2. Alcohol/Drug Testing	y	n
3. HIV/AIDS Medial Support and Testing	y	n
4. Other Medical Services (Specify) _____	y	n

After Care Services

	Yes	No
1. Continuing Care	y	n
2. Relapse Prevention	y	n
3. Recovery Coaching	y	n
4. Self-help & Support Groups	y	n
5. Spiritual Support	y	n
6. Other After Care Services (Specify) _____	y	n

Education Services

	Yes	No
1. Substance Abuse Education	y	n
2. HIV/AIDS Education	y	n
3. Other Education Services	y	n
A. Anishnaabek Cultural Teaching	y	n
B. Specify) _____	y	n

Peer-to-Peer Recovery Support Services

	yes	No
1. Peer Coaching or Mentoring	y	n
2. Housing Support	y	n
3. Alcohol & Drug Free Social Activities	y	n
4. Information & Referral	y	n
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	y	n

A. RECORD MANAGEMENT -- DEMOGRAPHICS [ASKED ONLY AT BASELINE/INTAKE]**1. What is your gender?**

- MALE
 FEMALE
 TRANSGENDER
 OTHER (SPECIFY) _____
 REFUSED

2. Are you Hispanic or Latino?

- YES NO REFUSED

[If yes] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes or no to more than one.

	Yes	No	Refused
Central American	Y	N	REFUSED
Cuban	Y	N	REFUSED
Dominican	Y	N	REFUSED
Mexican	Y	N	REFUSED
Puerto Rican	Y	N	REFUSED
South American	Y	N	REFUSED
Other	Y	N	REFUSED <i>[IF YES, SPECIFY BELOW]</i>
	(Specify) _____		

3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused
Black or African American	Y	N	REFUSED
Asian	Y	N	REFUSED
Native Hawaiian or other Pacific Islander	Y	N	REFUSED
Alaska Native	Y	N	REFUSED
White	Y	N	REFUSED
American Indian	Y	N	REFUSED

4. What is your date of birth?*

|__|_|_| / |__|_|_| / |__|_|_|_|_|
 MONTH DAY YEAR

- REFUSED

***THE SYSTEM WILL ONLY SAVE MONTH AND YEAR. DAY IS NOT SAVED TO MAINTAIN CONFIDENTIALITY**

B. DRUG AND ALCOHOL USE

	Number of Days	REFUSED	DON'T KNOW
1. During the past 30 days how many days have you used the following:			
a. Any alcohol <i>[IF ZERO, SKIP TO ITEM B1c.]</i>	[][]	O	O
b1. Alcohol to intoxication (5+ drinks in one sitting)	[][]	O	O
b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)	[][]	O	O
c. Illegal drugs <i>[IF B1a OR B1c, =, RF, DK, THEN SKIP TO ITEM B2]</i>	[][]	O	O
d. Both alcohol and drugs (on the same day)	[][]	O	O

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV Injection 5. IV
 *NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

	Number of Days	RF	DK	Route*	RF	DK
2. During the past 30 days, how many days have you used Any of the following? <i>[Illegal use ONLY – DO NOT INCLUDE LEGALLY PRESCRIBED DRUGS][IF THE VALUE IN ANY ITEM B2a THROUGH B2i>0, THEN THE VALUE IN B1c MUST BE >0.1]</i>						
a. Cocaine/Crack	[][]	O	O	[]	O	O
b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	[][]	O	O	[]	O	O
c. Opiates:						
1. Heroin (Smack, H, Junk, Skag)	[][]	O	O	[]	O	O
2. Morphine	[][]	O	O	[]	O	O
3. Diluadid	[][]	O	O	[]	O	O
4. Demerol	[][]	O	O	[]	O	O
5. Percocet	[][]	O	O	[]	O	O
6. Darvon	[][]	O	O	[]	O	O
7. Codeine	[][]	O	O	[]	O	O
8. Tylenol 2,3,4	[][]	O	O	[]	O	O
9. Oxycontin/Oxycodone	[][]	O	O	[]	O	O
d. Non-Prescription methadone	[][]	O	O	[]	O	O
e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline	[][]	O	O	[]	O	O
f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	[][]	O	O	[]	O	O

An ATR methamphetamine client is one who has used meth in the last 90 days(prior to Intake) AND who will be receiving services through ATR specifically related to meth use.

For those clients coming from a restricted environment (jail, prison, hospital, institution etc.), a methamphetamine client is one who has used meth in the last 90 days prior to entry into the restricted setting AND who will be receiving services through ATR specifically related to meth use.

Is this a methamphetamine client? ___ yes ___ no
 (If yes, please also record on page one)

DRUG AND ALCOHOL USE (continued)**Route of Administration Types:**

1. Oral 2. Nasal 3. Smoking 4. Non-IV Injection 5. IV

*NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

- 2. During the past 30 days, how many days have you used Any of the following? [ILLEGAL USE ONLY – DO NOT INCLUDE LEGALLY PRESCRIBED DRUGS][IF THE VALUE IN ANY ITEM B2a THROUGH B2i>0, THEN THE VALUE IN B1c MUST BE >0.1]**

		# of Days	RF	DK	Route*	RF	DK
g.	1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); And Estrazolam (Prosom and Rohypnol – also known as roofies, roche, and cope)	[] [] []	<input type="radio"/>	<input type="radio"/>	[] [] []	<input type="radio"/>	<input type="radio"/>
	2. Barbiturates: Mephobarbital (Mebacut)l and Pentobarbital sodium (Nembutal)	[] [] []	<input type="radio"/>	<input type="radio"/>	[] [] []	<input type="radio"/>	<input type="radio"/>
	3. Non- prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)	[] [] []	<input type="radio"/>	<input type="radio"/>	[] [] []	<input type="radio"/>	<input type="radio"/>
	4. Ketamine (known as Special K or Vitamin K)	[] [] []	<input type="radio"/>	<input type="radio"/>	[] [] []	<input type="radio"/>	<input type="radio"/>
	5. Other tranquilizers, downers, sedatives or Hypnotics	[] [] []	<input type="radio"/>	<input type="radio"/>	[] [] []	<input type="radio"/>	<input type="radio"/>
h.	Inhalants (poppers, snappers, rush, whippets)	[] [] []	<input type="radio"/>	<input type="radio"/>	[] [] []	<input type="radio"/>	<input type="radio"/>
i.	Other illegal drugs (Specify) _____ (Include tobacco use if a minor)	[] [] []	<input type="radio"/>	<input type="radio"/>	[] [] []	<input type="radio"/>	<input type="radio"/>

- 3. In the past 30 days, have you injected drugs? [IF ANY ROUTE OF ADMINISTRATION IN B2a THROUGH B2i = 4 or 5, THEN B3 MUST = YES.]**

- YES
 NO
 REFUSED
 DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW GO TO SECTION C].

- 4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton or water that someone else used?**

- Always
 More than half the time
 Half the time
 Less than half the time
 Never
 REFUSED
 DON'T KNOW

C. FAMILY AND LIVING CONDITIONS

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

- SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER (TLC), LOW DEMAND FACILITIES, RECEPTION CENTERS, OTHER TEMPORARY DAY OR EVENING FACILITY)
- STREET/OUTDOORS (SIDEWALK, DOORWAY, PARK, PUBLIC OR ABANDONED BUILDING)
- INSTITUTION (HOSPITAL, NURSING HOME, JAIL/PRISON)
- HOUSED: **[IF HOUSED, CHECK THE APPROPRIATE SUB-CATEGORY]**
 - OWN/RENT APARTMENT, ROOM, OR HOUSE
 - SOMEONE ELSE'S APARTMENT, ROOM OR HOUSE (*ENTER HERE IF LIVING WITH PARENTS*)
 - HALFWAY HOUSE
 - RESIDENTIAL TREATMENT
 - OTHER HOUSED (SPECIFY) _____
 - REFUSED
 - DON'T KNOW

2. **During the past 30 days**, how stressful have things been for you because of your use of alcohol or other drugs? **[If B1a OR B1c > 0, THEN C2 CANNOT = "NOT APPLICABLE".]**

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE *[USE ONLY IF B1a AND B1c = 0]*
- REFUSED
- DON'T KNOW

3. **During the past 30 days**, has your use of alcohol or other drugs caused you to reduce or give up important activities? **[If B1a OR B1c > 0, THEN C3 CANNOT = "NOT APPLICABLE".]**

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE *[USE ONLY IF B1a AND B1c = 0]*
- REFUSED
- DON'T KNOW

4. **During the past 30 days**, has your use of alcohol or other drugs caused you to have emotional problems? **[If B1a OR B1c > 0, THEN C4 CANNOT = "NOT APPLICABLE".]**

- Not at all
- Somewhat
- Considerably
- Extremely
- Not Applicable *[Use only if B1a and B1c = 0]*
- REFUSED
- DON'T KNOW

C. FAMILY AND LIVING CONDITIONS (continued)

5. *[IF NOT MALE,] Are you currently pregnant?*

- YES
 NO
 REFUSED
 DON'T KNOW

6. Do you have children?

- YES
 NO
 REFUSED
 DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, GO TO SECTION D.]

a. How many children do you have? *[If C6 = YES, THEN A VALUE IN C6a MUST BE > 0.]*

[] [] REFUSED DON'T KNOW

b. Are any of your children living with someone else due to a child protection court order?

- YES
 NO
 REFUSED
 DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW SKIP TO ITEM C6d.]

c. *[IF YES,] How many of your children are living with someone else due to a child protection court order? [THE VALUE IN C6c CANNOT EXCEED THE VALUE IN C6a].*

[] [] REFUSED DON'T KNOW

d. For how many of your children have you lost parental rights? *[THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED]. [THE VALUE IN C6d CANNOT EXCEED THE VALUE IN C6a].*

[] [] REFUSED DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? *[IF ENROLLED,] Is that full time or part time? (Person is enrolled if on summer break & will be returning to school)[IF CLIENT IS INCARCERATED CODE D1 AS "NOT ENROLLED".]*

- NOT ENROLLED
 ENROLLED, FULL TIME
 ENROLLED, PART TIME
 OTHER (SPECIFY) _____
 REFUSED
 DON'T KNOW

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

- NEVER ATTENDED
- 1ST GRADE
- 2ND GRADE
- 3RD GRADE
- 4TH GRADE
- 5TH GRADE
- 6TH GRADE
- 7TH GRADE
- 8TH GRADE
- 9TH GRADE
- 10TH GRADE
- 11TH GRADE
- 12TH GRADE/ HIGH SCHOOL DIPLOMA/ EQUIVALENT
- COLLEGE OR UNIVERSITY/ 1ST YEAR COMPLETED
- COLLEGE OR UNIVERSITY/2ND YEAR COMPLETED/ ASSOCIATES DEGREE (AA, AS)
- COLLEGE OR UNIVERSITY/ 3RD YEAR COMPLETED
- BACHELOR'S DEGREE (BA, BS) OR HIGHER
- VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL
- REFUSED
- DON'T KNOW

3. Are you currently employed? [CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK] [IF CLIENT IS "ENROLLED, FULL TIME" IN D1 AND INDICATES "EMPLOYED FULL TIME" IN D3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS "UNEMPLOYED, NOT LOOKING FOR WORK."]

- EMPLOYED FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)
- EMPLOYED PART TIME
- UNEMPLOYED, LOOKING FOR WORK
- UNEMPLOYED, DISABLED
- UNEMPLOYED, VOLUNTEER WORK
- UNEMPLOYED, RETIRED
- UNEMPLOYED, NOT LOOKING FOR WORK
- OTHER (SPECIFY) _____ (*enter here if full time student*)
- REFUSED
- DON'T KNOW

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from... [IF D3 DOES NOT = "EMPLOYED" AND THE VALUE IN D4a IS GREATER THAN ZERO, PROBE. IF D3 = "UNEMPLOYED, LOOKING FOR WORK" AND THE VALUE IN D4b = 0, PROBE. IF D3 = "UNEMPLOYED, RETIRED" AND THE VALUE IN D4c = 0, PROBE. IF D3 = "UNEMPLOYED, DISABLED" AND THE VALUE IN D4d = 0, PROBE.]

			RF	DK
a.	Wages	\$[] [] [], [] [] []	<input type="radio"/>	<input type="radio"/>
b.	Public assistance	\$[] [] [], [] [] []	<input type="radio"/>	<input type="radio"/>
c.	Retirement	\$[] [] [], [] [] []	<input type="radio"/>	<input type="radio"/>

- | | | | | |
|----|-----------------------|----------------------------|-----------------------|-----------------------|
| d. | Disability | \$[] [] [], [] [] [] | <input type="radio"/> | <input type="radio"/> |
| e. | Non-legal income | \$[] [] [], [] [] [] | <input type="radio"/> | <input type="radio"/> |
| f. | Family and/or friends | \$[] [] [], [] [] [] | <input type="radio"/> | <input type="radio"/> |
| g. | Other (Specify) _____ | \$[] [] [], [] [] [] | <input type="radio"/> | <input type="radio"/> |
- _____ (include per capita in 'g')

E. CRIME AND CRIMINAL JUSTICE STATUS

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

|_|_|_| TIMES REFUSED DON'T KNOW

[IF NO ARRESTS, GO TO ITEM E3.]

2. In the past 30 days, how many times have you been arrested for drug-related offenses? [THE VALUE IN E2 CANNOT BE GREATER THAN THE VALUE IN E1.]

|_|_|_| TIMES REFUSED DON'T KNOW

3. In the past 30 days, how many nights have you spent in jail/prison? [IF THE VALUE IN E3 IS GREATER THAN 15, THEN C1 MUST = INSTITUTION (JAIL/PRISON). IF C1 = INSTITUTION (JAIL/PRISON), THEN THE VALUE IN E3 MUST BE GREATER THAN OR EQUAL TO 15.]

|_|_|_| TIMES REFUSED DON'T KNOW

4. In the past 30 days, how many times have you committed a crime? [*CHECK NUMBER OF DAYS USED ILLEGAL DRUGS IN ITEM B1c ON PAGE 4. ANSWER HERE in E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c BECAUSE USING ILLEGAL DRUGS IS A CRIME.*](Include tobacco use if a minor.)

|_|_|_|_| TIMES REFUSED DON'T KNOW

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

- YES
 NO
 REFUSED
 DON'T KNOW

6. Are you currently on parole or probation?

- YES
 NO
 REFUSED
 DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

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

- Excellent
- Very good
- Good
- Fair
- Poor
- REFUSED
- DON'T KNOW

2. During the past 30 days, did you receive:

a. Inpatient Treatment for:

	YES	[IF YES] altogether for how many <u>nights</u>	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Outpatient Treatment for:

	YES	[IF YES] altogether how many <u>times</u>	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Emergency Room Treatment for:

	YES	[IF YES] altogether for how many <u>times</u>	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. During the past 30 days, did you engage in sexual activity?

- Yes
- No → [SKIP TO F4.]
- NOT PERMITTED TO ASK → [SKIP TO F4.]
- REFUSED → [SKIP TO F4.]
- DON'T KNOW → [SKIP TO F4.]

(for minors, asking the question depends on your program guidelines: if over 18, always ASK)

[IF YES] Altogether, how many:

	Contacts	RF	DK
a. Sexual contacts (vaginal, oral, or anal) did you have?	_ _ _ _	<input type="radio"/>	<input type="radio"/>
b. Unprotected sexual contacts did you have?	_ _ _ _	<input type="radio"/>	<input type="radio"/>

[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a] [IF ZERO, SKIP TO F4]

c. Unprotected sexual contacts were with an individual who is or was:

[NONE OF THE VALUES IN F3c1 THROUGH F3c3 CAN BE GREATER THAN THE VALUE IN F3b]

1. HIV positive or has AIDS	_ _ _ _	<input type="radio"/>	<input type="radio"/>
2. An injection drug user	_ _ _ _	<input type="radio"/>	<input type="radio"/>
3. High on some substance	_ _ _ _	<input type="radio"/>	<input type="radio"/>

4. In the past 30 days (not due to your use of alcohol or drugs) how many days have you:

	Days	RF	DK
a. Experienced serious depression	____ ____	<input type="radio"/>	<input type="radio"/>
b. Experienced serous anxiety or tension	____ ____	<input type="radio"/>	<input type="radio"/>
c. Experienced hallucinations	____ ____	<input type="radio"/>	<input type="radio"/>
d. Experienced trouble understanding, concentrating, or remembering	____ ____	<input type="radio"/>	<input type="radio"/>
e. Experienced trouble controlling violent behavior	____ ____	<input type="radio"/>	<input type="radio"/>
f. Attempted suicide	____ ____	<input type="radio"/>	<input type="radio"/>
g. Been prescribed medication for psychological/emotional problem	____ ____	<input type="radio"/>	<input type="radio"/>

[IF CLIENT REPORTS ZERO DAYS, RFOR DK TO ALL ITEMS IN QUESTION 4, SKIP TO SECTION G.]

5. How much have you been bothered by these psychological or emotional problems in the past 30 days?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely
- REFUSED
- DON'T KNOW

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a 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, Women of Sobriety etc.

- YES *[IF YES] SPECIFY HOW MANY TIMES* [____]____] REFUSED DON'T KNOW
- NO
- REFUSED
- DON'T KNOW

2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups? (Include Native American, culturally-based groups here – we realize that the question does not “fit” but we are trying to record Native spirituality as a foundation for substance abuse recovery. This can include “groups” such as Red Road to Recovery, White Bison, etc., as well as simply following Native traditional practices from your clan or tribe).

- YES *[IF YES] SPECIFY HOW MANY TIMES* [____]____] REFUSED DON'T KNOW
- NO
- REFUSED
- DON'T KNOW

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

- YES *[IF YES]* SPECIFY HOW MANY TIMES [____] REFUSED DON'T KNOW
 NO
 REFUSED
 DON'T KNOW

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

- YES *[IF YES]* SPECIFY HOW MANY TIMES [____] REFUSED DON'T KNOW
 NO
 REFUSED
 DON'T KNOW

5. To whom do you turn when you are having trouble? *[SELECT ONLY ONE].*

- NO ONE
 CLERGY MEMBER
 FAMILY MEMBER
 FRIENDS
 REFUSED
 DON'T KNOW
 TRADITIONAL HEALER OR CULTURAL RESOURCE PERSON
 OTHER (SPECIFY) _____

***[IF THIS IS AN INTAKE INTERVIEW, STOP NOW, THE INTERVIEW IS COMPLETE.
REMEMBER TO FILL IN PLANNED SERVICES ON PAGE 2.]***

I. FOLLOW-UP STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT 6 MONTH FOLLOW-UP]

1. What is the follow-up status of the client? [THIS IS A REQUIRED FIELD: NA, REFUSED, DON'T KNOW, AND MISSING WILL NOT BE ACCEPTED].

- 01 = Deceased at time of due date
- 11 = Completed interview within specified window
- 12 = Completed interview outside specified window
- 21 = Located, but refused, unspecified
- 22 = Located, but unable to gain institutional access
- 23 = Located, but otherwise unable to gain access
- 24 = Located, but withdrawn from project
- 31 = Unable to locate, moved
- 32 = Unable to locate, other (SPECIFY)_____

2. Is the client still receiving services from your program?

- Yes
- No

[IF THIS IS A FOLLOW-UP INTERVIEW STOP NOW, THE INTERVIEW IS COMPLETE.]

J. DISCHARGE STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE FROM ACCESS TO RECOVERY (ATR) SERVICES. This includes both treatment and recovery support services. The Client is discharged when ATR funding for treatment and/or recovery services to the client has ended and the client's voucher is used up or deactivated].

1. On what date was the client discharged?

____|____| / ____|____| / ____|____|____|____|
 MONTH / DAY / YEAR

2. What is the client's discharge status?

01 = Completion/Graduate

02 = Termination

If the client was terminated, what was the reason for termination?

[SELECT ONE RESPONSE.]

01 = Left on own against staff advice with satisfactory progress

02 = Left on own against staff advice without satisfactory progress

03 = Involuntarily discharged due to nonparticipation

04 = Involuntarily discharged due to violation of rules

05 = Referred to another program or other services with satisfactory progress

06 = Referred to another program or other services with unsatisfactory progress

07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress

08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress

09 = Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress

10 = Incarcerated due to old warrant or charged from before entering treatment /recovery with unsatisfactory progress

11 = Transferred to another facility for health reasons

12 = Death

13 = Other (Specify) _____

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE]

K. SERVICES RECEIVED

Identify the number of DAYS of services provided during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]

Modality	Days
1. Case Management	[][]
2. Day Treatment	[][]
3. Inpatient/Hospital (not detox)	[][]
4. Outpatient	[][]
5. Outreach	[][]
6. Intensive Outpatient	[][]
7. Methadone	[][]
8. Residential/Rehabilitation	[][]
9. Detoxification (Select only one)	
A. Hospital Inpatient	[][]
B. Free Standing Residential	[][]
C. Ambulatory Detoxification	[][]
10. After Care	[][]
11. Recovery Support	[][]
12. Other (Specify) _____	[][]

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED]

Treatment Services	Sessions
1. Screening	[][]
2. Brief Intervention	[][]
3. Brief Treatment	[][]
4. Referral to Treatment	[][]
5. Assessment	[][]
6. Treatment/Recovery Planning	[][]
7. Individual Counseling	[][]
8. Group Counseling	[][]
9. Family/Marriage Counseling	[][]
10. Co-Occurring Treatment/Recovery Services	[][]
11. Pharmacological Interventions	[][]
12. HIV/AIDS Counseling	[][]
13. Other Clinical Services (Specify) _____	[][]

Indigenous Services	Sessions
1. Indigenous Language	[][]
2. Storytelling, Cultural Teaching	[][]
3. Daily Living Skills	[][]
4. Talking Circle	[][]
5. Tribal Song and Dance	[][]
6. Tribal Arts and Crafts	[][]
7. Traditional Healing Service	[][]
8. Sweat Lodge	[][]
9. Anishnaabek Healing Ceremony	[][]
10. Referral to Traditional Practitioner	[][]
11. Other, Specify _____	[][]

Case Management Services	Sessions
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	[][]
2. Child Care	[][]
3. Employment Service	
A. Pre-Employment	[][]
B. Employment Coaching	[][]
4. Individual Services Coordination	[][]
5. Transportation	[][]
6. HIV/AIDS Service	[][]
7. Supportive Transitional Drug-Free Housing Services	[][]
8. Other Case Management Services (Specify) _____	[][]

Medical Services	Sessions
1. Medical Care	[][]
2. Alcohol/Drug Testing	[][]
3. HIV/AIDS Medial Support and Testing	[][]
4. Other Medical Services (Specify) _____	[][]

After Care Services	Sessions
1. Continuing Care	[][]
2. Relapse Prevention	[][]
3. Recovery Coaching	[][]
4. Self-help & Support Groups	[][]
5. Spiritual Support	[][]
6. Other After Care Services (Specify) _____	[][]

Education Services	Sessions
1. Substance Abuse Education	[][]
2. HIV/AIDS Education	[][]
3. Other Education Services	[][]
A. Anishnaabek Cultural Teaching	[][]
B. Specify) _____	[][]

Peer-to-Peer Recovery Support Services	Sessions
1. Peer Coaching or Mentoring	[][]
2. Housing Support	[][]
3. Alcohol & Drug Free Social Activities	[][]
4. Information & Referral	[][]
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	[][]