

Client/Participant ID _____

- Client Type Treatment client

Contract/Grant ID T I 1 9 4 4 9 A _____

Interview Type (circle only one type)

Intake [GO TO INTERVIEW DATE]

- 1st Intake
- 2nd Intake
- 3rd Intake

6 month follow-up → → → Did you conduct a follow-up interview? Yes No
[IF NO, GO DIRECTLY TO SECTION I]

- 1st 6 month follow-up
- 2nd 6 month follow-up
- 3rd 6 month follow-up

Discharge → Did you conduct a follow-up interview? Yes No
[IF NO, GO DIRECTLY TO SECTION J]

- 1st discharge
- 2nd discharge
- 3rd discharge

Interview Date _____ / _____ / _____
Month / Day / Year

Is this a methamphetamine client? ____ yes ____ no
(complete page 4 before answering this question)

Has this Client used Ecstasy within the last 90 days? ____yes ____no
(complete page 4 before answering this question)

ATR Target Population / Eligibility:

- Client is a Tribal member of a Michigan tribe residing in your tribal service area ____yes
- Client is a member of a non-Michigan tribe, including a Canadian tribe residing in your service area ____yes
- Client is a non-enrolled descendent of a tribal member. ____yes (Person does not have adequate blood quantum to be an enrolled member of the tribe but is native.)
- Client is a non-Native family member of a tribal member living within the service area ____yes
- Client is a non-native residential or outpatient client allowed under an **ITC approved** exception ____yes
- Client meets one of the criteria above but does not live within the service area of one of the 12 federally recognized Michigan Tribes: ____yes
(Please explain if not living in service area)_____

[FOLLOW-UP AND DISCHARGE INTERVIEWS: SKIP TO SECTION B]

NOTE: In Sections A through G, whenever the answers to the questions are given in CAPITAL letters, do NOT read the options to the client: wait for the client to respond and fill in the corresponding option. We are looking for the client's perception, not that of the interviewer.