CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records, which may include HIV/AIDS information and other records indicating the presence of a communicable or non-communicable disease, maintained by this program is protected by Federal law and regulations. Information identifying a patient as an alcohol or drug abuser will not be disclosed by the person or organization that received it unless:

(1) The patient consents in writing; OR
(2) The disclosure is allowed by a court order; OR
(3) The disclosure is made to medical personnel in a medical emergency or to a qualified personnel for research, audit, or program evaluation; OR
(4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

If relevant, I also voluntarily authorize and request disclosure (including paper, oral and electronic interchange) of any mental health information. This includes specific permission to release all records and other information regarding mental health treatment, hospitalization and outpatient care.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.
Federal law and regulations do not protect any information about suspect child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. Sec. 290dd-2 for Federal law and 42 CFR Part 2 for Federal regulations.)
Legal Action Center. (1996) Handbook on legal issues for school-based programs (Revised). pp. 71, 72, & 74. New York: Author.

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize _____ to disclose to DBH the following information
(Client Name) (Treatment Program) (Outside Agency)

for activities/services within the indicated date ranges:

Client Information (Profile) (Until Discharge + 100 days)
GPRA Assessment (Until Discharge + 100 days)
GPRA Interview (Until Discharge + 100 days)
Intake Transaction (Until Discharge + 100 days)
Miscellaneous Note Detail (Until Discharge + 100 days)
TAP Assessment (Until Discharge + 100 days)
GPRA Assessment (Until Discharge + 100 days)
GPRA Interview (Until Discharge + 100 days)

Other Disclosures

The purpose of the disclosure authorized herein is: Disclosure Agreement

I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as indicated with each disclosure item above. I understand that generally APRA Intake Agency may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Participant name _____

Signature of participant _____ Date _____

Witness name _____

Signature of witness _____ Date _____

Signature of parent, guardian or authorized representative when required _____

(Supporting documentation is required for guardian or authorized representative)

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

BASELINE INTERVIEW DATE: _____

6 MONTH FOLLOW-UP DATE: _____
INTERVIEWER NAME:
_____

Unique Client ID# ***(TO BE COMPLETED BY DBH)*** _____

GPRA LOCATOR FORM

On this form, we collect information that will help us contact you when it is time for the six (6) month follow-up interview. This information will remain confidential to protect your privacy and will not be distributed to anyone outside of the District of Columbia Department of Behavioral Health and its evaluators. Please answer each question accurately and to the best of your ability.

1. Please tell me your full name:

_____
First Middle Last

2. Date of Birth: _____/_____/_____ 3. SS# (Last four digits): _____

4. Ethnicity: _____

5. Current Residence

_____
(Street address) (Apt. #)

_____
(City) (State) (Zip)

6. Mailing address:

_____
(Street address) (Apt. #)

_____
(City) (State) (Zip)

7. Cell Phone: (_____) _____ 8. Work phone: _____

9. Alternate phone: (_____) _____

10. E-mail address:

_____

11. Emergency Contacts: Do you have family or friends who usually know how to reach you if you should move or leave the program?

(1) Relationship: _____

_____
First Middle Last

Address:

_____
(Street) (City) (State)

Phone (_____) _____ Work phone:_____

Cell Phone: (_____) _____ Email:_____

(2) Relationship: _____

_____
First Middle Last

Address:

_____
(Street) (City) (State)

Phone (_____) _____ Work phone: _____

Cell Phone: (_____) _____ Email: _____

(3) Relationship: _____

_____
First Middle Last

Address:

_____
(Street) (City) (State)

Phone: (_____) _____ Relationship: _____

Social Media Account: (EX: Twitter, Facebook, Instagram) _____

Account Username: _____

Thank you,
DBH SOR Team

Form Approved
OMB No. 0930-0208
Expiration Date: 02/28/2022

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Treatment (CSAT)

Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2019

Public reporting burden for this collection of information is estimated to average 36 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/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 the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E21B, 5600 Fishers Lane, 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-0208.

A. RECORD MANAGEMENT

Client ID |____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|

Client Type:

- ○ Treatment client
- ○ Client in recovery

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|

Interview Type ***[CIRCLE ONLY ONE TYPE.]***

Intake ***[GO TO INTERVIEW DATE.]***

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

3-month follow-up ***[ADOLESCENT PORTFOLIO ONLY]***:
Did you conduct a follow-up interview? ○ Yes ○ No
[IF NO, GO DIRECTLY TO SECTION I.]

Discharge**:** Did you conduct a discharge interview? ○ Yes ○ No
[IF NO, GO DIRECTLY TO SECTION J.]

Interview Date |____|____| / |____|____| / |____|____|____|____|
Month Day Year

A. BEHAVIORAL HEALTH DIAGNOSES

[REPORTED BY PROGRAM STAFF.]

Please indicate the client's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
SUBSTANCE USE DISORDER DIAGNOSES				
Alcohol-related disorders				
F10.10 – Alcohol use disorder, uncomplicated, mild	○	○	○	○
F10.11 – Alcohol use disorder, mild, in remission	○	○	○	○
F10.20 – Alcohol use disorder, uncomplicated, moderate/severe	○	○	○	○
F10.21 – Alcohol use disorder, moderate/severe, in remission	○	○	○	○
F10.9 – Alcohol use, unspecified	○	○	○	○
Opioid-related disorders				
F11.10 – Opioid use disorder, uncomplicated, mild	○	○	○	○
F11.11 – Opioid use disorder, mild, in remission	○	○	○	○
F11.20 – Opioid use disorder, uncomplicated, moderate/severe	○	○	○	○
F11.21 – Opioid use disorder, moderate/severe, in remission	○	○	○	○
F11.9 – Opioid use, unspecified	○	○	○	○
Cannabis-related disorders				
F12.10 – Cannabis use disorder, uncomplicated, mild	○	○	○	○
F12.11 – Cannabis use disorder, mild, in remission	○	○	○	○
F12.20 – Cannabis use disorder, uncomplicated, moderate/severe	○	○	○	○
F12.21 – Cannabis use disorder, moderate/severe, in remission	○	○	○	○
F12.9 – Cannabis use, unspecified	○	○	○	○
Sedative-, hypnotic-, or anxiolytic-related disorders	▪	▪	▪	▪
F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild	○	○	○	○
F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission	○	○	○	○

A. BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe	○	○	○	○
F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission	○	○	○	○
F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified	○	○	○	○
Cocaine-related disorders	▪	▪	▪	▪
F14.10 – Cocaine use disorder, uncomplicated, mild	○	○	○	○
F14.11 – Cocaine use disorder, mild, in remission	○	○	○	○
F14.20 – Cocaine use disorder, uncomplicated, moderate/severe	○	○	○	○
F14.21 – Cocaine use disorder, moderate/severe, in remission	○	○	○	○
F14.9 – Cocaine use, unspecified	○	○	○	○
Other stimulant-related disorders	▪	▪	▪	▪
F15.10 – Other stimulant use disorder, uncomplicated, mild	○	○	○	○
F15.11 – Other stimulant use disorder, mild, in remission	○	○	○	○
F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe	○	○	○	○
F15.21 – Other stimulant use disorder, moderate/severe, in remission	○	○	○	○
F15.9 – Other stimulant use, unspecified	○	○	○	○
Hallucinogen-related disorders	▪	▪	▪	▪
F16.10 – Hallucinogen use disorder, uncomplicated, mild	○	○	○	○
F16.11 – Hallucinogen use disorder, mild, in remission	○	○	○	○
F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe	○	○	○	○
F16.21 – Hallucinogen use disorder moderate/severe, in remission	○	○	○	○
F16.9 – Hallucinogen use, unspecified	○	○	○	○
Inhalant-related disorders	▪	▪	▪	▪
F18.10 – Inhalant use disorder, uncomplicated, mild	○	○	○	○
F18.11 – Inhalant use disorder, mild, in remission	○	○	○	○
F18.20 – Inhalant use disorder, uncomplicated, moderate/severe	○	○	○	○
F18.21 – Inhalant use disorder, moderate/severe, in remission	○	○	○	○
F18.9 – Inhalant use, unspecified	○	○	○	○

A. BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
Other psychoactive substance–related disorders	▪	▪	▪	▪
F19.10 – Other psychoactive substance use disorder, uncomplicated, mild	○	○	○	○
F19.11 – Other psychoactive substance use disorder, in remission	○	○	○	○
F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe	○	○	○	○
F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission	○	○	○	○
F19.9 – Other psychoactive substance use, unspecified	○	○	○	○
Nicotine dependence	▪	▪	▪	▪
F17.20 – Tobacco use disorder, mild/moderate/severe	○	○	○	○
F17.21 – Tobacco use disorder, mild/moderate/severe, in remission	○	○	○	○
MENTAL HEALTH DIAGNOSES				
F20 – Schizophrenia	○	○	○	○
F21 – Schizotypal disorder	○	○	○	○
F22 – Delusional disorder	○	○	○	○
F23 – Brief psychotic disorder	○	○	○	○
F24 – Shared psychotic disorder	○	○	○	○
F25 – Schizoaffective disorders	○	○	○	○
F28 – Other psychotic disorder not due to a substance or known physiological condition	○	○	○	○
F29 – Unspecified psychosis not due to a substance or known physiological condition	○	○	○	○
F30 – Manic episode	○	○	○	○
F31 – Bipolar disorder	○	○	○	○
F32 – Major depressive disorder, single episode	○	○	○	○
F33 – Major depressive disorder, recurrent	○	○	○	○
F34 – Persistent mood [affective] disorders	○	○	○	○
F39 – Unspecified mood [affective] disorder	○	○	○	○
F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders	○	○	○	○
F50 – Eating disorders	○	○	○	○
F51 – Sleep disorders not due to a substance or known physiological condition	○	○	○	○
F60.2 – Antisocial personality disorder	○	○	○	○
F60.3 – Borderline personality disorder	○	○	○	○

A. BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F60.0, F60.1, F60.4–F69 – Other personality disorders	○	○	○	○
F70–F79 – Intellectual disabilities	○	○	○	○
F80–F89 – Pervasive and specific developmental disorders	○	○	○	○
F90 – Attention-deficit hyperactivity disorders	○	○	○	○
F91 – Conduct disorders	○	○	○	○
F93 – Emotional disorders with onset specific to childhood	○	○	○	○
F94 – Disorders of social functioning with onset specific to childhood or adolescence	○	○	○	○
F95 – Tic disorder	○	○	○	○
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	○	○	○	○
F99 – Unspecified mental disorder	○	○	○	○

○ Don't know
○ None of the above

A. BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

1. In the past 30 days, was this client diagnosed with an opioid use disorder?

- ○ Yes
- ○ No ***[SKIP TO 2.]***
- ○ Don't know ***[SKIP TO 2.]***

a. *[IF YES]* In the past 30 days, which U.S. Food and Drug Administration (FDA)-approved medication did the client receive for the treatment of this opioid use disorder? *[CHECK ALL THAT APPLY.]*

- ○ Methadone ***[IF RECEIVED]*** Specify how many days received |___|___|
- ○ Buprenorphine ***[IF RECEIVED]*** Specify how many days received |___|___|
- ○ Naltrexone ***[IF RECEIVED]*** Specify how many days received |___|___|
- ○ Extended-release naltrexone ***[IF RECEIVED]*** Specify how many days received |___|___|
- ○ Client did not receive an FDA-approved medication for an opioid use disorder
- ○ Don't know

2. In the past 30 days, was this client diagnosed with an alcohol use disorder?

- ○ Yes
- ○ No ***[SKIP TO 3 IF INTAKE. SKIP TO SECTION B IF FOLLOW-UP OR DISCHARGE.]***
- ○ Don't know ***[SKIP TO 3 IF INTAKE. SKIP TO SECTION B IF FOLLOW-UP OR DISCHARGE.]***

a. *[IF YES]* In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? *[CHECK ALL THAT APPLY.]*

- ○ Naltrexone ***[IF RECEIVED]*** Specify how many days received |___|___|
- ○ Extended-release naltrexone ***[IF RECEIVED]*** Specify how many days received |___|___|
- ○ Disulfiram ***[IF RECEIVED]*** Specify how many days received |___|___|
- ○ Acamprosate ***[IF RECEIVED]*** Specify how many days received |___|___|
- ○ Client did not receive an FDA-approved medication for an alcohol use disorder
- ○ Don't know

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

3. Was the client screened by your program for co-occurring mental health and substance use disorders?

- ○ YES
- ○ NO ***[SKIP 3a.]***

3a. *[IF YES]* Did the client screen positive for co-occurring mental health and substance use disorders?

- ○ YES
- ○ NO

[SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) GRANTS CONTINUE. ALL OTHERS GO TO SECTION A, "PLANNED SERVICES."]

A. PLANNED SERVICES

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE.]

Identify the services you plan to provide to the client during the client's course of treatment/recovery. ***[SELECT "YES" OR "NO" FOR EACH ONE.]***

Modality	**Yes**	**No**
[SELECT AT LEAST ONE MODALITY.]		
1. Case Management	☐	☐
2. Day Treatment	☐	☐
3. Inpatient/Hospital (Other Than 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)_____	☐	☐

Treatment Services	**Yes**	**No**
[SELECT AT LEAST ONE SERVICE.]		
[SBIRT GRANTS: YOU MUST SELECT "YES" FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1–4.]		
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) _____	☐	☐

Case Management Services	**Yes**	**No**
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	**Yes**	**No**
1. Medical Care	☐	☐
2. Alcohol/Drug Testing	☐	☐
3. HIV/AIDS Medical Support and Testing	☐	☐
4. Other Medical Services (Specify)_____	☐	☐

After Care Services	**Yes**	**No**
1. Continuing Care	☐	☐
2. Relapse Prevention	☐	☐
3. Recovery Coaching	☐	☐
4. Self-Help and Support Groups	☐	☐
5. Spiritual Support	☐	☐
6. Other After Care Services (Specify)_____	☐	☐

Education Services	**Yes**	**No**
1. Substance Abuse Education	☐	☐
2. HIV/AIDS Education	☐	☐
3. Other Education Services (Specify)_____	☐	☐

Peer-to-Peer Recovery Support Services	**Yes**	**No**
1. Peer Coaching or Mentoring	☐	☐
2. Housing Support	☐	☐
3. Alcohol- and Drug-Free Social Activities	☐	☐
4. Information and Referral	☐	☐
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	☐	☐

A. DEMOGRAPHICS

[ASKED ONLY AT INTAKE/BASELINE.]

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 to more than one.**

Ethnic Group	Yes	No	Refused	
Central American	○	○	○	
Cuban	○	○	○	
Dominican	○	○	○	
Mexican	○	○	○	
Puerto Rican	○	○	○	
South American	○	○	○	
Other	○	○	○	***[IF YES, SPECIFY BELOW.]***

(SPECIFY) _____

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

Race	Yes	No	Refused
Black or African American	○	○	○
Asian	○	○	○
Native Hawaiian or other Pacific Islander	○	○	○
Alaska Native	○	○	○
White	○	○	○
American Indian	○	○	○

4. What is your date of birth?*

|____|____| / |____|____|
Month Day

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

|____|____|____|____|
Year

- ○ REFUSED

A. MILITARY FAMILY AND DEPLOYMENT

5. Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? *[IF SERVED]* In which area, the Armed Forces, Reserves, or National Guard did you serve?

- ○ NO
- ○ YES, IN THE ARMED FORCES
- ○ YES, IN THE RESERVES
- ○ YES, IN THE NATIONAL GUARD
- ○ REFUSED
- ○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO QUESTION A6.]

5a. Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard? *[IF ACTIVE]* In which area, the Armed Forces, Reserves, or National Guard?

- ○ NO, SEPARATED OR RETIRED FROM THE ARMED FORCES, RESERVES, OR NATIONAL GUARD
- ○ YES, IN THE ARMED FORCES
- ○ YES, IN THE RESERVES
- ○ YES, IN THE NATIONAL GUARD
- ○ REFUSED
- ○ DON'T KNOW

5b. Have you ever been deployed to a combat zone? *[CHECK ALL THAT APPLY.]*

- ○ NEVER DEPLOYED
- ○ IRAQ OR AFGHANISTAN (E.G., Operation Enduring Freedom [OEF]/ Operation Iraqi Freedom [OIF]/ Operation New Dawn [OND])
- ○ PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM)
- ○ VIETNAM/SOUTHEAST ASIA
- ○ KOREA
- ○ WWII
- ○ DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA)
- ○ REFUSED
- ○ DON'T KNOW

[SBIRT GRANTEES: FOR CLIENTS WHO SCREENED NEGATIVE, THE INTAKE INTERVIEW IS NOW COMPLETE.]

A. MILITARY FAMILY AND DEPLOYMENT (CONTINUED)

6. 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 National Guard?

- ○ NO
- ○ YES, ONLY ONE
- ○ YES, MORE THAN ONE
- ○ REFUSED
- ○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION B.]

[IF YES, ANSWER FOR UP TO 6 PEOPLE.]* What is the relationship of that person (Service Member) to you? *[WRITE RELATIONSHIP IN COLUMN HEADING.]

1 = Mother 2 = Father
3 = Brother 4 = Sister
5 = Spouse 6 = Partner
7 = Child 8 = Other (Specify) _____

Has the Service Member experienced any of the following? *[CHECK ANSWER IN APPROPRIATE COLUMN FOR ALL THAT APPLY.]*	_____ **(Relationship) 1.**	_____ **(Relationship) 2.**	_____ **(Relationship) 3.**	_____ **(Relationship) 4.**	_____ **(Relationship) 5.**	_____ **(Relationship) 6.**
6a. Deployed in support of combat operations (e.g., Iraq or Afghanistan)?	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW
6b. Was physically injured during combat operations?	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW
6c. Developed combat stress symptoms/difficulties adjusting following deployment, including post-traumatic stress disorder (PTSD), depression, or suicidal thoughts?	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW
6d. Died or was killed?	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW	○ YES ○ NO ○ REFUSED ○ DON'T KNOW

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 ***[IF ZERO, SKIP TO ITEM B1c.]***	|___|___|	○	○
b1. Alcohol to intoxication (5+ drinks in one sitting)	|___|___|	○	○
b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)	|___|___|	○	○
c. Illegal drugs ***[IF B1a OR B1c = 0, REFUSED (RF), DON'T KNOW (DK), THEN SKIP TO ITEM B2.]***	|___|___|	○	○
d. Both alcohol and drugs (on the same day)	|___|___|	○	○

Route of Administration Types:
1. Oral 2. Nasal 3. Smoking 4. Non-intravenous (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: ***[IF THE VALUE IN ANY ITEM B2a–B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]***

	Number of Days	RF	DK	Route*	RF	DK
a. Cocaine/Crack	|___|___|	○	○	|___|	○	○
b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	|___|___|	○	○	|___|	○	○
c. Opiates:						
1. Heroin (Smack, H, Junk, Skag)	|___|___|	○	○	|___|	○	○
2. Morphine	|___|___|	○	○	|___|	○	○
3. Dilaudid	|___|___|	○	○	|___|	○	○
4. Demerol	|___|___|	○	○	|___|	○	○
5. Percocet	|___|___|	○	○	|___|	○	○
6. Darvon	|___|___|	○	○	|___|	○	○
7. Codeine	|___|___|	○	○	|___|	○	○
8. Tylenol 2, 3, 4	|___|___|	○	○	|___|	○	○
9. OxyContin/Oxycodone	|___|___|	○	○	|___|	○	○
d. Non-prescription methadone	|___|___|	○	○	|___|	○	○
e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline	|___|___|	○	○	|___|	○	○
f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	|___|___|	○	○	|___|	○	○

B. 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: ***[IF THE VALUE IN ANY ITEM B2a–B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]***

	Number of Days	RF	DK	Route*	RF	DK
g. 1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estasolam (Prosom and Rohypnol, also known as roofies, roche, and cope)	|____|____|	○	○	|____|	○	○
2. Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	|____|____|	○	○	|____|	○	○
3. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	|____|____|	○	○	|____|	○	○
4. Ketamine (known as Special K or Vitamin K)	|____|____|	○	○	|____|	○	○
5. Other tranquilizers, downers, sedatives, or hypnotics	|____|____|	○	○	|____|	○	○
h. Inhalants (poppers, snappers, rush, whippets)	|____|____|	○	○	|____|	○	○
i. Other illegal drugs (Specify) _____	|____|____|	○	○	|____|	○	○

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

○ YES
○ NO
○ REFUSED
○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP 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 APPROPRIATE SUBCATEGORY:]***
  - ○ OWN/RENT APARTMENT, ROOM, OR HOUSE
  - ○ SOMEONE ELSE'S APARTMENT, ROOM, OR HOUSE
  - ○ DORMITORY/COLLEGE RESIDENCE
  - ○ HALFWAY HOUSE
  - ○ RESIDENTIAL TREATMENT
  - ○ OTHER HOUSED (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

2. How satisfied are you with the conditions of your living space?

- ○ Very dissatisfied
- ○ Dissatisfied
- ○ Neither satisfied nor dissatisfied
- ○ Satisfied
- ○ Very satisfied
- ○ REFUSED
- ○ DON'T KNOW

3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? ***[IF B1a <u>OR</u> B1c > 0, THEN C3 CANNOT = "NOT APPLICABLE."]***

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely
- ○ NOT APPLICABLE ***[USE ONLY IF B1A <u>AND</u> B1C = 0.]***
- ○ REFUSED
- ○ DON'T KNOW

4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? ***[IF B1a <u>OR</u> B1c > 0, THEN C4 CANNOT = "NOT APPLICABLE."]***

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely
- ○ NOT APPLICABLE ***[USE ONLY IF B1A <u>AND</u> B1C = 0.]***
- ○ REFUSED
- ○ DON'T KNOW

C. FAMILY AND LIVING CONDITIONS (CONTINUED)

5. 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 C5 CANNOT = "NOT APPLICABLE."]***

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

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

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

7. Do you have children?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

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

a. How many children do you have? ***[IF C7 = YES, THEN THE VALUE IN C7a 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 C7D.]

c. ***[IF YES]*** **How many of your children are living with someone else due to a child protection court order?** ***[THE VALUE IN C7c CANNOT EXCEED THE VALUE IN C7a.]***

|____|____| ○ 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 ITEM C7d CANNOT EXCEED THE VALUE IN C7a.]***

|____|____| ○ 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? *[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/ASSOCIATE'S DEGREE (AA, AS)
- ○ COLLEGE OR UNIVERSITY/3RD YEAR COMPLETED
- ○ BACHELOR'S DEGREE (BA, BS) OR HIGHER
- ○ VOCATIONAL/TECHNICAL (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) _____
- ○ REFUSED
- ○ DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME (CONTINUED)

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	$ |__|__|__| , |__|__|__|	○	○
b.	Public assistance	$ |__|__|__| , |__|__|__|	○	○
c.	Retirement	$ |__|__|__| , |__|__|__|	○	○
d.	Disability	$ |__|__|__| , |__|__|__|	○	○
e.	Non-legal income	$ |__|__|__| , |__|__|__|	○	○
f.	Family and/or friends	$ |__|__|__| , |__|__|__|	○	○
g.	Other (Specify) _____	$ |__|__|__| , |__|__|__|	○	○

5. Have you enough money to meet your needs?

○ Not at all
○ A little
○ Moderately
○ Mostly
○ Completely
○ REFUSED
○ DON'T KNOW

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, SKIP 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.]***

|____|____| NIGHTS ○ 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. ANSWER HERE IN E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c BECAUSE USING ILLEGAL DRUGS IS A CRIME.]***

|____|____|____| 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 nights	NO	RF	DK
i. Physical complaint	○	_____nights	○	○	○
ii. Mental or emotional difficulties	○	_____nights	○	○	○
iii. Alcohol or substance abuse	○	_____nights	○	○	○

b. Outpatient treatment for:

	YES	*[IF YES]* Altogether for how many times	NO	RF	DK
i. Physical complaint	○	_____ times	○	○	○
ii. Mental or emotional difficulties	○	_____ times	○	○	○
iii. Alcohol or substance abuse	○	_____ times	○	○	○

c. Emergency room treatment for:

	YES	*[IF YES]* Altogether for how many times	NO	RF	DK
i. Physical complaint	○	_____ times	○	○	○
ii. Mental or emotional difficulties	○	_____ times	○	○	○
iii. Alcohol or substance abuse	○	_____ times	○	○	○

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (CONTINUED)

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.]***

[IF YES] **Altogether, how many:**

	Contacts	RF	DK
a. Sexual contacts (vaginal, oral, or anal) did you have?	|____|____|	○	○
b. Unprotected sexual contacts did you have? ***[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–F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]***			
1. HIV positive or has AIDS	|____|____|____|	○	○
2. An injection drug user	|____|____|____|	○	○
3. High on some substance	|____|____|____|	○	○

4. Have you ever been tested for HIV?

- ○ Yes ***[GO TO F4a.]***
- ○ No ***[SKIP TO F5.]***
- ○ REFUSED ***[SKIP TO F5.]***
- ○ DON'T KNOW ***[SKIP TO F5.]***

a. Do you know the results of your HIV testing?

- ○ Yes
- ○ No

5. How would you rate your quality of life?

- ○ Very poor
- ○ Poor
- ○ Neither poor nor good
- ○ Good
- ○ Very good
- ○ REFUSED
- ○ DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (CONTINUED)

6. How satisfied are you with your health?

- ○ Very dissatisfied
- ○ Dissatisfied
- ○ Neither satisfied nor dissatisfied
- ○ Satisfied
- ○ Very satisfied
- ○ REFUSED
- ○ DON'T KNOW

7. Do you have enough energy for everyday life?

- ○ Not at all
- ○ A little
- ○ Moderately
- ○ Mostly
- ○ Completely
- ○ REFUSED
- ○ DON'T KNOW

8. How satisfied are you with your ability to perform your daily activities?

- ○ Very dissatisfied
- ○ Dissatisfied
- ○ Neither satisfied nor dissatisfied
- ○ Satisfied
- ○ Very satisfied
- ○ REFUSED
- ○ DON'T KNOW

9. How satisfied are you with yourself?

- ○ Very dissatisfied
- ○ Dissatisfied
- ○ Neither satisfied nor dissatisfied
- ○ Satisfied
- ○ Very satisfied
- ○ REFUSED
- ○ DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (CONTINUED)

10. 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	|____|____|	○	○
b.	Experienced serious anxiety or tension	|____|____|	○	○
c.	Experienced hallucinations	|____|____|	○	○
d.	Experienced trouble understanding, concentrating, or remembering	|____|____|	○	○
e.	Experienced trouble controlling violent behavior	|____|____|	○	○
f.	Attempted suicide	|____|____|	○	○
g.	Been prescribed medication for psychological/emotional problem	|____|____|	○	○

[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION F10, SKIP TO ITEM F12.]

11. 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

F. VIOLENCE AND TRAUMA

12. 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)?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F13.]

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

12a. Have had nightmares about it or thought about it when you did not want to?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

F. VIOLENCE AND TRAUMA (CONTINUED)

12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

12c. Were constantly on guard, watchful, or easily startled?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

12d. Felt numb and detached from others, activities, or your surroundings?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- ○ Never
- ○ A few times
- ○ More than a few times
- ○ 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 nonprofessional, 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 *[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?

○ 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
○ 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
○ OTHER (SPECIFY)_____

6. How satisfied are you with your personal relationships?

○ Very dissatisfied
○ Dissatisfied
○ Neither satisfied nor dissatisfied
○ Satisfied
○ Very satisfied
○ REFUSED
○ DON'T KNOW