

**FOLLOW-UP** for Brief Treatment (BT) or Referral to Treatment (RT)

Health Center: \_\_\_\_\_ Site: \_\_\_\_\_

Proxy Patient ID: \_\_\_\_\_ Staff completing form: \_\_\_\_\_

**A. RECORD MANAGEMENT**

Interview Type: **Six-Month Follow-Up** for Brief Treatment (BT) or Referral to Treatment (RT)

Was the interview conducted? ☐ Yes Enter interview date below and complete full interview form  
☐ No Complete only Section I (i.e., an "Admin. Follow-Up")

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

\*FORM 3-B is used to conduct interviews with clients who completed FORM 3-A at Intake.

**A. BEHAVIORAL HEALTH DIAGNOSES**

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

☐ Yes (Go to 1a)                      ☐ No (skip to 2)                      ☐ Don't know (skip to 2)

1a. 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)

<input type="radio"/> Methadone	Specify how many days received	
<input type="radio"/> Buprenorphine	Specify how many days received	
<input type="radio"/> Naltrexone	Specify how many days received	
<input type="radio"/> Extended-release naltrexone	Specify how many days received	
<input type="radio"/> Client did not receive an FDA-approved medication for an opioid use disorder		
<input type="radio"/> Don't know		

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

☐ Yes (Go to 2a)                      ☐ No (skip to Section B)                      ☐ Don't know (skip to Section B)

2a. 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)

<input type="radio"/> Naltrexone	Specify how many days received	
<input type="radio"/> Extended-release naltrexone	Specify how many days received	
<input type="radio"/> Disulfiram	Specify how many days received	
<input type="radio"/> Acamprosate	Specify how many days received	
<input type="radio"/> Client did not receive an FDA-approved medication for an alcohol use disorder		
<input type="radio"/> Don't know		

**B. DRUG AND ALCOHOL USE**

	Number of Days	REFUSED	DON'T KNOW
<b>B1. During the past 30 days, how many <u>days</u> have you:</b>			
a. Had any alcohol (If "0," skip to d.)	__ __	<input type="radio"/>	<input type="radio"/>
b. Had more than 5 alcoholic drinks in one sitting	__ __	<input type="radio"/>	<input type="radio"/>
c. Had 4 or fewer alcoholic drinks in one sitting and felt high	__ __	<input type="radio"/>	<input type="radio"/>
d. Used Illegal drugs (If "0," skip to B2)	__ __	<input type="radio"/>	<input type="radio"/>
e. Used <u>both</u> alcohol and drugs <u>on the same day</u>	__ __	<input type="radio"/>	<input type="radio"/>

**B2 Key: Route of Administration** 1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

For more than one route, choose the most usual or severe.

RF = Refused

DK = Don't Know

**B2. During the past 30 days, how many days have you used any of the following:** (If used, also ask client about their most frequent Route of Administration ( i.e., how they take the drug)

	Number of Days	RF	DK	Route	RF	DK
a. <b>Cocaine/Crack</b>	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
b. <b>Marijuana/Hashish</b> (Pot, Joints, Blunts, Chronic, Weed)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
c. <b>Opiates:</b>						
1. Heroin (Smack, H, Junk, Skag)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
2. Morphine	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
3. Dilaudid	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
4. Demerol	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
5. Percocet	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
6. Darvon	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
7. Codeine	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
8. Tylenol 2, 3, 4	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
9. OxyContin/Oxycodone	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
d. <b>Non-prescription methadone</b>	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
e. <b>Hallucinogens/psychedelics, PCP</b> (Angel Dust, Ozone, Wack, Rocket Fuel), <b>MDMA</b> (Ecstasy, XTC, X, Adam), <b>LSD</b> (Acid, Boomers, Yellow Sunshine), <b>Mushrooms, or Mescaline</b>	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
f. <b>Methamphetamine or other amphetamines</b> (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
g. 1. <b>Benzodiazepines:</b> Diazepam ( <b>Valium</b> ); Alprazolam ( <b>Xanax</b> ); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
2. <b>Barbiturates:</b> Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>

**B. DRUG AND ALCOHOL USE (CONT.)**

During the past 30 days, how many days have you used...

	Number of Days	RF	DK	Route	RF	DK
3. <b>Non-prescription GHB</b> (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
4. <b>Ketamine</b> (known as Special K or Vitamin K)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
5. <b>Other tranquilizers, downers, sedatives, or hypnotics</b>	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
h. <b>Inhalants</b> (poppers, snappers, rush, whippets)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
i. <b>Other illegal drugs</b> (Specify) _____	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>

3. In the past 30 days, have you injected drugs?

- |  |  |
|--|--|
| <input type="radio"/> YES (Go to 4)          | <input type="radio"/> REFUSED (Skip to Section C)    |
| <input type="radio"/> NO (Skip to Section C) | <input type="radio"/> 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?

- |   |                                  |
|---|----------------------------------|
| <input type="radio"/> Always                  | <input type="radio"/> Never      |
| <input type="radio"/> More than half the time | <input type="radio"/> REFUSED    |
| <input type="radio"/> Half the time           | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> Less than half the time |                                  |

**C. FAMILY AND LIVING CONDITIONS**

1. In the past 30 days, where have you been living most of the time? (Do not read responses)

- ☐ 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, probe and 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?

- |  |                                      |
|--|--------------------------------------|
| <input type="radio"/> Very Dissatisfied                  | <input type="radio"/> Very Satisfied |
| <input type="radio"/> Dissatisfied                       | <input type="radio"/> REFUSED        |
| <input type="radio"/> Neither Satisfied nor Dissatisfied | <input type="radio"/> DON'T KNOW     |
| <input type="radio"/> Satisfied                          |                                      |

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

**FOLLOW-UP for Brief Treatment (BT) or Referral to Treatment (RT)**

- |                                    |   |
|------------------------------------|---|
| <input type="radio"/> Not at all   | <input type="radio"/> REFUSED   |
| <input type="radio"/> Somewhat     | <input type="radio"/> DON'T KNOW  |
| <input type="radio"/> Considerably | <input type="radio"/> NOT APPLICABLE [Use only if client said they have not used any alcohol or drugs in B1a and B1d] |
| <input type="radio"/> Extremely    |   |

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

- |                                    |   |
|------------------------------------|---|
| <input type="radio"/> Not at all   | <input type="radio"/> REFUSED   |
| <input type="radio"/> Somewhat     | <input type="radio"/> DON'T KNOW  |
| <input type="radio"/> Considerably | <input type="radio"/> NOT APPLICABLE [Use only if client said they have not used any alcohol or drugs in B1a and B1d] |
| <input type="radio"/> Extremely    |   |

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

- |                                    |   |
|------------------------------------|---|
| <input type="radio"/> Not at all   | <input type="radio"/> REFUSED   |
| <input type="radio"/> Somewhat     | <input type="radio"/> DON'T KNOW  |
| <input type="radio"/> Considerably | <input type="radio"/> NOT APPLICABLE [Use only if client said they have not used any alcohol or drugs in B1a and B1d] |
| <input type="radio"/> Extremely    |   |

6. Are you currently pregnant? [IF MALE, Skip to 7]

- |                           |                                  |
|---------------------------|----------------------------------|
| <input type="radio"/> YES | <input type="radio"/> REFUSED    |
| <input type="radio"/> NO  | <input type="radio"/> DON'T KNOW |

7. Do you have children?

- |  |  |
|--|--|
| <input type="radio"/> YES                    | <input type="radio"/> REFUSED [Skip to Section D]    |
| <input type="radio"/> NO [Skip to Section D] | <input type="radio"/> DON'T KNOW [Skip to Section D] |

7a. How many children do you have?

|\_\_|\_\_| ☐ REFUSED ☐ DON'T KNOW

7b. Are any of your children living with someone else due to a child protection court order?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> YES             | <input type="radio"/> REFUSED [Skip to 7d]    |
| <input type="radio"/> NO [Skip to 7d] | <input type="radio"/> DON'T KNOW [Skip to 7d] |

7c. How many of your children are living with someone else due to a child protection court order?

[The number of children listed here cannot be more than listed in 7a above.]

|\_\_|\_\_| ☐ REFUSED ☐ DON'T KNOW

7d. Have you lost your parental rights for any of your children? (If yes) How many?

[The number of children listed here cannot be more than listed in 7a above.]

|\_\_|\_\_| ☐ 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?**

- |   |   |
|---|---|
| <input type="radio"/> NOT ENROLLED        | <input type="radio"/> OTHER (SPECIFY) _____ |
| <input type="radio"/> ENROLLED, FULL TIME | <input type="radio"/> REFUSED               |
| <input type="radio"/> ENROLLED, PART TIME | <input type="radio"/> DON'T KNOW            |

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

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

**3. Are you currently employed?**

- |  |  |
|--|--|
| <input type="radio"/> EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN) | <input type="radio"/> UNEMPLOYED, RETIRED              |
| <input type="radio"/> EMPLOYED, PART TIME  | <input type="radio"/> UNEMPLOYED, NOT LOOKING FOR WORK |
| <input type="radio"/> UNEMPLOYED, LOOKING FOR WORK                                 | <input type="radio"/> OTHER (SPECIFY) _____            |
| <input type="radio"/> UNEMPLOYED, DISABLED   | <input type="radio"/> REFUSED                          |
| <input type="radio"/> UNEMPLOYED, VOLUNTEER WORK                                   | <input type="radio"/> DON'T KNOW                       |

**4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...**

		Refused	Don't Know
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	\$  _ _ _ ,  _ _ _	<input type="radio"/>	<input type="radio"/>
(Specify) _____			

**5. Do you have enough money to meet your needs?**

- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> Not at all | <input type="radio"/> Mostly     | <input type="radio"/> REFUSED    |
| <input type="radio"/> A little   | <input type="radio"/> Completely | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> Moderately |                                  |                                  |

**E. CRIME AND CRIMINAL JUSTICE STATUS**

## FORM 3-B - Follow-Up

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

|\_\_|\_\_| Times [If "0" arrests, skip to E-3.]      ☐ Refused      ☐ Don't know

2. In the past 30 days, how many times have you been arrested for drug-related offenses?

[The answer to this question cannot be more than the number of arrests provided in E1.]

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

3. In the past 30 days, how many nights have you spent in jail/prison?

|\_\_|\_\_| NIGHTS      ☐ REFUSED      ☐ DON'T KNOW

4. In the past 30 days, how many times have you committed a crime? [Cross-check this response with B1-d (p.2).]

The number here should be the same or more than B1-d 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      ☐ Fair      ☐ REFUSED  
☐ Very good      ☐ Poor      ☐ DON'T KNOW  
☐ Good

2. a. During the past 30 days, did you receive Inpatient Treatment for:

	YES	If "Yes," for how many nights?	NO	RF	DK
a-i. Physical complaint	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a-ii. Mental or emotional difficulties	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a-iii. Alcohol or substance abuse	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. During the past 30 days, did you receive Outpatient Treatment for:

	YES	If "Yes," for how many times	NO	RF	DK
b-i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b-ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b-iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

## FORM 3-B - Follow-Up

c. During the past 30 days, did you receive **Emergency Room Treatment** for:

	YES	If "Yes," for how many times	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?

- |  |  |
|--|--|
| <input type="radio"/> Yes <b>(Go to 3a)</b><br><input type="radio"/> No <b>(Skip to 4)</b> | <input type="radio"/> NOT PERMITTED TO ASK <b>(Skip to 4)</b><br><input type="radio"/> REFUSED <b>(Skip to 4)</b><br><input type="radio"/> DON'T KNOW <b>(Skip to 4)</b> |
|--|--|

	Contacts	RF	DK
3a. How many times during the past 30 days did you have Sexual contacts (vaginal, oral, or anal)?	_ _ _ _ _ _ _	<input type="radio"/>	<input type="radio"/>
3b. How many times during the past 30 days did you have Unprotected sexual contacts? <b>(If "0" skip to 4)</b>	_ _ _ _ _ _ _	<input type="radio"/>	<input type="radio"/>
3c. How many times during the past 30 days did you have Unprotected sexual contacts with an individual who is or was:			
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. Have you ever been tested for HIV?

- |  |   |
|--|---|
| <input type="radio"/> Yes ..... <b>(Ask 4a)</b><br><input type="radio"/> No ..... <b>(Skip to 5)</b> | <input type="radio"/> REFUSED ..... <b>(Skip to 5)</b><br><input type="radio"/> DON'T KNOW ..... <b>(Skip to 5)</b> |
|--|---|

4a. **Please do not tell me your results**, but do **YOU** know the results of your HIV testing?

- ☐ Yes      ☐ No

5. How would you rate your quality of life?

- |   |                                 |                                  |
|---|---------------------------------|----------------------------------|
| <input type="radio"/> Very poor             | <input type="radio"/> Good      | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> Poor                  | <input type="radio"/> Very Good | <input type="radio"/> REFUSED    |
| <input type="radio"/> Neither poor nor good |                                 |                                  |

6. How satisfied are you with your health?

- |  |                                      |                                  |
|--|--------------------------------------|----------------------------------|
| <input type="radio"/> Very dissatisfied                  | <input type="radio"/> Satisfied      | <input type="radio"/> REFUSED    |
| <input type="radio"/> Dissatisfied                       | <input type="radio"/> Very satisfied | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> Neither satisfied nor dissatisfied |                                      |                                  |

7. Do you have enough energy for everyday life?

- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> Not at all | <input type="radio"/> Mostly     | <input type="radio"/> REFUSED    |
| <input type="radio"/> A little   | <input type="radio"/> Completely | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> Moderately |                                  |                                  |

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

### FORM 3-B - Follow-Up

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

- |  |                                      |                                  |
|--|--------------------------------------|----------------------------------|
| <input type="radio"/> Very dissatisfied                  | <input type="radio"/> Satisfied      | <input type="radio"/> REFUSED    |
| <input type="radio"/> Dissatisfied                       | <input type="radio"/> Very satisfied | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> Neither satisfied nor dissatisfied |                                      |                                  |

**9. How satisfied are you with yourself?**

- |  |                                      |
|--|--------------------------------------|
| <input type="radio"/> Very Dissatisfied                  | <input type="radio"/> Very Satisfied |
| <input type="radio"/> Dissatisfied                       | <input type="radio"/> REFUSED        |
| <input type="radio"/> Neither Satisfied nor Dissatisfied | <input type="radio"/> DON'T KNOW     |
| <input type="radio"/> Satisfied                          |                                      |

**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	_ _ _ _	<input type="radio"/>	<input type="radio"/>
b. Experienced serious 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 "0" days, "refused," or "don't know" to all items in F10, then skip to item F12.]**

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

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <input type="radio"/> Not at all   | <input type="radio"/> Extremely  |
| <input type="radio"/> Slightly     | <input type="radio"/> REFUSED    |
| <input type="radio"/> Moderately   | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> Considerably |                                  |

**12. Have you ever experienced violence or trauma in any setting?** (Examples include at school, domestic violence; physical, psychological, or sexual maltreatment/assault within family or elsewhere; natural disaster; terrorism; neglect; or traumatic grief.)

- |  |   |
|--|---|
| <input type="radio"/> YES (Ask 12a, b, c, & d) | <input type="radio"/> REFUSED (Skip to 13)    |
| <input type="radio"/> NO (Skip to 13)          | <input type="radio"/> DON'T KNOW (Skip to 13) |

**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

**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

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



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 “secular” self-help groups for recovery that were not affiliated with a religious or faith-based organization? (examples include: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.)

- ☐ YES (If yes) HOW MANY TIMES | \_\_\_\_ | \_\_\_\_ | ☐ REFUSED  
☐ NO ☐ DON'T KNOW

2. In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?

- ☐ YES (If yes) HOW MANY TIMES | \_\_\_\_ | \_\_\_\_ | ☐ REFUSED  
☐ NO ☐ 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) HOW MANY TIMES | \_\_\_\_ | \_\_\_\_ | ☐ REFUSED  
☐ NO ☐ 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 response)

- ☐ NO ONE ☐ REFUSED  
☐ CLERGY MEMBER ☐ DON'T KNOW  
☐ FAMILY MEMBER ☐ OTHER (SPECIFY) \_\_\_\_\_  
☐ FRIENDS

6. How satisfied are you with your personal relationships?

- ☐ Very Dissatisfied ☐ Very Satisfied  
☐ Dissatisfied ☐ REFUSED  
☐ Neither Satisfied nor Dissatisfied ☐ DON'T KNOW  
☐ Satisfied

## H. PROGRAM-SPECIFIC QUESTIONS

## FORM 3-B - Follow-Up

**1. Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client.**

**[CHECK ALL THAT APPLY.]**

- |  |   |
|--|---|
| <input type="radio"/> Current SAMHSA grant funding | <input type="radio"/> Medicaid/Medicare     |
| <input type="radio"/> Other federal grant funding  | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> State funding                | <input type="radio"/> Don't know            |
| <input type="radio"/> Client's private insurance   |   |

**2. Did the client receive the following types of services?**

	Yes	No	Don't Know
Brief Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

### I. FOLLOW-UP STATUS

**1. What is the follow-up status of the client?**

- |  |  |
|--|--|
| <input type="radio"/> Deceased at time of due date                 | <input type="radio"/> Located, but unable to gain institutional access |
| <input type="radio"/> Completed interview within specified window  | <input type="radio"/> Located, but otherwise unable to gain access     |
| <input type="radio"/> Completed interview outside specified window | <input type="radio"/> Located, but withdrawn from project              |
| <input type="radio"/> Located, but refused, unspecified            | <input type="radio"/> Unable to locate, moved                          |
|  | <input type="radio"/> Unable to locate, other (Specify) _____          |

**2. Is the client still receiving SOS grant funded services from your program?**

- ☐ Yes  
☐ No

**This completes the Follow-Up Interview.**

**1. Review Form for Completeness and Accuracy**

**2. Fax all pages** of this form to HQP's SOS program to: **619-906-2479**