

O Don't know

Form 2-C*

CSAT GPRA

DISCHARGE Interview for Brief Intervention (BI)

Health Center:	Site:		
Proxy Patient ID:	Staff completing form:		
A. RECORD MANAGEMENT			
Interview Type: Discharge			
Was the interview conducted? Yes (comp No (Go di	lete Interview Date below) rectly to Section J)		
Interview Date / Day	/		
*FORM 2-C is used to conduct Discharge	interviews with clients who completed FORM 2-A at Intake/Baseline.		
A. BEHAVIORAL HEALTH DIAGNOSES			
1. In the past 30 days, was this client diagnos	sed with an opioid use disorder?		
	and Drug Administration (FDA)-approved medication did the client id use disorder? [Check all that apply.] Specify how many days received Specify how many days received _ Specify how many days received _		
2. In the past 30 days, was this client diagnos	ed 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-appro use disorder? [Check all that apply.]	ved medication did the client receive for the treatment of this alcohol		
 Naltrexone Extended-release naltrexone Disulfiram Acamprosate Client did not receive an FDA-approved 	Specify how many days received		

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В.		DRUG AND ALCOHOL USE			
			Number		
			of Days	REFUSED DON	I'T KNOW
B1.	. Du a.	ring the past 30 days, how many <u>days</u> have you: Had any alcohol (If "0," skip to d. If 1 or more, ask "of da	ve		
	a.	how many days have you")	ys, 	0 (\circ
		b. Had more than 5 alcoholic drinks in one sitting	ו וו ו) + C	0
		c. Had 4 or fewer alcholic drinks in one sitting and felt high	l l l	e more	\circ
B1.	. Du	ring the past 30 days, how many <u>days</u> have you:	t.	nan a.	
	d.	Used Illegal drugs (If "0," skip to B2. If 1 or more, ask "of			_
		days, how many days have you")	<u> </u>		0
	e.	Used both alcohol and drugs on the same day	ll	\circ	0
F	32 K	ey: Route of Administration 1. Oral 2. Nasal 3. Smoking 4	Non-IV injection 5 IV	/	
		nore than one route, choose the most usual or most severe.	RF = Refu		(now
2.	Du	ring the past 30 days, how many days have you used any of th	ne following: (If used	also ask client abou	ıt their
		ost frequent Route of Administration (i.e., how they take the dr		also ask ellerte asoc	ac circii
			Number of Days RF I	OK Route	RF DK
	a.	Cocaine/Crack	0 0	O	0 0
	b.	Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed)	0	O	0 0
	c.	Opiates:			
		1. Heroin (Smack, H, Junk, Skag)	0 0	O	0 0
		2. Morphine	0	O	0 0
		3. Dilaudid	0	I	0 0
		4. Demerol	0	C	0 0
		5. Percocet	0	O	0 0
		6. Darvon	0	O	0 0
		7. Codeine	0	O	0 0
		8. Tylenol 2, 3, 4	0	O	0 0
		9. OxyContin/Oxycodone	0	O	0 0'
	d.	Non-prescription methadone	0 0	O	0 0
	e.	Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack,			
		Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline) I I	0 0
	f.		II ♥ \	J II	0 0
	1.	Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	0	O	0 0
	g.	1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax);			
		Triazolam (Halcion); and Estasolam (Prosom and Rohypnol—also known as roofies, roche, and cope)) I I	0 0
		Barbiturates: Mephobarbital (Mebacut) and pentobarbital	11	- 11	2 0
		sodium (Nembutal)	0 0	O	0 0

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B. DRUG AND ALCOHOL USE (Continued)

During the past 30 days, how many days have yo
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		Number of Days RF DK Route RF DK
	3. Non-prescription GHB (known as Grievous Bodily Harm Liquid Ecstasy, and Georgia Home Boy)	ı,
	4. Ketamine (known as Special K or Vitamin K)	_ 00 00
	5. Other tranquilizers, downers, sedatives, or hypnotics	_ 00 00
	h. Inhalants (poppers, snappers, rush, whippets)	_ 00 00
	i. Other illegal drugs (Specify)	00 00
3. In the past 30 days, have you injected drugs?		
	YES (Go to 4)NO (Skip to Section H)	REFUSED (Skip to Section H)DON'T KNOW (Skip to Section H)
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 	NeverREFUSEDDON'T KNOW
1.	Please indicate which type of funding was/will be used to particle [Check all that apply.] Current SAMHSA grant funding Other federal grant funding State funding Client's private insurance	 Medicaid/Medicare Other (Specify) Don't know
2.	Did the client receive the following types of services?	
	Brief Intervention Brief Treatment Referral to Treatment Yes No Don't Know O O O O O O O O O O O O O	
J.	DISCHARGE STATUS	
1.	On what date was the client discharged? (Note: This dat Interview.)	e may differ from the date of the Discharge
	_ / / MONTH DAY YEAR	

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J. DISCHARGE (CONTINUED) 2. What is the client's discharge status? Completion/Graduate (Go to Section K) Termination (Complete 2a) 2a. If the client was terminated, what was the reason for termination? (Select only ONE response) O Left on own against staff advice with satisfactory O Incarcerated due to offense committed while in progress treatment/recovery with unsatisfactory progress O Left on own against staff advice without O Incarcerated due to old warrant or charged from satisfactory progress before entering treatment/recovery with satisfactory O Involuntarily discharged due to nonparticipation Involuntarily discharged due to violation of rules Incarcerated due to old warrant or charged from before entering treatment/recovery with O Referred to another program or other services with satisfactory progress unsatisfactory progress O Referred to another program or other services O Transferred to another facility for health reasons with unsatisfactory progress O Death O Incarcerated due to offense committed while in Other (Specify) treatment/recovery with satisfactory progress

K. SERVICES RECEIVED

1. Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. (Select number of sessions for the treatment services provided (in addition to screening.)

Treatment Services		# of Sessions			# of Sessions	
1.	Screening	<u>_</u> _1_	3.	Brief Treatment		
2.	Brief Intervention		4.	Referral to Treatment	_	

This completes the Discharge Interview

- 1. Please Review Form for Completeness and Accuracy
- 2. Fax all 4 pages of this form to HQP's SOS program: 619-906-2479