



# Form 3-B\*

CSAT GPRA

## 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)**

- Methadone Specify how many days received | | | |
- Buprenorphine Specify how many days received | | | |
- Naltrexone Specify how many days received | | | |
- Extended-release naltrexone 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 **(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)**

- Naltrexone Specify how many days received | | | |
- Extended-release naltrexone Specify how many days received | | | |
- Disulfiram Specify how many days received | | | |
- Acamprosate Specify how many days received | | | |
- Client did not receive an FDA-approved medication for an alcohol use disorder
- 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. If 1 or more, ask "of ___ days, how many days have you...")	_ _ _	<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"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>b + c cannot be more than a.</b> </div>			
<b>B1. During the past 30 days, how many <u>days</u> have you:</b>			
d. Used Illegal drugs (If "0," skip to B2. If 1 or more, ask "of ___ days, how many days have you...")	_ _ _	<input type="radio"/>	<input type="radio"/>
e. Used <b>both</b> alcohol and drugs <b>on the same day</b>	_ _ _	<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**

	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"/>
	_ _ _	<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 ( <b>Go to 4</b> )          | <input type="radio"/> REFUSED ( <b>Skip to Section C</b> )    |
| <input type="radio"/> NO ( <b>Skip to Section C</b> ) | <input type="radio"/> DON'T KNOW ( <b>Skip to Section C</b> ) |

**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                          |                                      |

FORM 3-B - Follow-Up

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

- Not at all
- Somewhat
- Considerably
- Extremely
- REFUSED
- DON'T KNOW
- NOT APPLICABLE [Use only if client said they have not used any alcohol or drugs in B1a and B1d]

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

- Not at all
- Somewhat
- Considerably
- Extremely
- REFUSED
- DON'T KNOW
- NOT APPLICABLE [Use only if client said they have not used any alcohol or drugs in B1a and B1d]

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

- Not at all
- Somewhat
- Considerably
- Extremely
- REFUSED
- DON'T KNOW
- NOT APPLICABLE [Use only if client said they have not used any alcohol or drugs in B1a and B1d]

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

- YES
- NO
- REFUSED
- DON'T KNOW

7. Do you have children?

- YES
- NO [Skip to Section D]
- REFUSED [Skip to Section D]
- 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?

- YES
- NO [Skip to 7d]
- REFUSED [Skip to 7d]
- 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**

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)**

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> | <input type="radio"/> NOT PERMITTED TO ASK <b>(Skip to 4)</b> |
| <input type="radio"/> No <b>(Skip to 4)</b> | <input type="radio"/> REFUSED <b>(Skip to 4)</b>              |
|   | <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>   | <input type="radio"/> REFUSED..... <b>(Skip to 5)</b>     |
| <input type="radio"/> No ..... <b>(Skip to 5)</b> | <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)**

**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

**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?**

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

**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.)

- YES (Ask 12a, b, c, & d)
- NO (Skip to 13)
- REFUSED (Skip to 13)
- 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   
  REFUSED  
 A few times   
  DON'T KNOW  
 More than a few times

**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   
  REFUSED  
 NO   
  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**

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.]

- 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?

	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?

- Deceased at time of due date
- Completed interview within specified window
- Completed interview outside specified window
- Located, but refused, unspecified
- Located, but unable to gain institutional access
- Located, but otherwise unable to gain access
- Located, but withdrawn from project
- Unable to locate, moved
- 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**