

Discharge for Brief Treatment (BT) or Referral to Treatment (RT)

Health Center: _____ Site: _____

Proxy Patient ID: _____ Staff completing form: _____

A. RECORD MANAGEMENT

Interview Type: **Discharge (for BT and RT)**

Was the interview conducted? ☐ Yes **Enter Interview date below and complete full interview form**
☐ No **Complete only Sections J and K (i.e., an "Admin. Discharge")**

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

***FORM 3-C** 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
B1. During the past 30 days, how many <u>days</u> have you:			
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 + c cannot be more than a. </div>			
B1. During the past 30 days, how many <u>days</u> have you:			
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 both alcohol and drugs on the same day	_ _ _	<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. Cocaine/Crack	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
c. Opiates:						
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. Non-prescription methadone	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
g. 1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); 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. Barbiturates: 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. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
4. Ketamine (known as Special K or Vitamin K)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
5. Other tranquilizers, downers, sedatives, or hypnotics	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
h. Inhalants (poppers, snappers, rush, whippets)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
i. Other illegal drugs (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 | |

C. FAMILY AND LIVING CONDITIONS (Continued)

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

- | | |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <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 (Specify)	\$ _ _ _ , _ _ _	<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"/> REFUSED |
| <input type="radio"/> A little | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> Moderately | |
| <input type="radio"/> Mostly | |
| <input type="radio"/> Completely | |

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

	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? (If "0" skip to 4)	__ __ __	<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 (Ask 4a) | <input type="radio"/> REFUSED..... (Skip to 5) |
| <input type="radio"/> No (Skip to 5) | <input type="radio"/> DON'T KNOW (Skip to 5) |

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?

- | | | |
|----------------------------------------------------------|--------------------------------------|----------------------------------|
| <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 through 12d) | <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 ☐ 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)

- ☐ 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. 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"/>

J. DISCHARGE STATUS

1. On what date was the client discharged? (Note: This date may differ from the date of the Discharge Interview.)

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

2. What is the client's discharge status?

- ☐ 01 = Completion/Graduate (Skip to Section K) ☐ 02 = Termination (Go to 2a)

2a. If the client was terminated, what was the reason for termination? [SELECT ONE RESPONSE.]

- | | |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Left on own against staff advice with satisfactory progress | <input type="radio"/> Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress |
| <input type="radio"/> Left on own against staff advice without satisfactory progress | <input type="radio"/> Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress |
| <input type="radio"/> Involuntarily discharged due to nonparticipation | <input type="radio"/> Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress |
| <input type="radio"/> Involuntarily discharged due to violation of rules | <input type="radio"/> Transferred to another facility for health reasons |
| <input type="radio"/> Referred to another program or other services with satisfactory progress | <input type="radio"/> Death |
| <input type="radio"/> Referred to another program or other services with unsatisfactory progress | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> Incarcerated due to offense committed while in treatment/recovery with satisfactory progress | |

K. SERVICES RECEIVED

a. Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery.

[Select one session for "Screening" plus the number of sessions for the treatment services provided.]

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

1. Please Review Form for Completeness and Accuracy

2. Fax all 10 pages of this form to HQP's SOS program: 619-906-2479