

Section	Question	Program/Client	Type	Intake	Follow-up	Discharge
A1: Records Mgmt						
	Client ID	Program	Text	x	x	x
	Client Type	Program	Select One	x	x	x
	Interview Type	Program	Select One	x	x	x
	Interview Date	Program	Text	x	x	x
	Consent	Program	Yes/No	x	x	x
A2: Beh. Health Dx						
	Behavioral Health Diagnosis	Program	Select Three	x	x	x
	1. In past 30, client dx opioid use disorder?	Program	Yes/No	x	x	x
	1a. In past 30, medication for treatment of...	Program	Select	x	x	x
	2. In past 30, client dx with alcohol use disorder?	Program	Yes/No	x	x	x
	2a. In past 30, medication for treatment of...	Program	Select	x	x	x
	3. Screened co-occurring?	Program	Yes/No	x		
	3a. Screened positive co-occurring?	Program	Yes/No	x		
A3. Planned Svcs						
	Modality (1-12)	Program	Select at least One	x		
	Tx Services (1-13)	Program	Select at least One	x		
	Case mgt (1-8)	Program	Select at least One	x		
	Medical (1-4)	Program	Select at least One	x		
	Aftercare (1-6)	Program	Select at least One	x		
	Education (1-3)	Program	Select at least One	x		
	Peer Recovery (1-5)	Program	Select at least One	x		
A4. Demographics						
	1. Gender	Client	Select One	x		
	2. Hispanic/Latino	Client	Yes/No	x		
	If Yes, What Ethnic Group	Client	Select all that apply	x		
	3. Race	Client	Select all that apply	x		
	4. Date of Birth	Client	Text	x		
A5. Military						
	5. Served	Client	Select all that apply	x		
	5a. Current/Active Dsuty	Client	Select all that apply	x		
	5b. Deployed to Combat Zone	Client	Select all that apply	x		
	6. Family or close person on active duty	Client	Select one	x		
	Relationship? (up to 6)	Client	Fillable	x		
	Deployed in support of combat operations	Client	Yes/No	x		
	Was physically injured during combat operations	Client	Yes/No	x		
	Died or was killed?	Client	Yes/No	x		
B. Drug/Alcohol Use						
	1. Use past 30 days (a-d)	Client	# days, RF, DN	x	x	x
	2. Route of Administration Types (a-g)	Client	# days, Route	x	x	x
	3. Past 30, injected drugs	Client	Yes/No	x	x	x
	4. Past 30, use syringe/needle...used by other	Client	Select one	x	x	x
C. Family and Living						
	1. Past 30, where living	Client	Select any	x	x	x
	2. Satisfied with conditions	Client	Select One	x	x	x
	3. Past 30, how stressful bc of use	Client	Select One	x	x	x
	4. Past 30, has use caused reduces activities	Client	Select One	x	x	x
	5. Past 30, has use caused emotional problems	Client	Select One	x	x	x
	6. Currently Pregnant	Client	Yes/No	x	x	x
	7. Have children	Client	Yes/No	x	x	x
	7a. How many children	Client	Text	x	x	x
	7b. Children living with someone else (Court Order)	Client	Yes/No	x	x	x
	7c. How many living elsewhere	Client	Text	x	x	x
	7b. How many lost parental rights	Client	Text	x	x	x
D. Education/Employment/Income						
	1. Currently in school/job program	Client	Select One	x	x	x
	2. Highest Level Education	Client	Select One	x	x	x
	3. Currently employed	Client	Select One	x	x	x
	4. Money Received past 30 days from (a-g)	Client	Text	x	x	x
	5. Do you have enough \$ to meet needs	Client	Select One	x	x	x
E. Crime and Criminal Justice Status						
	1. Past 30, # times arrested	Client	Text	x	x	x
	2. Past 30, # times arrested drug related	Client	Text	x	x	x
	3. Past 30, # nights in jail/prison	Client	Text	x	x	x
	4. Past 30, # times committed a crime	Client	Text	x	x	x
	5. Currently awaiting charges, trial or sentencing	Client	Text	x	x	x
	6. Currently on parole or probation	Client	Text	x	x	x
F. MH/PH Problems and Tx/Recovery						
	1. How would you rate overall health right now?	Client	Select One	x	x	x
	2. Past 30, (a) Inpatient Treatment i-iii	Client	Yes/No, Text	x	x	x
	2. Past 30, (b) Outpatient Treatment i-iii	Client	Yes/No, Text	x	x	x

	2. Past 30, (c) Emergency Room Treatment i-iii	Client	Yes/No, Text	x	x	x
	3. Past 30, engage in sexual activity	Client	Yes/No	x	x	x
	(a-c) Sexual contacts, Unprotected contacts	Client	Yes/No, Text	x	x	x
	4. Tested for HIV	Client	Yes/No	x	x	x
	4a. Do you know the results?	Client	Yes/No	x	x	x
	5. Rate quality of life	Client	Select One	x	x	x
	6. How satisfied with your health?	Client	Select One	x	x	x
	7. Do you have enough energy for everyday life?	Client	Select One	x	x	x
	8. How satisfied with ability to perform daily activities?	Client	Select One	x	x	x
	9. How satisfied are you with yourself?	Client	Select One	x	x	x
	10. Past 30, days experienced (a-g)	Client	Text	x	x	x
	11. (skip in 10=0) How much bothered by problems	Client	Select One	x	x	x
F. Violence or Trauma						
	12. Experienced violence or trauma in any setting?	Client	Yes/No	x	x	x
	12a. If yes, nightmares or thoughts	Client	Yes/No	x	x	x
	12b. If yes, tried hard not to think or avoid situations	Client	Yes/No	x	x	x
	12c. Constantly on guard, watchful or easily startled	Client	Yes/No	x	x	x
	12d. Felt numb or detached	Client	Yes/No	x	x	x
	13. Past 30, how often hit, kicked, slapped, physically hurt	Client	Select One	x	x	x
G. Social Connectedness						
	1. Past 30, attend self help groups for recovery - non-faith based	Client	Yes/No, Text	x	x	x
	2. Past 30, attend self help groups for recovery - faith based?	Client	Yes/No, Text	x	x	x
	3. Past 30, attend self help groups for recovery - other?	Client	Yes/No, Text	x	x	x
	4. Past 30, supportive interaction with family/friends?	Client	Yes, No	x	x	x
	5. To whom do you turn when having trouble?	Client	Select One	x	x	x
	6. How satisfied with personal relationships?	Client	Select One	x	x	x
I. Follow-up Status						
	1. What is the follow-up status of the client?	Program	Select One		x	
	2. Is the client still receiving services from your program?	Program	Yes/No		x	
J. Discharge Status						
	1. Date of Discharge	Program	Date			x
	2. Discharge Status	Program	Select One			x
	If client was terminated, reason	Program	Select One			x
	3. Did the program test this client for HIV?	Program	Yes/No			x
	4. Did the program refer this client for testing?	Program	Yes/No			x
K. Services Received						
	1. # days of services provided to the client during treatment (1-12)	Program	Text			x
	2. # sessions of services provided to the client during treatment	Program	Text			x
	2. # sessions of services provided to the client during treatment - Case mgt (1-8)	Program	Text			x
	2. # sessions of services provided to the client during treatment - Medical (1-4)	Program	Text			x
	2. # sessions of services provided to the client during treatment - Aftercare (1-6)	Program	Text			x
	2. # sessions of services provided to the client during treatment - Education (1-3)	Program	Text			x
	2. # sessions of services provided to the client during treatment	Program	Text			x