Click to skip introduction

The following information is a quick reference for using the GPRA Collection Tool. For more complete guidance, please visit the COVID-19 Response Grant section of the Vermont Department of Health's website: https://www.healthvermont.gov/alcohol-drug-abuse/grantees-contractors/reporting-forms-and-guidance-documents, or visit the Department of Mental Health website: https://mentalhealth.vermont.gov/samhsa-covid-19-emergency-services-grant.

INTAKE/BASELINE INTERVIEW

Must be completed 1-3 calendar days after entering a residential program and 1-4 calendar days after entering a non-residential program.

Sections: Sections A1-A3 is completed by program staff, sections A4 & A5, B-G are client-report. **Rules:** Grantees are only required to administer the GPRA baseline one time per client. However, grantees may choose to administer a second (or third, fourth, etc.) baseline GPRA if the client leaves and is readmitted to treatment. In this case, the subsequent 6-month follow-up will be required from the latest baseline only.

Consent: If a client does not consent, create a client ID and complete section A1. If a client is unable to consent, follow the same process and provide clinical documentation in the text box provided.

6-MONTH FOLLOW UP INTERVIEW

Must be completed within the window of 1 month before and 2 months after the 6-month mark. The 6-month mark is in relation to the date of the latest intake interview.

Sections: Sections A1, A2, and I are completed by program staff, sections B-G are client-report. These questions must be asked and answered again in a new interview.

Administrative interview: If a client is not able to be reached, conduct an administrative follow up in which the program staff completes the first four questions in sections A1 and section I.

Rules: If the client discharges before the 6-month follow up, a complete 6-month follow up interview must still be conducted.

Consent: If a client withdraws consent, complete an administrative interview.

DISCHARGE INTERVIEW

If the client is present on the day of discharge, the GPRA discharge interview should be conducted on the day of discharge. If a client has not finished treatment, drops out, and is not present the day of discharge, the program will have 14 calendar days to find the client to conduct the in-person GPRA discharge interview.

Sections: Sections A1, A2, J and K are completed by program staff, sections B-G are client report. These questions must be asked and answered again in a new interview.

Administrative interview: If a client is unable to be reached for the discharge interview, program staff will complete the first four parts of section A1, and sections J and K.

Rules: If a client is discharged from your program within 7 calendar days of their GPRA intake interview, a face-to-face interview is not required, and program staff will complete the administrative discharge as above.

Consent: If a client withdraws consent, complete an administrative interview.

CLIENT ID FORMULATION

Each client should have their own unique client ID that is used at all three data collection points. The same unique ID is used each time, even if the client has more than one episode of care. For confidentiality reasons, do not use any portion of the client's date of birth, Social Security Number, or mother's maiden name in the Client ID.

CLIENT ID NAMING CONVENTION = COV + M/S + Provider ID + Unique Identifier		
Provider	**Provider ID**	**Client ID + Unique Identifier***
Counseling Services of Addison County	01	COV + M/S + 01 + unique ID
Northwest Counseling and Support Services	02	COV + M/S + 02 + unique ID
Howard Center	03	COV + M/S + 03 + unique ID
Lamoille County Mental Health	04	COV + M/S + 04 + unique ID
Health Care & Rehabilitation Services of Southeast Vermont	05	COV + M/S + 05 + unique ID
Northeast Kingdom Mental Health Services	06	COV + M/S + 06 + unique ID
Clara Martin Center	07	COV + M/S + 07 + unique ID
Rutland Mental Health Services	08	COV + M/S + 08 + unique ID
United Counseling Services	09	COV + M/S + 09 + unique ID
Washington County Mental Health Services	10	COV + M/S + 10 + unique ID
Pathways	50	COV + M/S + 50 + unique ID
M = Mental Health programs (renovations, go bags, equipment, and vans) S = SUD programs (SUD emergency services/SUD specialists)		
Examples: COVM03GJS50 COVS056092G COVM09024969		
*Unique Identifier is created by the agency, it up to 9 numbers/letters, and cannot include any identifying information, including mother's maiden name, birthday, social security number. Each client should have their own unique client ID that is used at all three data collection points.		

CONTACTS

Julia Harrison, ADAP Emergency COVID-19 Grant Project Director
Julia.Harrison@vermont.gov
(802) 951-5791

Amy Guidice, DMH Emergency COVID-19 Grant Performance Manager
Amy.Guidice@partner.vermont.gov
(802) 598-1267

GPRA SUBMISSION LINK

https://www.surveygizmo.com/s3/5391637/GPRA-Submission

GPRA Tool Client ID_____

Click to reset form - be sure to SAVE prior to reset. Click to submit form.

A1. RECORDS MANAGEMENT
Reported by PROGRAM STAFF

Client ID: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Client Type:** ◯ Client in treatment

Interview Type:
- ☐ Intake/Baseline
- ☐ 6-month follow up
- ☐ Discharge

Did you conduct the 6-month follow-up interview? ☐ Yes ☐ No
(If no, go directly to section I)

Did you conduct the discharge interview? ☐ Yes ☐ No
(*If no, go directly to section J)*

Interview Date: **Did client consent to GPRA Interview?** ◯ **Yes** ◯ **No**

***If client does not consent, assign a Client ID, complete Section A1 and submit.**

If it is determined the client cannot consent, please submit clinical justification (including screening tool used) here:

A2. BEHAVIORAL HEALTH DIAGNOSES
Reported by PROGRAM STAFF

Please indicate the client's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), descriptors.

Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary. ◯ Don't know ◯ None

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
SUBSTANCE USE DISORDER DIAGNOSES				
Alcohol-related disorders				
F10.10 – Alcohol use disorder, uncomplicated, mild	○	◯	◯	◯
F10.11 – Alcohol use disorder, mild, in remission	○	◯	◯	◯
F10.20 – Alcohol use disorder, uncomplicated, moderate/severe	○	◯	◯	◯

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F10.21 – Alcohol use disorder, moderate/severe, in remission	○	○	○	○
F10.9 – Alcohol use, unspecified	○	○	○	○
Opioid-related disorders				
F11.10 – Opioid use disorder, uncomplicated, mild	○	○	○	○
F11.11 – Opioid use disorder, mild, in remission	○	○	○	○
F11.20 – Opioid use disorder, uncomplicated, moderate/severe	○	○	○	○
F11.21 – Opioid use disorder, moderate/severe, in remission	○	○	○	○
F11.9 – Opioid use, unspecified	○	○	○	○
Cannabis-related disorders				
F12.10 – Cannabis use disorder, uncomplicated, mild	○	○	○	○
F12.11 – Cannabis use disorder, mild, in remission	○	○	○	○
F12.20 – Cannabis use disorder, uncomplicated, moderate/severe	○	○	○	○
F12.21 – Cannabis use disorder, moderate/severe, in remission	○	○	○	○
F12.9 – Cannabis use, unspecified	○	○	○	○
Sedative-, hypnotic-, or anxiolytic-related disorders				
F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild	○	○	○	○
F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission	○	○	○	○
F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe	○	○	○	○
F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission	○	○	○	○
F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified	○	○	○	○
Cocaine-related disorders				
F14.10 – Cocaine use disorder, uncomplicated, mild	○	○	○	○

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F14.11 – Cocaine use disorder, mild, in remission	○	○	○	○
F14.20 – Cocaine use disorder, uncomplicated, moderate/severe	○	○	○	○
F14.21 – Cocaine use disorder, moderate/severe, in remission	○	○	○	○
F14.9 – Cocaine use, unspecified	○	○	○	○
Other stimulant-related disorders				
F15.10 – Other stimulant use disorder, uncomplicated, mild	○	○	○	○
F15.11 – Other stimulant use disorder, mild, in remission	○	○	○	○
F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe	○	○	○	○
F15.21 – Other stimulant use disorder, moderate/severe, in remission	○	○	○	○
F15.9 – Other stimulant use, unspecified	○	○	○	○
Hallucinogen-related disorders				
F16.10 – Hallucinogen use disorder, uncomplicated, mild	○	○	○	○
F16.11 – Hallucinogen use disorder, mild, in remission	○	○	○	○
F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe	○	○	○	○
F16.21 – Hallucinogen use disorder moderate/severe, in remission	○	○	○	○
F16.9 – Hallucinogen use, unspecified	○	○	○	○
Inhalant-related disorders				
F18.10 – Inhalant use disorder, uncomplicated, mild	○	○	○	○
F18.11 – Inhalant use disorder, mild, in remission	○	○	○	○
F18.20 – Inhalant use disorder, uncomplicated, moderate/severe	○	○	○	○
F18.21 – Inhalant use disorder, moderate/severe, in remission	○	○	○	○
F18.9 – Inhalant use, unspecified	○	○	○	○
Other psychoactive substance–related disorders				
F19.10 – Other psychoactive substance use disorder, uncomplicated, mild	○	○	○	○

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F19.11 – Other psychoactive substance use disorder, in remission	○	○	○	○
F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe	○	○	○	○
F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission	○	○	○	○
F19.9 – Other psychoactive substance use, unspecified	○	○	○	○
Nicotine dependence				
F17.20 – Tobacco use disorder, mild/moderate/severe	○	○	○	○
F17.21 – Tobacco use disorder, mild/moderate/severe, in remission	○	○	○	○
MENTAL HEALTH DIAGNOSES				
F20 – Schizophrenia	○	○	○	○
F21 – Schizotypal disorder	○	○	○	○
F22 – Delusional disorder	○	○	○	○
F23 – Brief psychotic disorder	○	○	○	○
F24 – Shared psychotic disorder	○	○	○	○
F25 – Schizoaffective disorders	○	○	○	○
F28 – Other psychotic disorder not due to a substance or known physiological condition	○	○	○	○
F29 – Unspecified psychosis not due to a substance or known physiological condition	○	○	○	○
F30 – Manic episode	○	○	○	○
F31 – Bipolar disorder	○	○	○	○
F32 – Major depressive disorder, single episode	○	○	○	○
F33 – Major depressive disorder, recurrent	○	○	○	○
F34 – Persistent mood [affective] disorders	○	○	○	○
F39 – Unspecified mood [affective] disorder	○	○	○	○
F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders	○	○	○	○
F50 – Eating disorders	○	○	○	○
F51 – Sleep disorders not due to a substance or known physiological condition	○	○	○	○
F60.2 – Antisocial personality disorder	○	○	○	○

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F60.3 – Borderline personality disorder	○	○	○	○
F60.0, F60.1, F60.4–F69 – Other personality disorders	○	○	○	○
F70–F79 – Intellectual disabilities	○	○	○	○
F80–F89 – Pervasive and specific developmental disorders	○	○	○	○
F90 – Attention-deficit hyperactivity disorders	○	○	○	○
F91 – Conduct disorders	○	○	○	○
F93 – Emotional disorders with onset specific to childhood	○	○	○	○
F94 – Disorders of social functioning with onset specific to childhood or adolescence	○	○	○	○
F95 – Tic disorder	○	○	○	○
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	○	○	○	○
F99 – Unspecified mental disorder	○	○	○	○

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

☐ Yes ☐ No ☐ Don't know

1a. In the past 30 days, which U.S. Food and Drug Administration (FDA)-approved medication did the client receive for the treatment of an opioid use disorder?

☐ Methadone **[IF RECEIVED]** Specify how many days received |___|___|
☐ Buprenorphine **[IF RECEIVED]** Specify how many days received |___|___|
☐ Naltrexone **[IF RECEIVED]** Specify how many days received |___|___|
☐ Extended-release naltrexone **[IF RECEIVED]** Specify how many days received | | |
☐ Client was diagnosed with an opioid use disorder, but did not receive an FDA-approved medication for an opioid use disorder
☐ Client was not diagnosed with an opioid use disorder and 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 ☐ No ☐ Don't know

2a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of an alcohol use disorder?

☐ Naltrexone **[IF RECEIVED]** Specify how many days received |___|___|
☐ Extended-release naltrexone **[IF RECEIVED]** Specify how many days received |___|___|
☐ Disulfiram **[IF RECEIVED]** Specify how many days received |___|___|
☐ Acamprosate **[IF RECEIVED]** Specify how many days received |___|___|
☐ Client was diagnosed with an alcohol use disorder, but did not receive an FDA-approved medication for an alcohol use disorder
☐ Client was not diagnosed with an alcohol use disorder and did not receive an FDA-approved medication for an alcohol use disorder
☐ Don't know

[FOLLOW-UP AND DISCHARGE INTERVIEWS: SKIP TO SECTION B.]

3. Was the client screened by your program for co-occurring mental health and substance use disorders?

◯ Yes ◉ No **[SKIP 3a.]**

3a. [IF YES] Did the client screen positive for co-occurring mental health and substance use disorders?

◯ Yes ◯ No

A3. PLANNED SERVICES

Reported by PROGRAM STAFF only at intake/baseline interview

Identify the services you plan to provide to the client during the client's course of treatment/recovery.
[SELECT "YES" OR "NO" FOR EACH ONE.]

Modality *[SELECT AT LEAST ONE MODALITY.]*	Yes	No
1. Case Management	◯	◉
2. Day Treatment	◯	◉
3. Inpatient/Hospital (Other Than Detox)	◯	◉
4. Outpatient	◉	◯
5. Outreach	◯	◉
6. Intensive Outpatient	◯	◉
7. Methadone	◯	◉
8. Residential/Rehabilitation	◯	◉
9. Detoxification (Select Only One)		
A. Hospital Inpatient	◯	◉
B. Free-Standing Residential	◯	◉
C. Ambulatory Detoxification	◯	◉
10. After Care	◯	◉
11. Recovery Support	◯	◉
12. Other (Specify)_____	◯	◉

Treatment Services *[SELECT AT LEAST ONE SERVICE.]*	Yes	No
1. Screening	◯	◉
2. Brief Intervention	◯	◉
3. Brief Treatment	◯	◉
4. Referral to Treatment	◯	◉
5. Assessment	◯	◉
6. Treatment/Recovery Planning	◯	◉
7. Individual Counseling	◯	◉
8. Group Counseling	◯	◉
9. Family/Marriage Counseling	◯	◉
10. Co-Occurring Treatment/ Recovery Services	◯	◉
11. Pharmacological Interventions	◯	◉
12. HIV/AIDS Counseling	◯	◉
13. Other Clinical Services (Specify) _____	◯	◉

Case Management Services

	Yes	No
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	○	○
2. Child Care	○	○
3. Employment Service	○	○
A. Pre-Employment	○	○
B. Employment Coaching	○	○
4. Individual Services Coordination	○	○
5. Transportation	○	○
6. HIV/AIDS Service	○	○
7. Supportive Housing Services	○	○
8. Other Case Management Services (Specify)_____	○	○

Medical Services

	Yes	No
1. Medical Care	○	○
2. Alcohol/Drug Testing	○	○
3. HIV/AIDS Medical Support and Testing	○	○
4. Other Medical Services (Specify)_____	○	○

After Care Services

	Yes	No
1. Continuing Care	○	○
2. Relapse Prevention	○	○
3. Recovery Coaching	○	○
4. Self-Help and Support Groups	○	○
5. Spiritual Support	○	○
6. Other After Care Services (Specify)_____	○	○

Education Services

	Yes	No
1. Substance Abuse Education	○	○
2. HIV/AIDS Education	○	○
3. Other Education Services (Specify)_____	○	○

Peer-to-Peer Recovery Support Services

	Yes	No
1. Peer Coaching or Mentoring	○	○
2. Housing Support	○	○
3. Alcohol- and Drug-Free Social Activities	○	○
4. Information and Referral	○	○
5. Other Peer-to-Peer Recovery Support Services (Specify)_____	○	○

A4. DEMOGRAPHICS

Reported **BY CLIENT** only at intake/baseline interview

1. What is your gender?

○ Male
○ Female
○ Transgender
○ Other (please specify) _____
○ Refused

2. Are you Hispanic or Latino?

☐ Yes ☐ No ☐ Refused

[IF YES] What ethnic group do you consider yourself? Please answer Yes or No for each of the following. You may answer Yes to more than one option.

Ethnic Group	Yes	No	Refused
Central American	○	○	○
Cuban	○	○	○
Dominican	○	○	○
Mexican	○	○	○
Puerto Rican	○	○	○
South American	○	○	○

Other (please specify) _____

3. What is your race? Please answer Yes or No for each of the following. You may answer Yes to more than one option.

Race	Yes	No	Refused
Black or African American	○	○	○
Asian	○	○	○
Native Hawaiian or other Pacific Islander	○	○	○
Alaska Native	○	○	○
White	○	○	○
American Indian	○	○	○

4. What is your date of birth?*

|____|____| / |____|____| |____|____|____|____|

Month Day Year

☐ Refused

*The system will only save month and year to maintain confidentiality. Day will not be saved but is needed and kept confidentially for records management.

A5. MILITARY FAMILY AND DEPLOYMENT

Reported **BY CLIENT**

5. Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? [IF SERVED] In which area, the Armed Forces, Reserves, or National Guard did you serve?

○ No
○ Yes, in the Armed Forces
○ Yes, in the Reserves
○ Yes, in the National Guard
○ Refused
○ Don't know

[NO, REFUSED, OR DON'T KNOW, SKIP TO QUESTION A6.]

5a. **Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard? [IF ACTIVE] In which area, the Armed Forces, Reserves, or National Guard?**

○ No, separated or retired from the Armed Forces, Reserves or National Guard
○ Yes, in the Armed Forces
○ Yes, in the Reserves
○ Yes, in the National Guard
○ Refused
○ Don't know

5b. Have you ever been deployed to a combat zone? [CHECK ALL THAT APPLY.]

☐ Never deployed
☐ Iraq or Afghanistan (e.g., Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND)
☐ Persian Gulf (Operation Desert Shield/Desert Storm)
☐ Vietnam/Southeast Asia
☐ Korea
☐ WWII
☐ Deployed to a combat zone not listed above (e.g., Bosnia/Somalia)
☐ Refused
☐ Don't know

6. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard?

◯ No ◯ Yes, more than one ◯ Don't know
◯ Yes, only one ◯ Refused

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION B.]

[IF YES, ANSWER FOR UP TO 6 PEOPLE.] **What is the relationship of that person (Service Member) to you?** ***[WRITE RELATIONSHIP IN COLUMN HEADING.]***

1 = Mother 2 = Father

3 = Brother 4 = Sister

5 = Spouse 6 = Partner

7 = Child 8 = Other (Specify) _____

Has the Service Member experienced any of the following? ***[CHECK ANSWER IN APPROPRIATE COLUMN FOR ALL THAT APPLY.]***	_____ **(Relationship) 1.**	_____ **(Relationship) 2.**	_____ **(Relationship) 3.**	_____ **(Relationship) 4.**	_____ **(Relationship) 5.**	_____ **(Relationship) 6.**
Deployed in support of combat operations (e.g., Iraq or Afghanistan)?	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW
Was physically injured during combat operations?	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW

Developed combat stress symptoms/difficulties adjusting following deployment, including post-traumatic stress disorder (PTSD), depression, or suicidal thoughts?	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW
Died or was killed?	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW	☐ YES ☐ NO ☐ REFUSED ☐ DON'T KNOW

B. DRUG AND ALCOHOL USE
Reported **BY CLIENT**

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

	Number of Days	RF	DK
a. Any alcohol ***[IF ZERO, SKIP TO ITEM B1c.]*** *	_____	○	○
b1. Alcohol to intoxication (5+ drinks in one sitting)	_____	○	○
b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)	_____	○	○
c. Illegal drugs ***[IF B1a <u>OR</u> B1c = 0, REFUSED (RF), DON'T KNOW (DK), THEN SKIP TO ITEM B2.]***	_____	○	○
d. Both alcohol and drugs (on the same day)	_____	○	○

* B1a should equal B1b1 + B1b2

Route of Administration Types:
1. Oral 2. Nasal 3. Smoking 4. Non-intravenous (IV) injection 5. IV

*Note the usual route. For more than one route, choose the most severe. The routes are listed from least severe (1) to more severe (5).

2. During the past 30 days, how many days have you used any of the following (include Route of Administration): [IF THE VALUE IN ANY ITEM B2a–B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]

		# Days	RF	DK	Route	RF	DK
a.	**Cocaine/Crack**	|____|	◯	◯	|____|	◯	◯
b.	**Marijuana/Hashish**	|____|	◯	◯	|____|	◯	◯
c.	**Opiates:**						
1.	Heroin (Smack, H, Junk, Skag)	|____|	◯	◯	|____|	◯	◯
2.	Morphine	|____|	◯	◯	|____|	◯	◯
3.	Dilaudid	|____|	◯	◯	|____|	◯	◯
4.	Demerol	|____|	◯	◯	|____|	◯	◯
5.	Percocet	|____|	◯	◯	|____|	◯	◯
6.	Darvon	|____|	◯	◯	|____|	◯	◯
7.	Codeine	|____|	◯	◯	|____|	◯	◯
8.	Tylenol 2, 3, 4	|____|	◯	◯	|____|	◯	◯
9.	OxyContin/Oxycodone	|____|	◯	◯	|____|	◯	◯
d.	**Non-prescription methadone**	|____|	◯	◯	|____|	◯	◯
e.	**Hallucinogens/psychedelics, PCP** (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline	|____|	◯	◯	|____|	◯	◯
f.	**Methamphetamine or other amphetamines** (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	____	◯	◯		◯	◯
g.	**Tranquilizers:**						
1.	Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estasolam Prosom and Rohypnol, also known as roofies, roche, and cope)	|____|	◯	◯	|____|	◯	◯
2.	Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	|____|	◯	◯	|____|	◯	◯
3.	Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	|____|	◯	◯	|____|	◯	◯
4.	Ketamine (known as Special K or Vitamin K)	|____|	◯	◯	|____|	◯	◯
5.	Other tranquilizers, downers, sedatives, or hypnotics	|____|	◯	◯	|____|	◯	◯
h.	**Inhalants** (poppers, snappers, rush, whippets)	|____|	◯	◯	|____|	◯	◯
i.	**Other illegal drugs** (Specify)	|____|	◯	◯	|____|	◯	◯

3. In the past 30 days, have you injected drugs? [IF ANY ROUTE OF ADMINISTRATION IN B2a–B2i = 4 or 5, THEN B3 MUST = YES.]

◯ Yes ◯ No ◯ Refused ◯ Don't know

[IF NO, REFUSED, OR 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?

- ◯ Always
- ◯ More than half the time
- ◯ Half the time
- ◯ Less than half the time
- ◯ Never
- ◯ Refused
- ◯ Don't know

C. FAMILY AND LIVING CONDITIONS

Reported **BY CLIENT**

1. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]

- ◯ Shelter (safe havens, transitional living center, 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, 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 (please specify) _____
- ◯ Don't know
- ◯ Refused

2. How satisfied are you with the conditions of your living space?

- ◯ Very dissatisfied
- ◯ Dissatisfied
- ◯ Neither satisfied nor dissatisfied
- ◯ Satisfied
- ◯ Very satisfied
- ◯ Refused
- ◯ Don't know

3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? [IF B1a OR B1c > 0, THEN C3 CANNOT = "NOT APPLICABLE." If B1a OR B1c = 0, THEN C3 MUST = "NOT APPLICABLE"]

- ◯ Not at all
- ◯ Somewhat
- ◯ Considerably
- ◯ Extremely
- ◯ Not applicable
- ◯ Refused
- ◯ Don't know

4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? [IF B1a OR B1c > 0, THEN C4 CANNOT = "NOT APPLICABLE." If B1a OR B1c = 0, THEN C4 MUST = "NOT APPLICABLE"]

- ◯ Not at all
- ◯ Somewhat
- ◯ Don't know
- ◯ Considerably
- ◯ Extremely
- ◯ Not applicable
- ◯ Refused

5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems? [IF B1a OR B1c > 0, THEN C5 CANNOT = "NOT APPLICABLE." If B1a OR B1c = 0, THEN C5 MUST = "NOT APPLICABLE"]

- ◯ Not at all
- ◯ Somewhat
- ◯ Considerably
- ◯ Extremely
- ◯ Not applicable
- ◯ Refused
- ◯ Don't know

6. [IF NOT MALE] Are you currently pregnant?

- ◯ Yes
- ◯ No
- ◯ Refused
- ◯ Don't know

7. Do you have children?

- ◯ Yes
- ◯ No
- ◯ Refused
- ◯ Don't know

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION D.]

a. How many children do you have? [IF C7 = YES, THEN THE VALUE IN C7a MUST BE > 0.]

- ◯ Refused
- ◯ Don't know

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

- ◯ Yes
- ◯ No
- ◯ Refused
- ◯ Don't know

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM C7d.]

c. [IF YES] How many of your children are living with someone else due to a child protection court order? [THE VALUE IN C7c CANNOT EXCEED THE VALUE IN C7a.]

- ◯ Refused
- ◯ Don't know

d. For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.] [THE VALUE IN ITEM C7d CANNOT EXCEED THE VALUE IN C7a.]

- ◯ Refused
- ◯ Don't know

D. EDUCATION, EMPLOYMENT, AND INCOME

Reported **BY CLIENT**

1. Are you currently enrolled in school or a job training program? [IF ENROLLED] Is that full time or part time? [IF CLIENT IS INCARCERATED, CODE D1 AS "NOT ENROLLED."]

- ◯ Not enrolled
- ◯ Enrolled, part time
- ◯ Other (specify)_____
- ◯ Enrolled, full time
- ◯ Don't know
- ◯ Refused

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

- ◯ Never attended
- ◯ 1st grade
- ◯ 2nd grade
- ◯ 3rd grade
- ◯ 4th grade
- ◯ 5th grade
- ◯ 6th grade
- ◯ 7th grade
- ◯ 8th grade
- ◯ 9th grade
- ◯ 10th grade
- ◯ 11th grade
- ◯ 12th grade
- ◯ College or university/1st year completed
- ◯ College or university/2nd year completed
- ◯ College or university/3rd year completed
- ◯ Bachelor's degree (BA, BS) or higher
- ◯ Vocational/technical program after high school but not Voc/Tech diploma
- ◯ Voc/Tech diploma after high school
- ◯ Refused
- ◯ Don't know

3. Are you currently employed?

[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK. IF CLIENT IS "ENROLLED, FULL TIME" IN D1 AND INDICATES "EMPLOYED, FULL TIME" IN D3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS "UNEMPLOYED, NOT LOOKING FOR WORK."]

- ◯ Employed, full time (35+ hours/week)
- ◯ Employed, part time
- ◯ Unemployed, looking for work
- ◯ Unemployed, disabled
- ◯ Unemployed, volunteer work
- ◯ Unemployed, retired
- ◯ Unemployed, not looking for work
- ◯ Other (specify)_____
- ◯ Refused
- ◯ Don't know

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

[IF D3 DOES NOT = "EMPLOYED" AND THE VALUE IN D4a IS GREATER THAN ZERO, PROBE. IF D3 = "UNEMPLOYED, LOOKING FOR WORK" AND THE VALUE IN D4b = 0, PROBE. IF D3 = "UNEMPLOYED, RETIRED" AND THE VALUE IN D4c = 0, PROBE. IF D3 = "UNEMPLOYED, DISABLED" AND THE VALUE IN D4d = 0, PROBE.] **[Please fill in all line items a-g, even if = '0']**

			RF	DK
a.	Wages	$_____	◯	◯
b.	Public assistance	$_____	◯	◯
c.	Retirement	$_____	◯	◯
d.	Disability	$_____	◯	◯
e.	Non-legal income	$_____	◯	◯
f.	Family and/or friends	$_____	◯	◯
g.	Other (Specify) _____	$_____	◯	◯

5. Have you enough money to meet your needs?

- ◯ Not at all
- ◯ A little
- ◯ Moderately
- ◯ Mostly
- ◯ Completely
- ◯ Refused
- ◯ Don't know

E. CRIME AND CRIMINAL JUSTICE STATUS

Reported **BY CLIENT**

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

_____times ☐Refused ☐Don't know

[IF NO ARRESTS, SKIP TO ITEM E3.]

2. In the past 30 days, how many times have you been arrested for drug-related offenses? [THE VALUE IN E2 CANNOT BE GREATER THAN THE VALUE IN E1.]

_____times ☐Refused ☐Don't know

3. In the past 30 days, how many nights have you spent in jail/prison? [IF THE VALUE IN E3 IS GREATER THAN 15, THEN C1 MUST = INSTITUTION (JAIL/PRISON). IF C1 = INSTITUTION (JAIL/ PRISON), THEN THE VALUE IN E3 MUST BE GREATER THAN OR EQUAL TO 15.]

_____nights ☐Refused ☐Don't know

4. In the past 30 days, how many times have you committed a crime? [CHECK NUMBER OF DAYS USED ILLEGAL DRUGS IN ITEM B1c. ANSWER HERE IN E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c 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

Reported **BY CLIENT**

1. How would you rate your overall health right now?

◯Excellent ◯Very good ◯Good ◯Fair ◯Poor ◯Refused ◯Don't know

2. During the past 30 days, did you receive:

a. Inpatient treatment for:

		YES	**[IF YES]** Altogether for how many nights	NO	RF	DK
i.	Physical complaint	◯	_____nights	◯	◯	◯
ii.	Mental or emotional difficulties	◯	_____nights	◯	◯	◯
iii.	Alcohol or substance abuse	◯	_____nights	◯	◯	◯

b. Outpatient treatment for:

		YES	[IF YES] Altogether for how many times	NO	RF	DK
i.	Physical complaint	◯	_____times	◯	◯	◯
ii.	Mental or emotional difficulties	◯	_____times	◯	◯	◯
iii.	Alcohol or substance abuse	◯	_____times	◯	◯	◯

c. Emergency room treatment for:

		YES	[IF YES] Altogether for how many times	NO	RF	DK
i.	Physical complaint	◯	_____times	◯	◯	◯
ii.	Mental or emotional difficulties	◯	_____times	◯	◯	◯
iii.	Alcohol or substance abuse	◯	_____times	◯	◯	◯

3. During the past 30 days, did you engage in sexual activity?

◯ Yes ◯ Not permitted to ask ◯ Refused
◯ No ◯ Don't know

[If NO, NOT PERMITTED TO ASK, REFUSED, OR DON'T KNOW, SKIP TO F4]

[IF YES] Altogether, how many:

		Contacts	RF	DK
a.	Sexual contacts (vaginal, oral, or anal) did you have?	|____|	☐	☐
b.	Unprotected sexual contacts did you have? [THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]	|____|	☐	☐
c.	Unprotected sexual contacts were with an individual who is or was [NONE OF THE VALUES IN F3c1–F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]			
1.	HIV positive or has AIDS	|____|	☐	☐
2.	An injection drug user	|____|	☐	☐
3.	High on some substance	|____|	☐	☐

4. Have you ever been tested for HIV?

◯ Yes ◯ Refused
◯ No **[SKIP TO F5.]** ◯ Don't know **[SKIP TO F5.]**

a. Do you know the results of your HIV testing?

☐ Yes ☐ No

5. How would you rate your quality of life?

◯ Very poor ◯ Good ◯ Don't know
◯ Poor ◯ Very good
◯ Neither poor nor good ◯ Refused

6. How satisfied are you with your health?

- ◯ Very dissatisfied
- ◯ Dissatisfied
- ◯ Neither satisfied nor dissatisfied
- ◯ Satisfied
- ◯ Very satisfied
- ◯ Refused
- ◯ Don't know

7. Do you have enough energy for everyday life?

- ◯ Not at all
- ◯ A little
- ◯ Moderately
- ◯ Mostly
- ◯ Completely
- ◯ Refused
- ◯ Don't know

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	|____|	☐	☐
b.	Experienced serious anxiety or tension	|____|	☐	☐
c.	Experienced hallucinations	|____|	☐	☐
d.	Experienced trouble understanding, concentrating, or remembering	|____|	☐	☐
e.	Experienced trouble controlling violent behavior	|____|	☐	☐
f.	Attempted suicide	|____|	☐	☐
g.	Been prescribed medication for psychological/emotional problem	| |	☐	☐

[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION F10, 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

F. VIOLENCE AND TRAUMA

Reported **BY CLIENT**

12. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?

○ Yes ○ No ○ Refused ○ Don't know

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F13.]

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

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 ○ More than a few times ○ Don't know
○ A few times ○ Refused

G. SOCIAL CONNECTEDNESS

Reported **BY CLIENT**

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a nonprofessional, peer-operated organization that is devoted to helping individuals who have addiction-related problems, such as Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?

◯ Yes [IF YES] SPECIFY HOW MANY TIMES |____| ◯ Refused ◯ Don't know
◯ No
◯ Refused
◯ Don't know

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

◯ Yes [IF YES] SPECIFY HOW MANY TIMES |____| ◯ Refused ◯ Don't know
◯ No
◯ Refused
◯ 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] SPECIFY HOW MANY TIMES |____| ◯ Refused ◯ Don't know
◯ No
◯ Refused
◯ 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.]

◯ No one
◯ Clergy member
◯ Family member
◯ Friends
◯ Refused
◯ Don't know
◯ Other (specify)_____

6. How satisfied are you with your personal relationships?

◯ Very dissatisfied
◯ Dissatisfied
◯ Neither satisfied nor dissatisfied
◯ Satisfied
◯ Very satisfied
◯ Refused
◯ Don't know

I. FOLLOW UP STATUS

Reported **BY PROGRAM STAFF ONLY at follow up**

1. What is the follow-up status of the client? [THIS IS A REQUIRED FIELD: NA, REFUSED, DON'T KNOW, AND MISSING WILL NOT BE ACCEPTED.]

- ☐ 01 = Deceased at time of due date
- ☐ 11 = Completed interview within specified window
- ☐ 12 = Completed interview outside specified window
- ☐ 21 = Located, but refused, unspecified
- ☐ 22 = Located, but unable to gain institutional access
- ☐ 23 = Located, but otherwise unable to gain access
- ☐ 24 = Located, but withdrawn from project
- ☐ 31 = Unable to locate, moved
- ☐ 32 = Unable to locate, other (Specify) _____

2. Is the client still receiving services from your program?

☐ Yes ☐ No

[IF THIS IS A FOLLOW-UP INTERVIEW, STOP NOW; THE INTERVIEW IS COMPLETE.]

J. DISCHARGE STATUS

Reported **BY PROGRAM STAFF ONLY at discharge**

1. On what date was the client discharged?

|____|____| / |____|____| / |____|____|____|____|

MONTH DAY YEAR

2. What is the client's discharge status?

☐ 01 = Completion/Graduate

☐ 02 = Termination

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

☐ 01 = Left on own against staff advice with satisfactory progress

☐ 02 = Left on own against staff advice without satisfactory progress

☐ 03 = Involuntarily discharged due to nonparticipation

☐ 04 = Involuntarily discharged due to violation of rules

☐ 05 = Referred to another program or other services with satisfactory progress

☐ 06 = Referred to another program or other services with unsatisfactory progress

☐ 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress

☐ 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress

☐ 09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress

☐ 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress

☐ 11 = Transferred to another facility for health reasons

☐ 12 = Death

☐ 13 = Other (Specify)_____

3. Did the program test this client for HIV?

☐ Yes **[SKIP TO SECTION K.]** ☐ No

4. [IF NO] Did the program refer this client for testing?

☐ Yes ☐ No

K. SERVICES RECEIVED

Reported **BY PROGRAM STAFF ONLY at discharge**

Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]

	Modality	Days
1.	Case Management	|___|___|___|
2.	Day Treatment	|___|___|___|
3.	Inpatient/Hospital (Other Than Detox)	|___|___|___|
4.	Outpatient	|___|___|___|
5.	Outreach	|___|___|___|
6.	Intensive Outpatient	|___|___|___|
7.	Methadone	|___|___|___|
8.	Residential/Rehabilitation	|___|___|___|
9.	Detoxification (Select Only One):	Days
A.	Hospital Inpatient	|___|___|___|
B.	Free-Standing Residential	|___|___|___|
C.	Ambulatory Detoxification	|___|___|___|
10.	After Care	|___|___|___|
11.	Recovery Support	|___|___|___|
12.	Other (Specify)	|___|___|___|

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]

	Treatment Services	Sessions
1.	Screening	|___|___|___|
2.	Brief Intervention	|___|___|___|
3.	Brief Treatment	|___|___|___|
4.	Referral to Treatment	|___|___|___|
5.	Assessment	|___|___|___|
6.	Treatment/Recovery Planning	|___|___|___|
7.	Individual Counseling	|___|___|___|
8.	Group Counseling	|___|___|___|
9.	Family/Marriage Counseling	|___|___|___|
10.	Co-Occurring Treatment/Recovery Services	|___|___|___|
11.	Pharmacological Interventions	|___|___|___|
12.	HIV/AIDS Counseling	|___|___|___|
13.	Other Clinical Services (Specify)	|___|___|___|

	Case Management Services	Sessions
1.	Family Services (Including Marriage Education, Parenting, Child Development Services)	|___|___|___|
2.	Child Care	|___|___|___|
3.	Employment Service	|___|___|___|
A.	Pre-Employment	|___|___|___|
B.	Employment Coaching	|___|___|___|
4.	Individual Services Coordination	|___|___|___|
5.	Transportation	|___|___|___|
6.	HIV/AIDS Service	|___|___|___|
7.	Supportive Transitional Drug-Free Housing Services	|___|___|___|
8.	Other Case Management Services (Specify)	|___|___|___|

	Medical Services	Sessions
1.	Medical Care	|___|___|___|
2.	Alcohol/Drug Testing	|___|___|___|
3.	HIV/AIDS Medical Support and Testing	|___|___|___|
4.	Other Medical Services (Specify)	|___|___|___|

	After Care Services	Sessions
1.	Continuing Care	|___|___|___|
2.	Relapse Prevention	|___|___|___|
3.	Recovery Coaching	|___|___|___|
4.	Self-Help and Support Groups	|___|___|___|
5.	Spiritual Support	|___|___|___|

Sessions

6. Other After Care Services (Specify) |___|___|___|

Education Services **Sessions**

1. Substance Abuse Education |___|___|___|
2. HIV/AIDS Education |___|___|___|
3. Other Education Services (Specify) |___|___|___|

Peer-to-Peer Recovery Support Services

Sessions

1. Peer Coaching or Mentoring |___|___|___|
2. Housing Support |___|___|___|
3. Alcohol- and Drug-Free Social Activities |___|___|___|
4. Information and Referral |___|___|___|
5. Other Peer-to-Peer Recovery Support Services (Specify) |___|___|___|