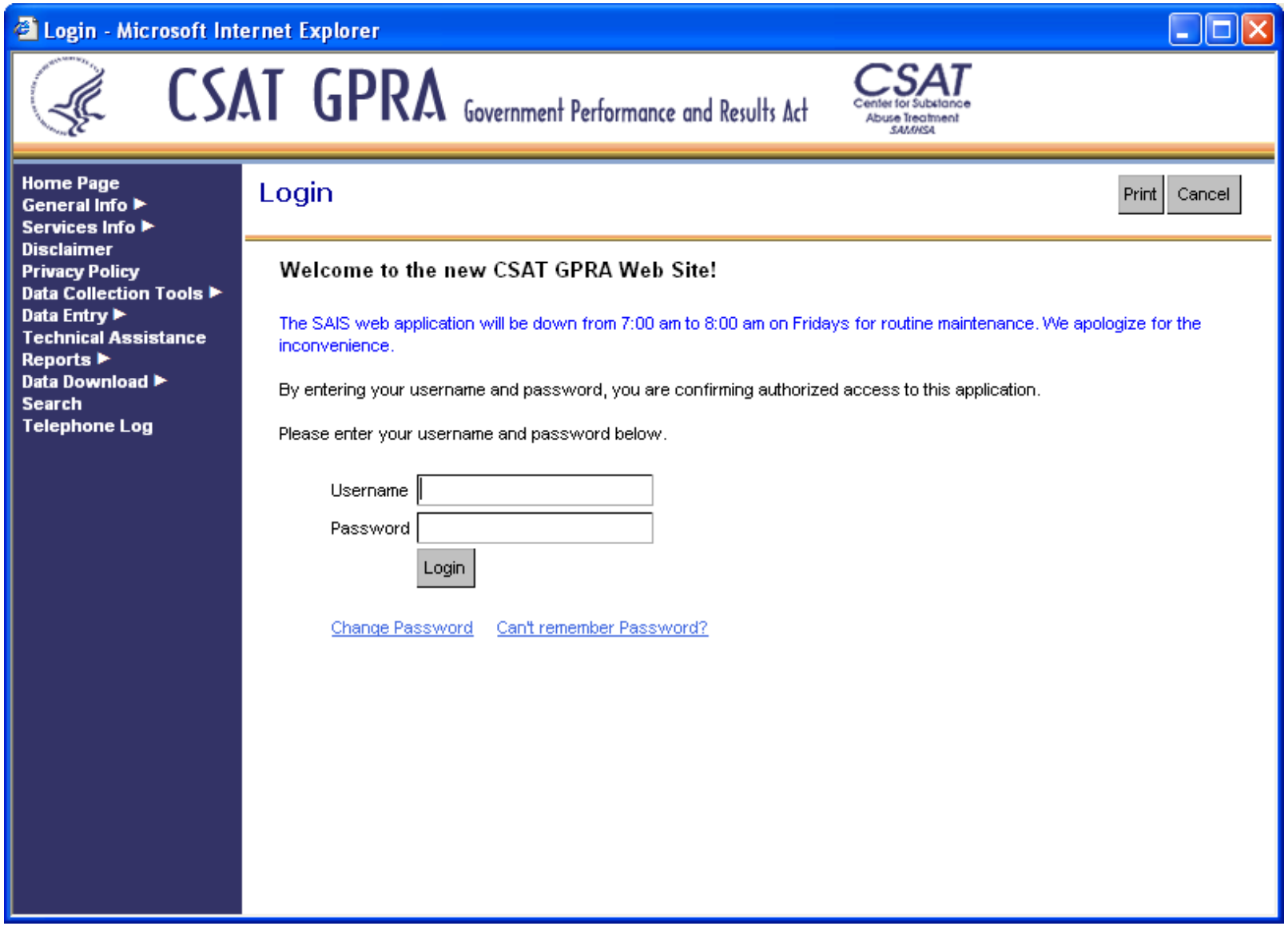
# Attachment 4

# GPRA Web-based Data Entry Screens


Login - Microsoft Internet Explorer
CSAT GPRA Government Performance and Results Act
CSAT
Center for Substance Abuse Treatment
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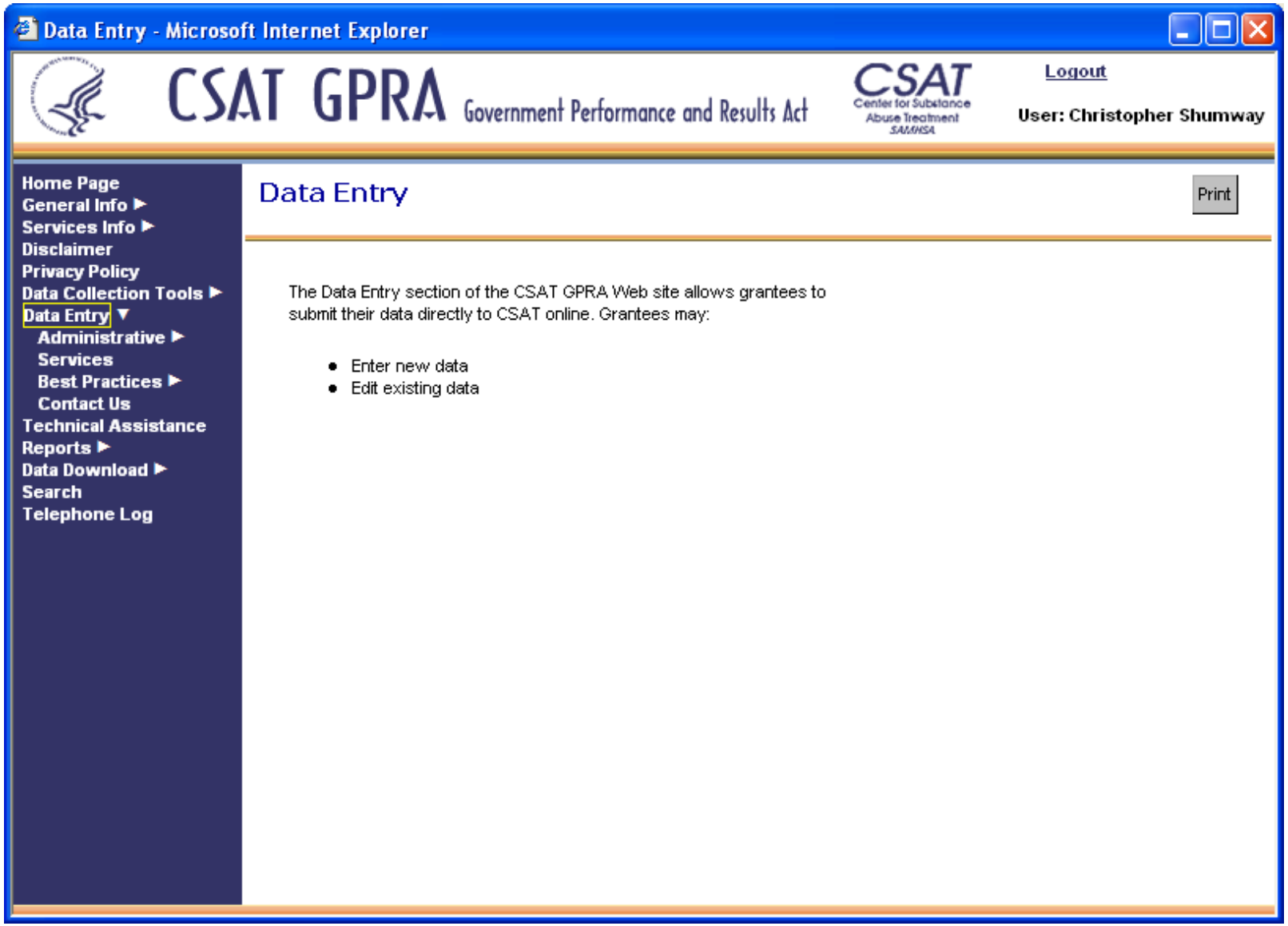
Welcome to the new CSAT GPRA Web Site!
The SAIS web application will be down from 7:00 am to 8:00 am on Fridays for routine maintenance. We apologize for the inconvenience.
By entering your username and password, you are confirming authorized access to this application.
Please enter your username and password below.
Username
Password
Login
Change Password
Can't remember Password?


Data Entry - Microsoft Internet Explorer
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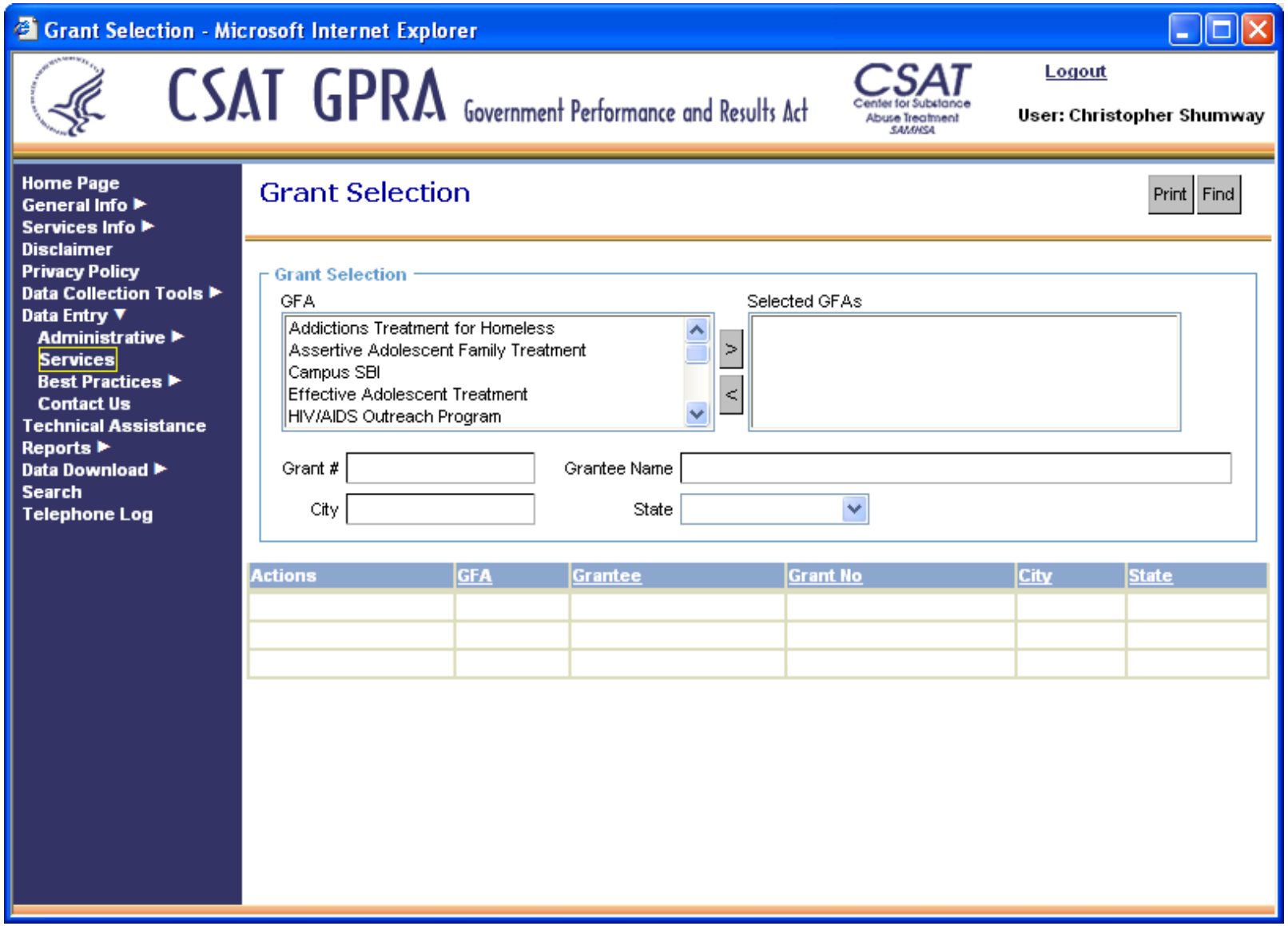
The Data Entry section of the CSAT GPRA Web site allows grantees to submit their data directly to CSAT online. Grantees may:
Enter new data
Edit existing data


Grant Selection - Microsoft Internet Explorer
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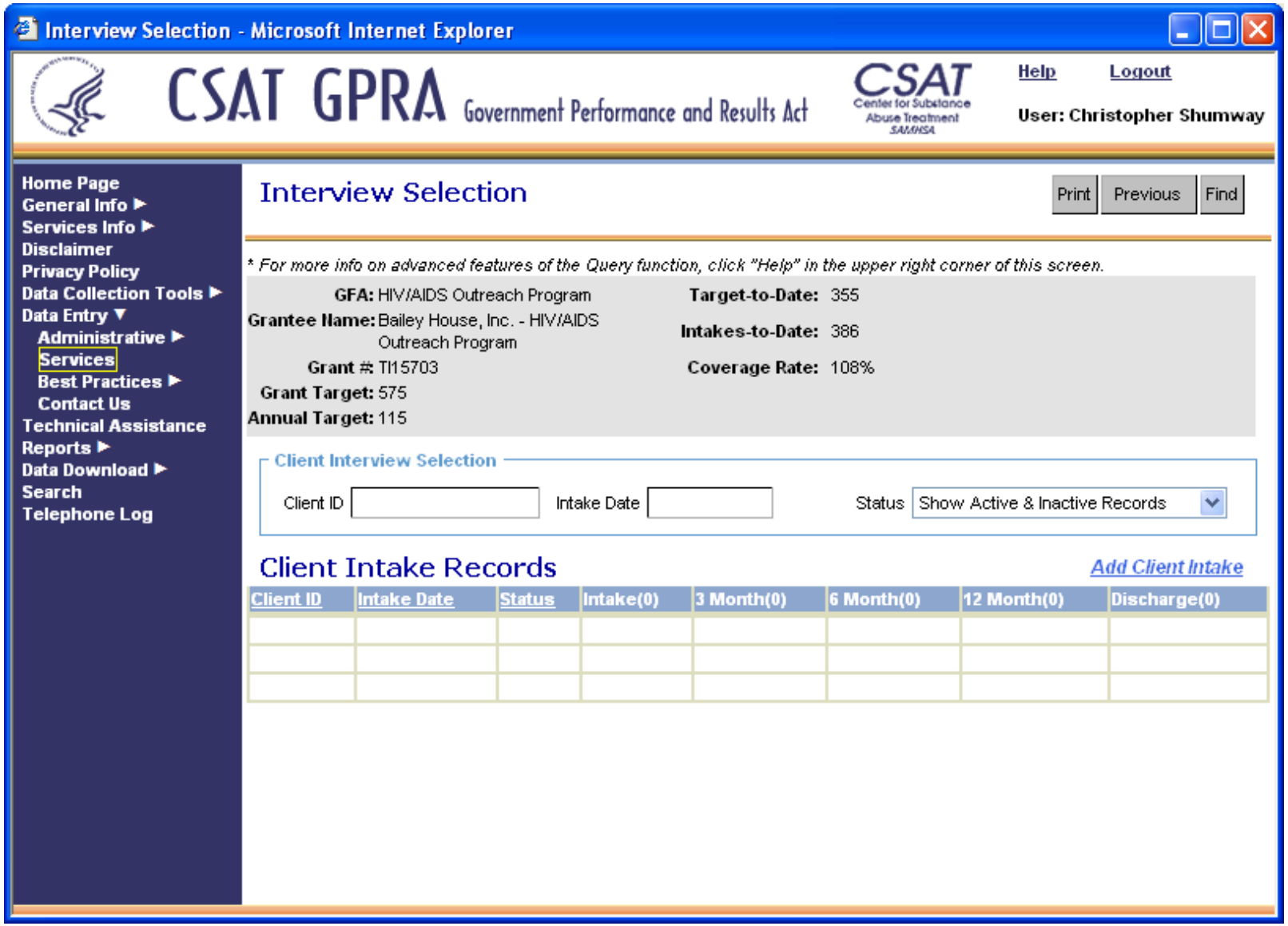
Assertive Adolescent Family Treatment
Campus SBI
Effective Adolescent Treatment
HIV/AIDS Outreach Program
Selected GFAs
Grant #
Grantee Name
City
State
Actions
GFA
Grantee
Grant No
City
State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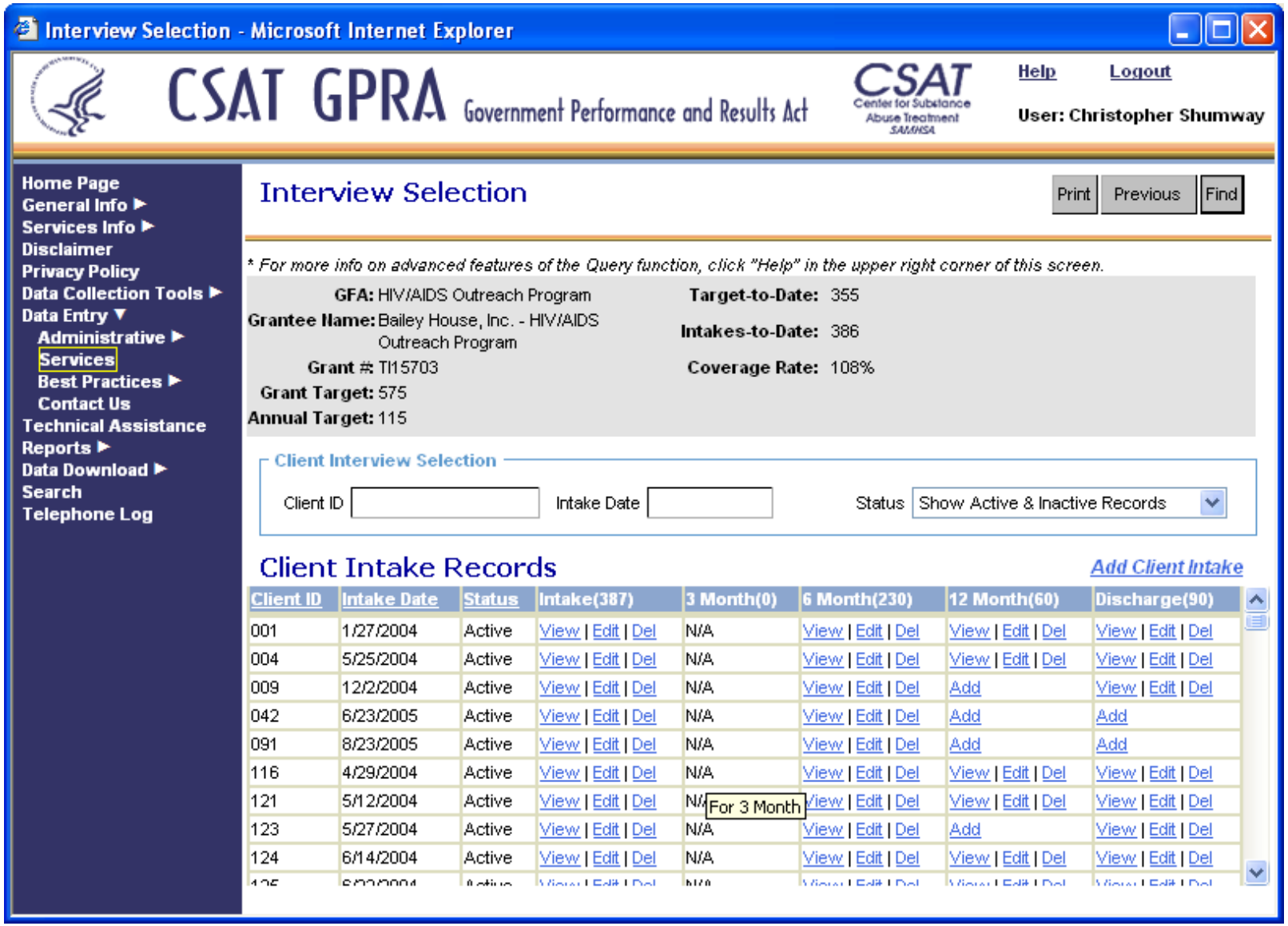
* For more info on advanced features of the Query function, click "Help" in the upper right corner of this screen.
GFA: HIV/AIDS Outreach Program
Grantee Name: Bailey House, Inc. - HIV/AIDS Outreach Program
Grant #: TI15703
Grant Target: 575
Annual Target: 115
Target-to-Date: 355
Intakes-to-Date: 386
Coverage Rate: 108%
Client Interview Selection
Client ID
Intake Date
Status
Show Active & Inactive Records
Client Intake Records
Add Client Intake
Client ID
Intake Date
Status
Intake(0)
3 Month(0)
6 Month(0)
12 Month(0)
Discharge(0)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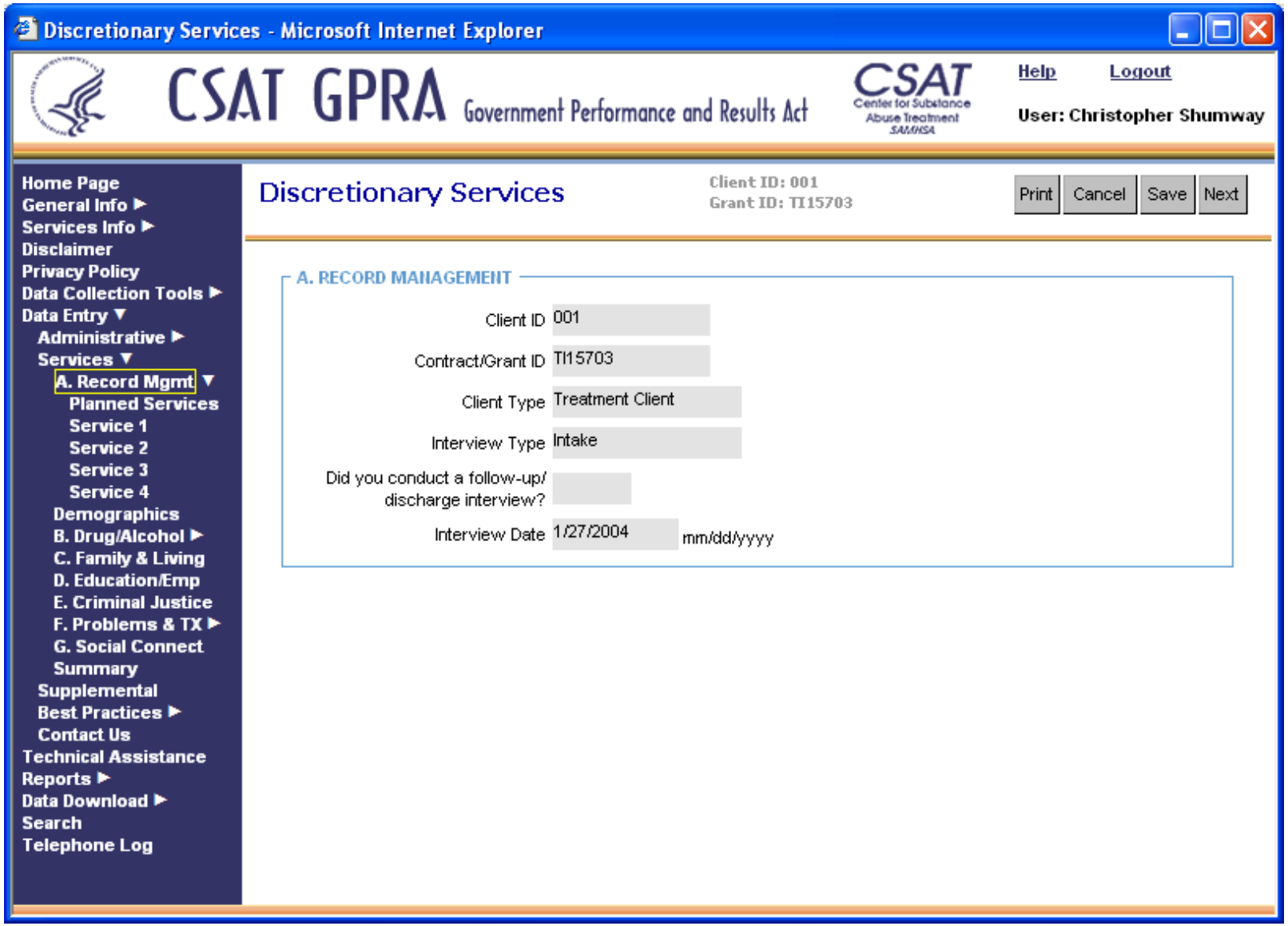
Target-to-Date: 355
Intakes-to-Date: 386
Coverage Rate: 108%
Client Interview Selection
Client ID
Intake Date
Status
Show Active & Inactive Records
Client Intake Records
Add Client Intake
Client ID | Intake Date | Status | Intake(387) | 3 Month(0) | 6 Month(230) | 12 Month(60) | Discharge(90)
001 | 1/27/2004 | Active | View | Edit | Del | N/A | View | Edit | Del | View | Edit | Del | View | Edit | Del
004 | 5/25/2004 | Active | View | Edit | Del | N/A | View | Edit | Del | View | Edit | Del | View | Edit | Del
009 | 12/2/2004 | Active | View | Edit | Del | N/A | View | Edit | Del | Add | View | Edit | Del
042 | 6/23/2005 | Active | View | Edit | Del | N/A | View | Edit | Del | Add | Add
091 | 8/23/2005 | Active | View | Edit | Del | N/A | View | Edit | Del | Add | Add
116 | 4/29/2004 | Active | View | Edit | Del | N/A | View | Edit | Del | View | Edit | Del | View | Edit | Del
121 | 5/12/2004 | Active | View | Edit | Del | N/A | View | Edit | Del | View | Edit | Del | View | Edit | Del
123 | 5/27/2004 | Active | View | Edit | Del | N/A | View | Edit | Del | Add | View | Edit | Del
124 | 6/14/2004 | Active | View | Edit | Del | N/A | View | Edit | Del | View | Edit | Del | View | Edit | Del
For 3 Month


Discretionary Services - Microsoft Internet Explorer
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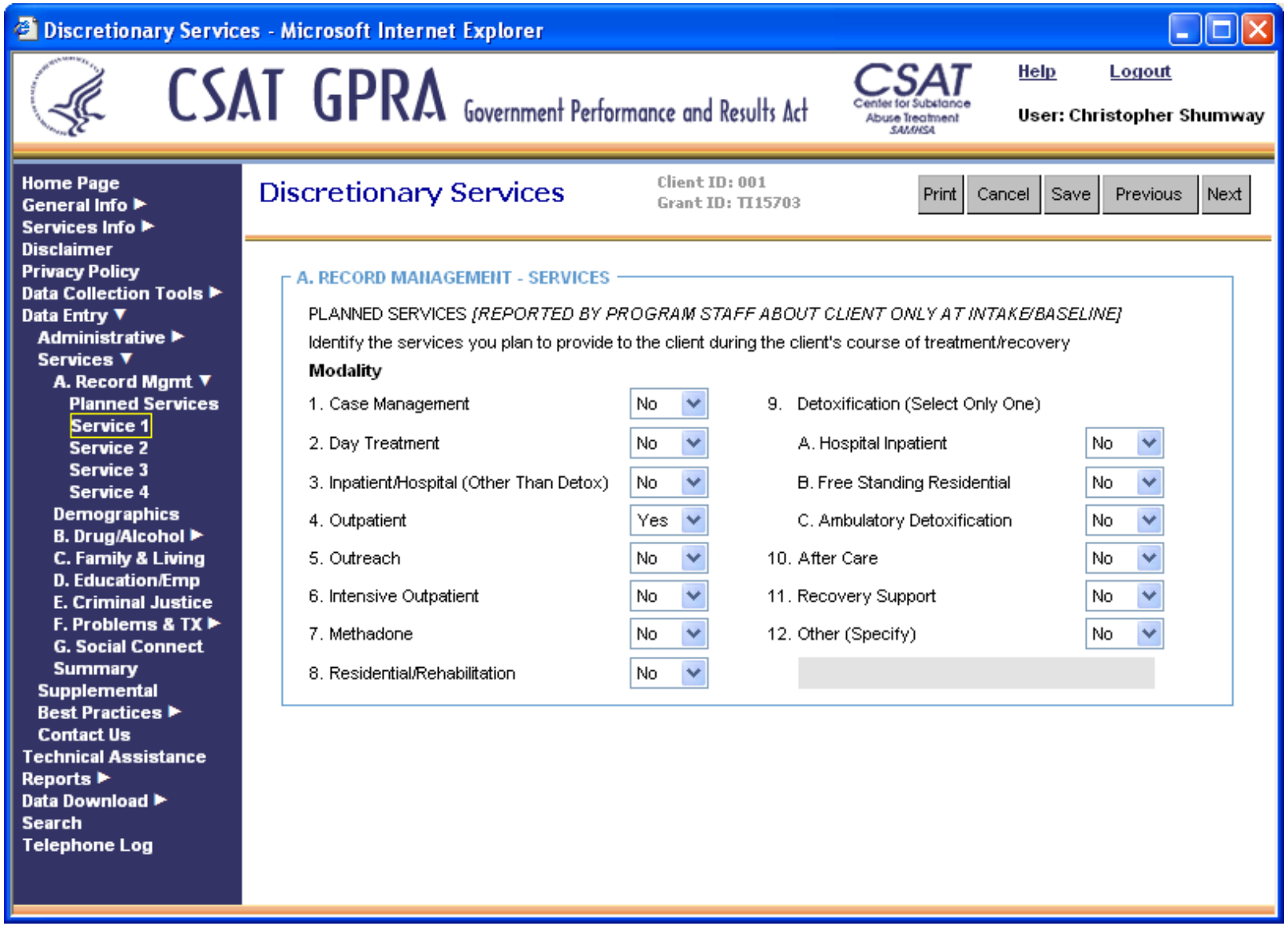
A. RECORD MANAGEMENT
Client ID 001
Contract/Grant ID TI15703
Client Type Treatment Client
Interview Type Intake
Did you conduct a follow-up/ discharge interview?
Interview Date 1/27/2004 mm/dd/yyyy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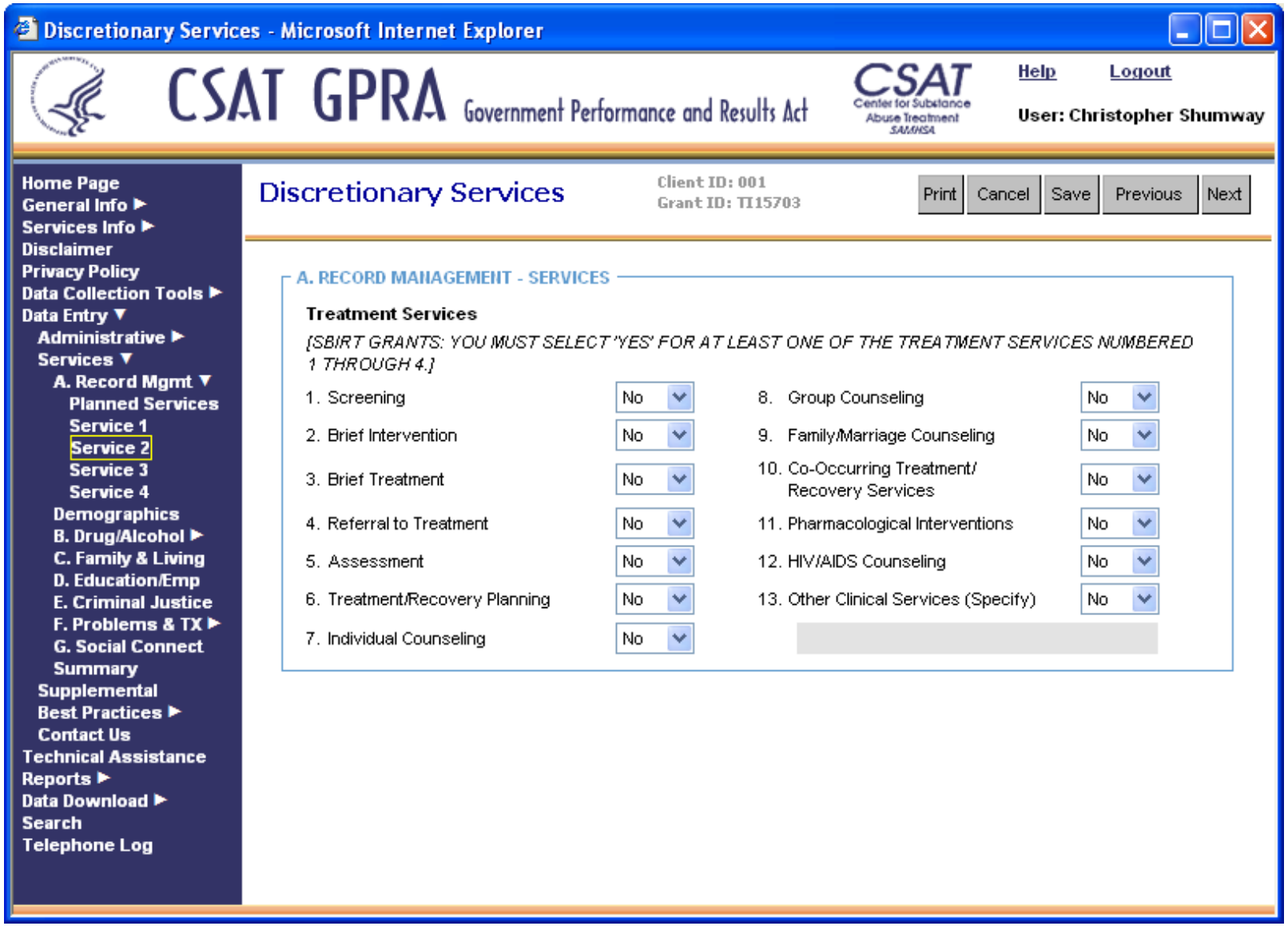
A. RECORD MANAGEMENT - SERVICES
PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE]
Identify the services you plan to provide to the client during the client's course of treatment/recovery
Modality
1. Case Management No
2. Day Treatment No
3. Inpatient/Hospital (Other Than Detox) No
4. Outpatient Yes
5. Outreach No
6. Intensive Outpatient No
7. Methadone No
8. Residential/Rehabilitation No
9. Detoxification (Select Only One)
A. Hospital Inpatient No
B. Free Standing Residential No
C. Ambulatory Detoxification No
10. After Care No
11. Recovery Support No
12. Other (Specify) No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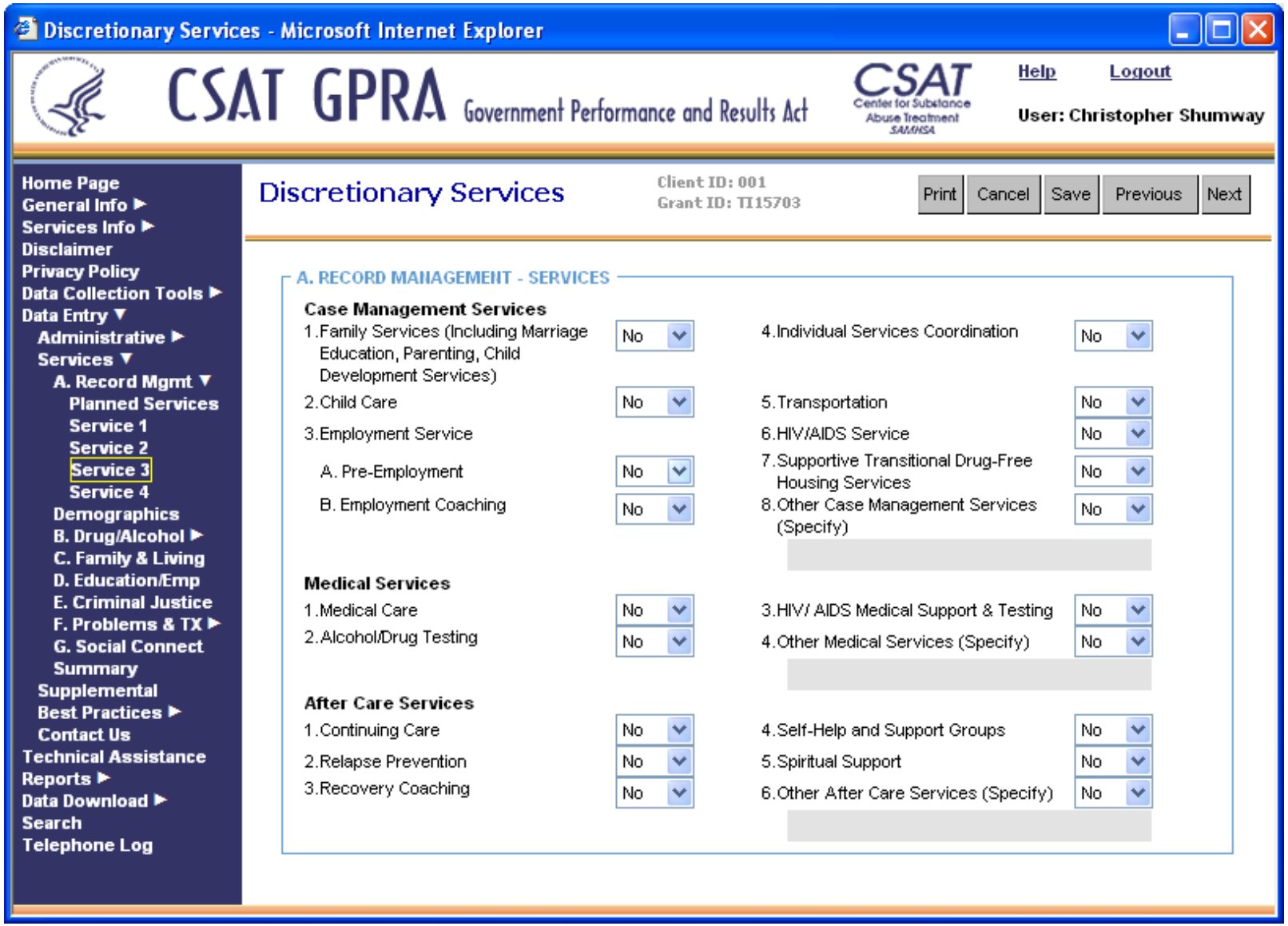
A. RECORD MANAGEMENT - SERVICES
Treatment Services
[SBIRT GRANTS: YOU MUST SELECT 'YES' FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]
1. Screening No
2. Brief Intervention No
3. Brief Treatment No
4. Referral to Treatment No
5. Assessment No
6. Treatment/Recovery Planning No
7. Individual Counseling No
8. Group Counseling No
9. Family/Marriage Counseling No
10. Co-Occurring Treatment/ Recovery Services No
11. Pharmacological Interventions No
12. HIV/AIDS Counseling No
13. Other Clinical Services (Specify) No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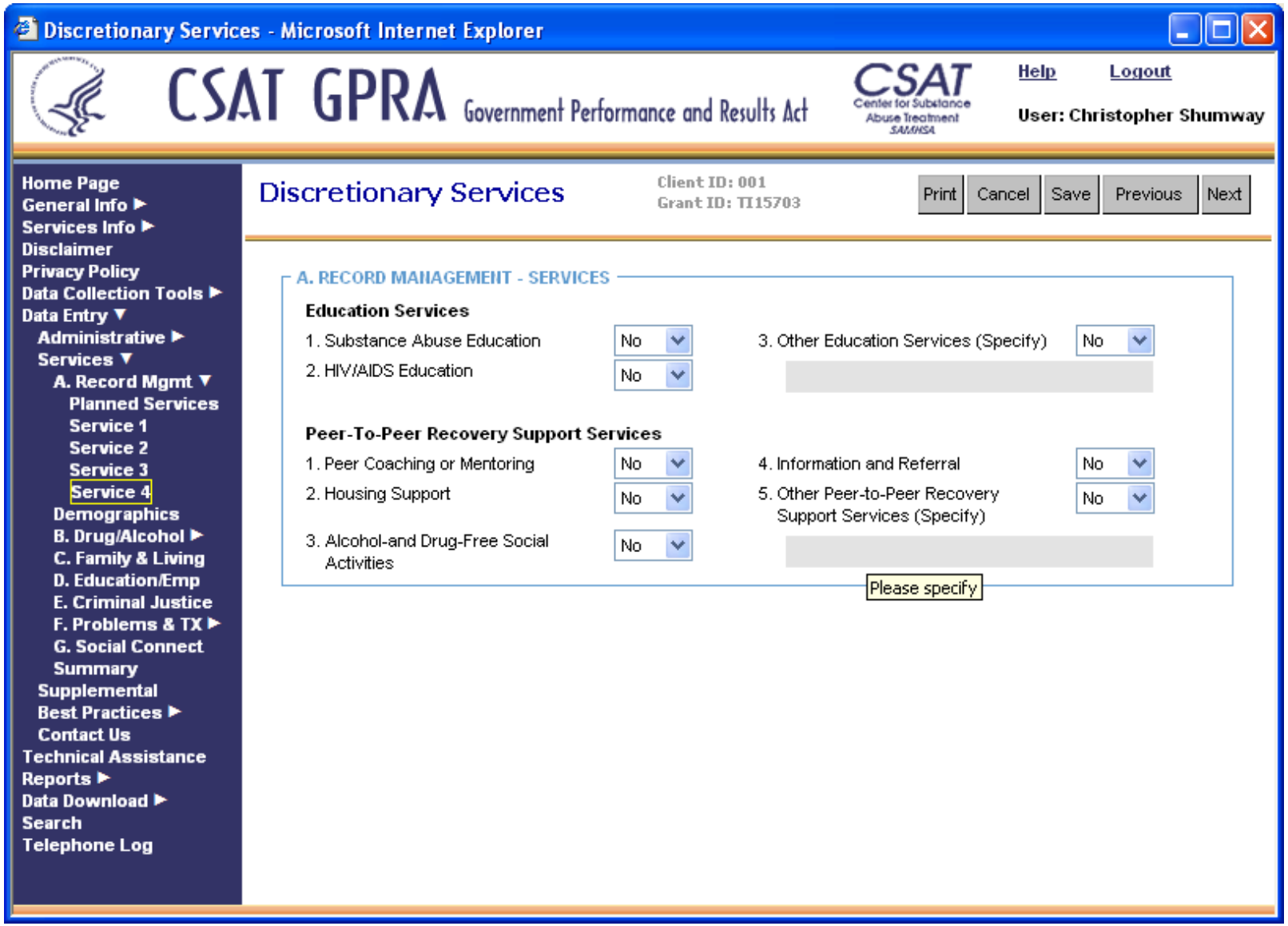
A. RECORD MANAGEMENT - SERVICES
Case Management Services
1.Family Services (Including Marriage Education, Parenting, Child Development Services) No
2.Child Care No
3.Employment Service
A. Pre-Employment No
B. Employment Coaching No
4.Individual Services Coordination No
5.Transportation No
6.HIV/AIDS Service No
7.Supportive Transitional Drug-Free Housing Services No
8.Other Case Management Services (Specify) No
Medical Services
1.Medical Care No
2.Alcohol/Drug Testing No
3.HIV/ AIDS Medical Support & Testing No
4.Other Medical Services (Specify) No
After Care Services
1.Continuing Care No
2.Relapse Prevention No
3.Recovery Coaching No
4.Self-Help and Support Groups No
5.Spiritual Support No
6.Other After Care Services (Specify) No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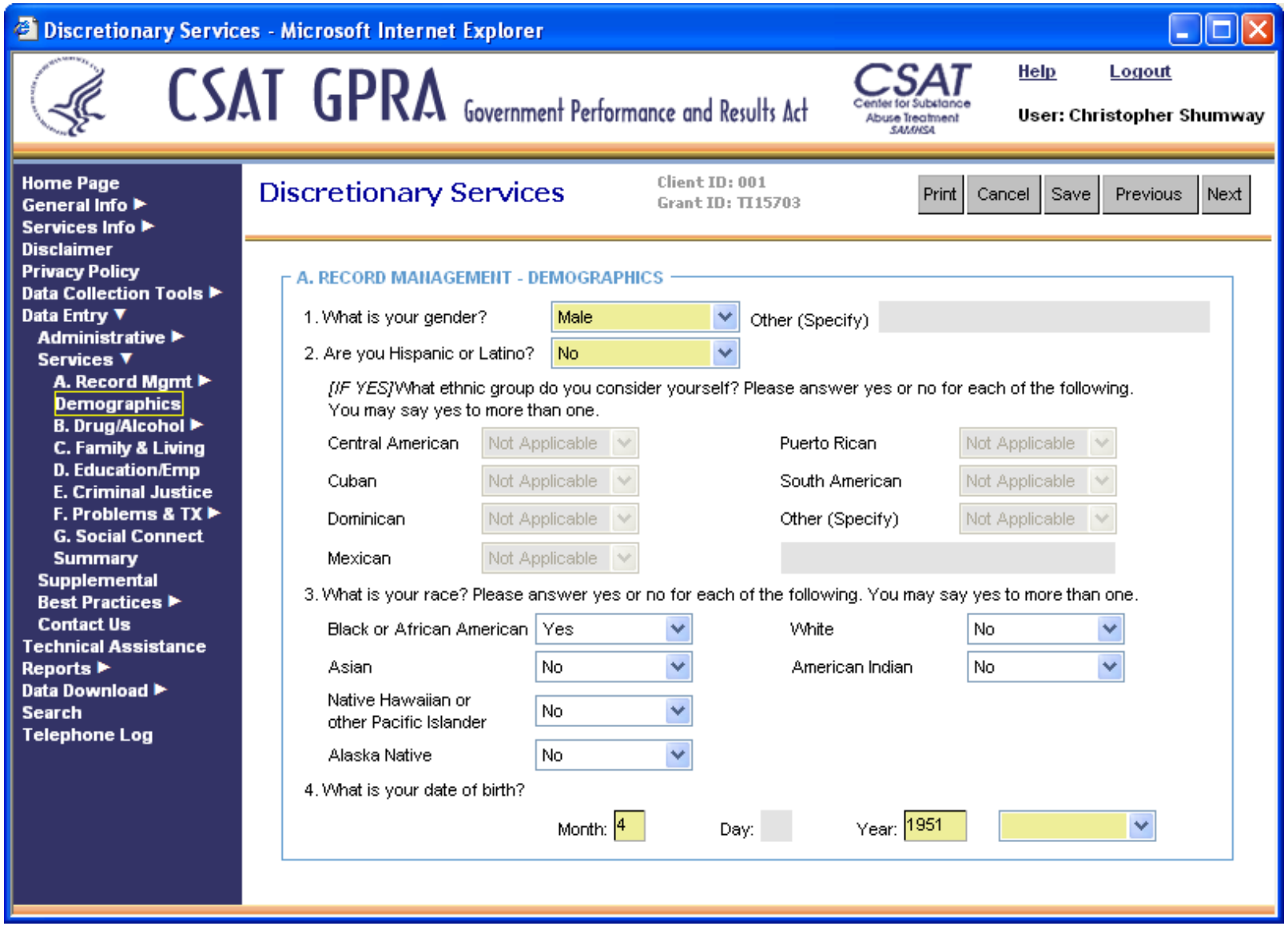
A. RECORD MANAGEMENT - SERVICES
Education Services
1. Substance Abuse Education
No
2. HIV/AIDS Education
No
3. Other Education Services (Specify)
No
Peer-To-Peer Recovery Support Services
1. Peer Coaching or Mentoring
No
2. Housing Support
No
3. Alcohol-and Drug-Free Social Activities
No
4. Information and Referral
No
5. Other Peer-to-Peer Recovery Support Services (Specify)
No
Please specify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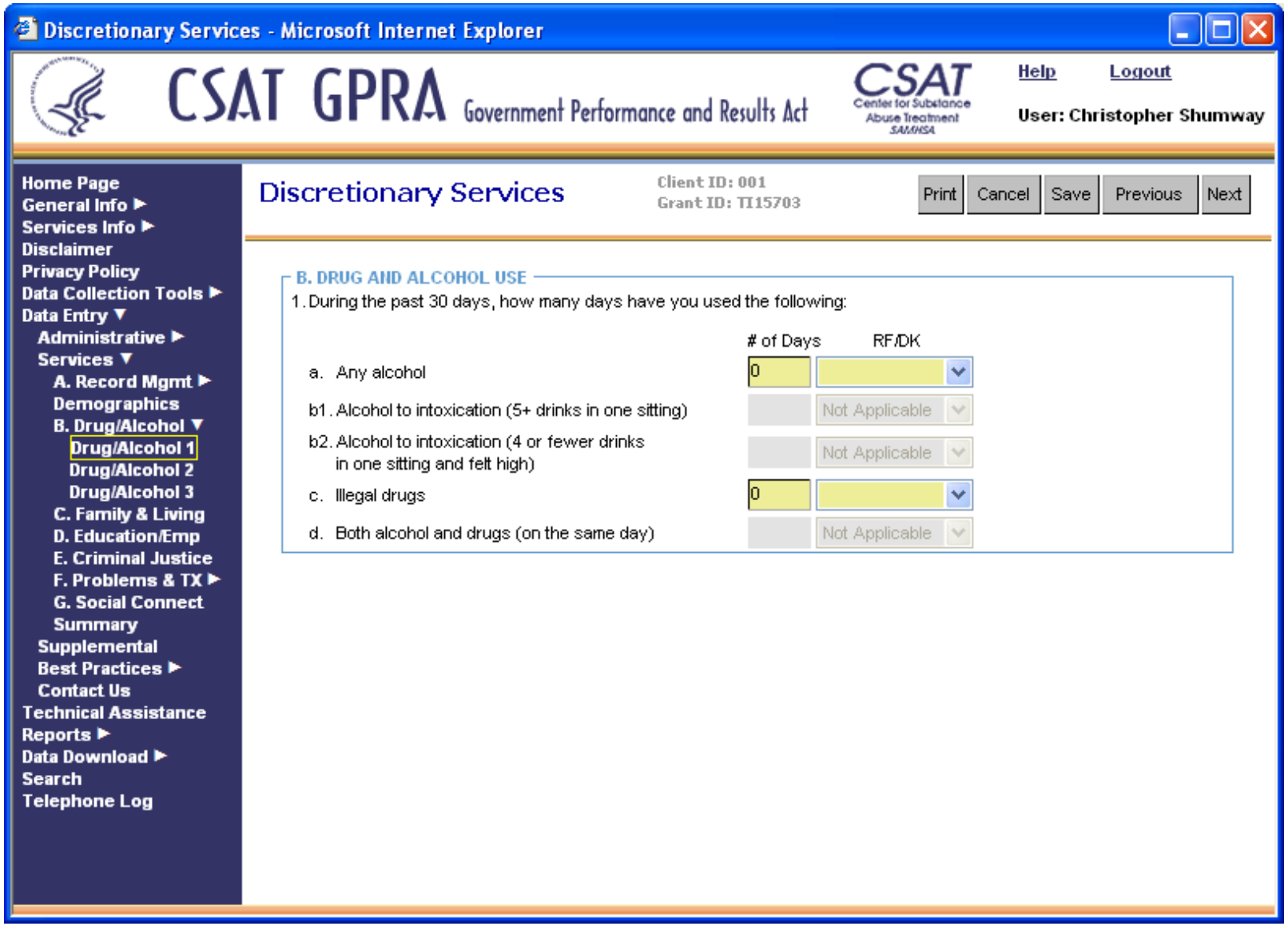
A. RECORD MANAGEMENT - DEMOGRAPHICS
1. What is your gender? Male
Other (Specify)
2. Are you Hispanic or Latino? No
[IF YES]What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.
Central American Not Applicable
Cuban Not Applicable
Dominican Not Applicable
Mexican Not Applicable
Puerto Rican Not Applicable
South American Not Applicable
Other (Specify) Not Applicable
3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.
Black or African American Yes
Asian No
Native Hawaiian or other Pacific Islander No
Alaska Native No
White No
American Indian No
4. What is your date of birth?
Month: 4
Day:
Year: 1951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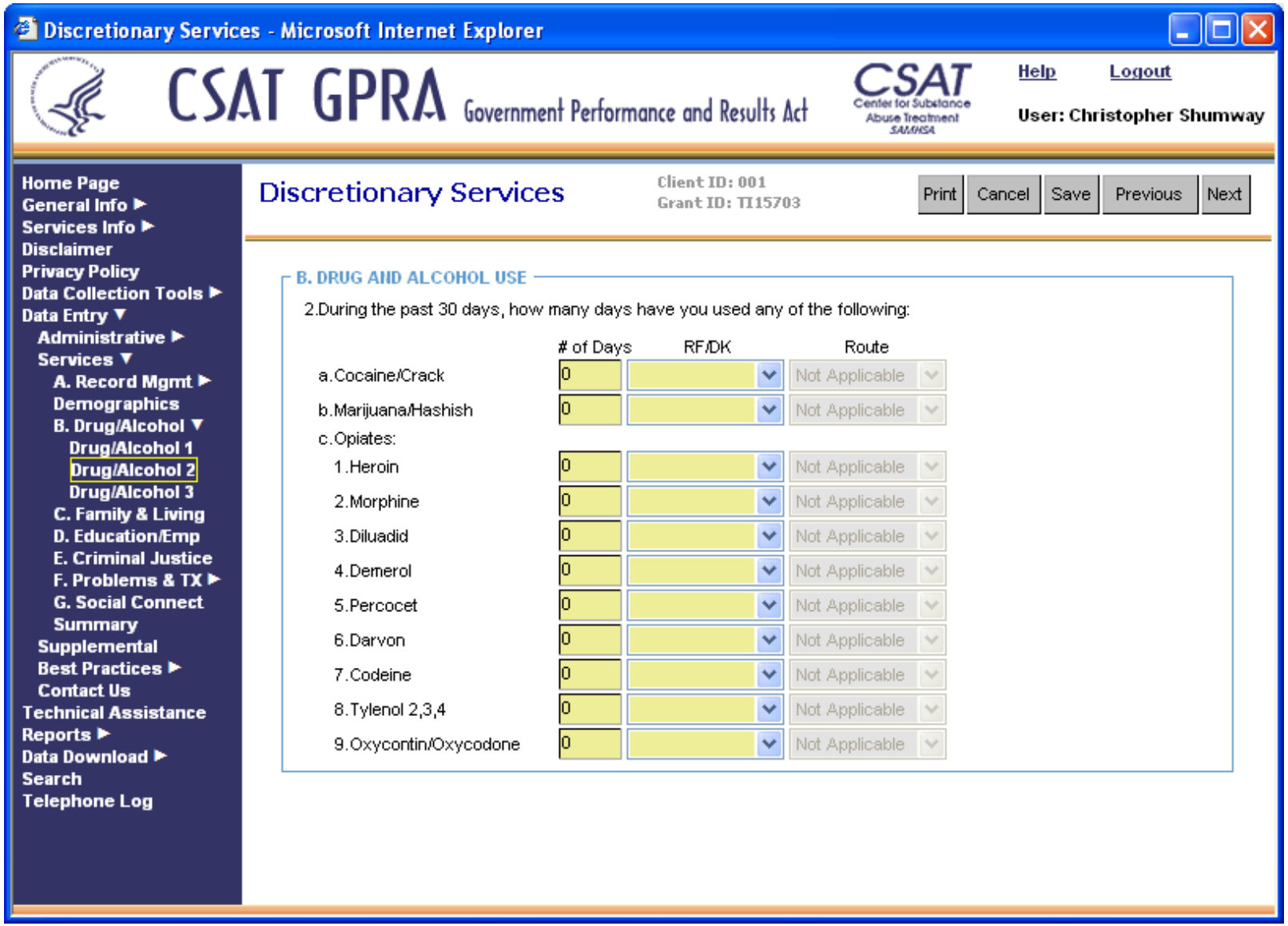
B. DRUG AND ALCOHOL USE
1. During the past 30 days, how many days have you used the following:
# of Days
RF/DK
a. Any alcohol
0
b1. Alcohol to intoxication (5+ drinks in one sitting)
Not Applicable
b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)
Not Applicable
c. Illegal drugs
0
d. Both alcohol and drugs (on the same day)
Not Applicable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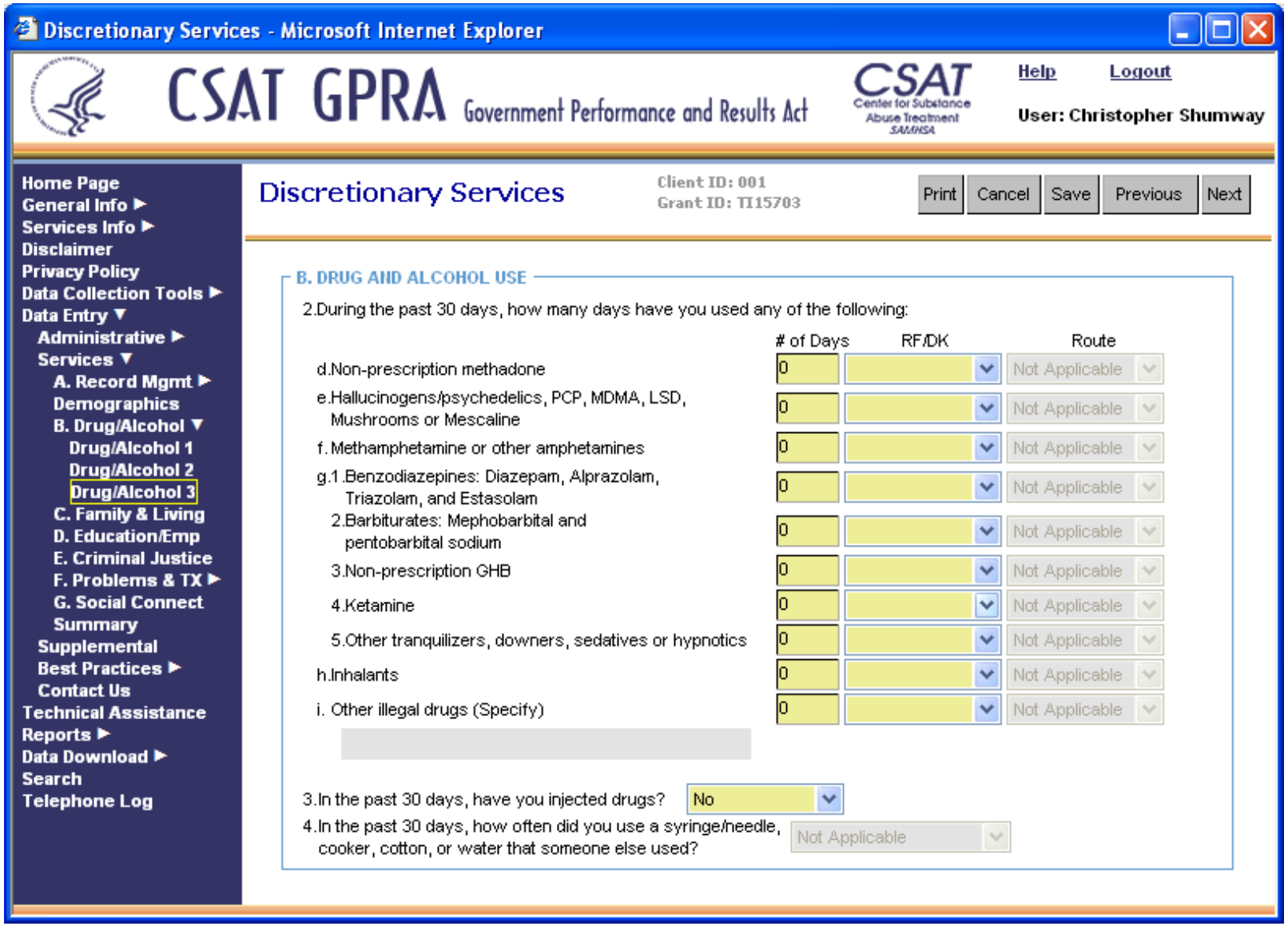
B. DRUG AND ALCOHOL USE
2.During the past 30 days, how many days have you used any of the following:
# of Days
RF/DK
Route
a.Cocaine/Crack
b.Marijuana/Hashish
c.Opiates:
1.Heroin
2.Morphine
3.Diluadid
4.Demerol
5.Percocet
6.Darvon
7.Codeine
8.Tylenol 2,3,4
9.Oxycontin/Oxycodone
0
Not Applicable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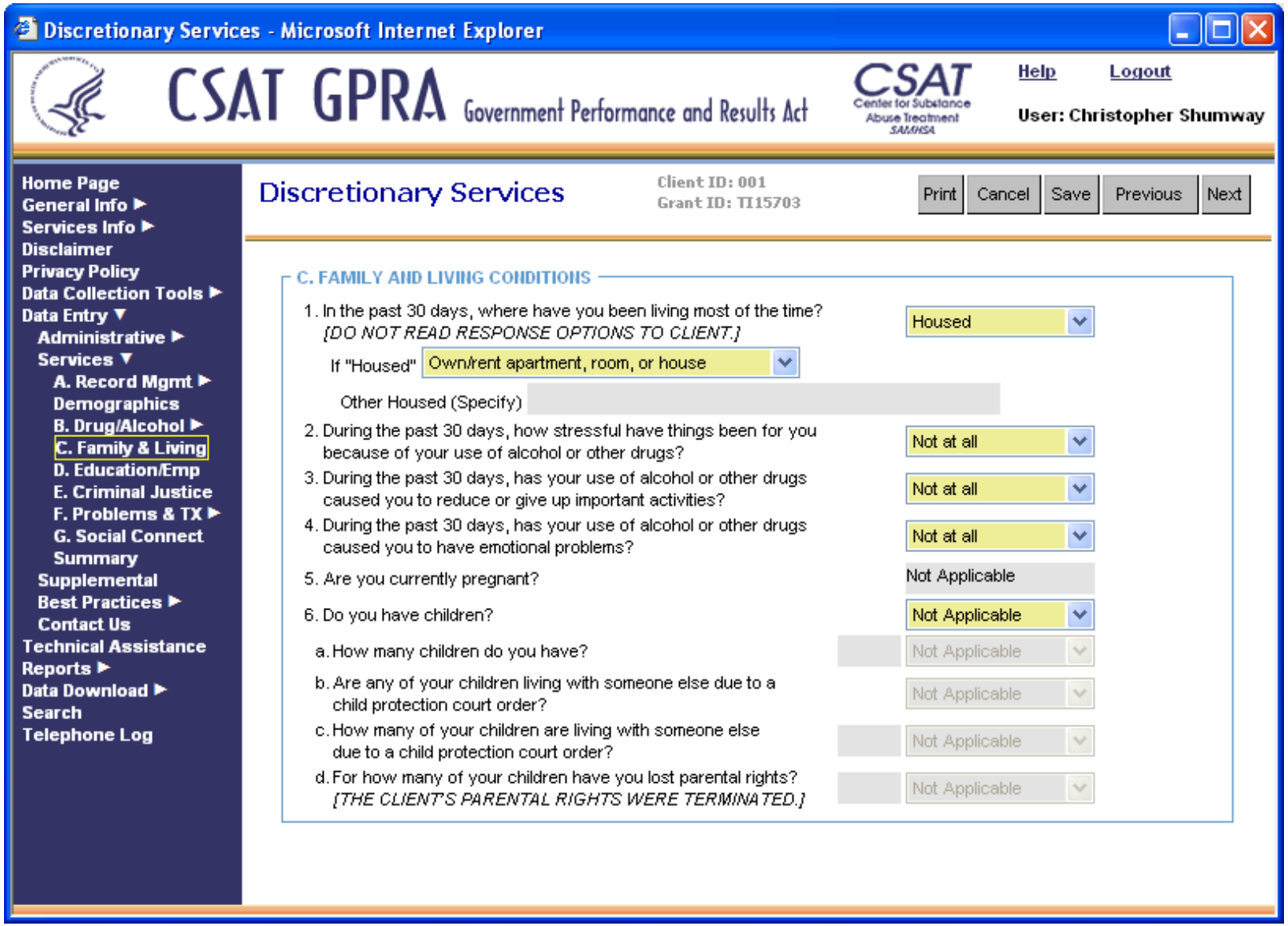
B. DRUG AND ALCOHOL USE
2.During the past 30 days, how many days have you used any of the following:
# of Days
RF/DK
Route
d.Non-prescription methadone
e.Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms or Mescaline
f. Methamphetamine or other amphetamines
g.1.Benzodiazepines: Diazepam, Alprazolam, Triazolam, and Estasolam
2.Barbiturates: Mephobarbital and pentobarbital sodium
3.Non-prescription GHB
4.Ketamine
5.Other tranquilizers, downers, sedatives or hypnotics
h.Inhalants
i. Other illegal drugs (Specify)
0
Not Applicable
3.In the past 30 days, have you injected drugs?
No
4.In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?
Not Applicable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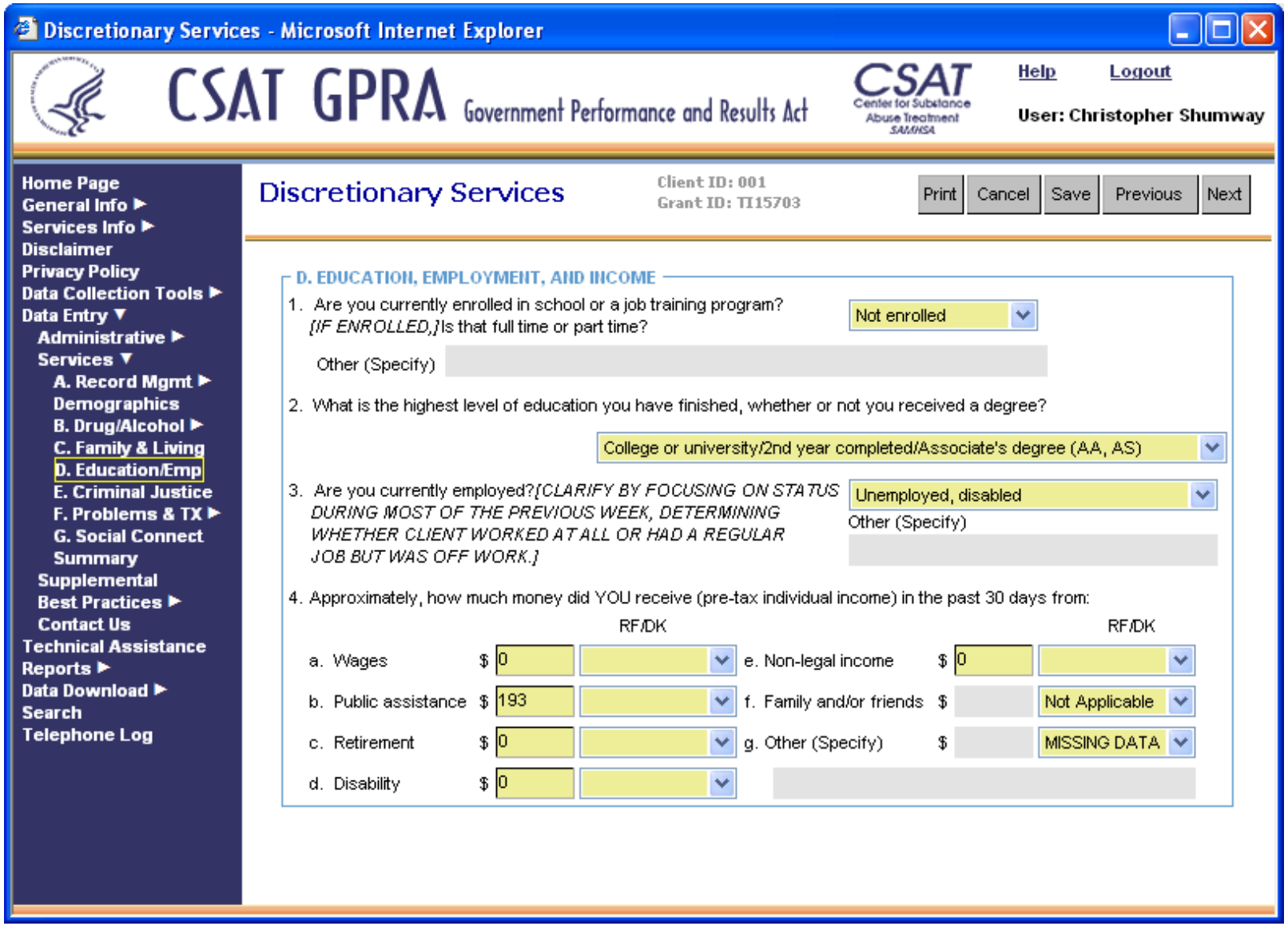
C. FAMILY AND LIVING CONDITIONS
1. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]
Housed
If "Housed"
Own/rent apartment, room, or house
Other Housed (Specify)
2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?
Not at all
3. 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
4. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?
Not at all
5. Are you currently pregnant?
Not Applicable
6. Do you have children?
Not Applicable
a. How many children do you have?
Not Applicable
b. Are any of your children living with someone else due to a child protection court order?
Not Applicable
c. How many of your children are living with someone else due to a child protection court order?
Not Applicable
d. For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.]
Not Applicable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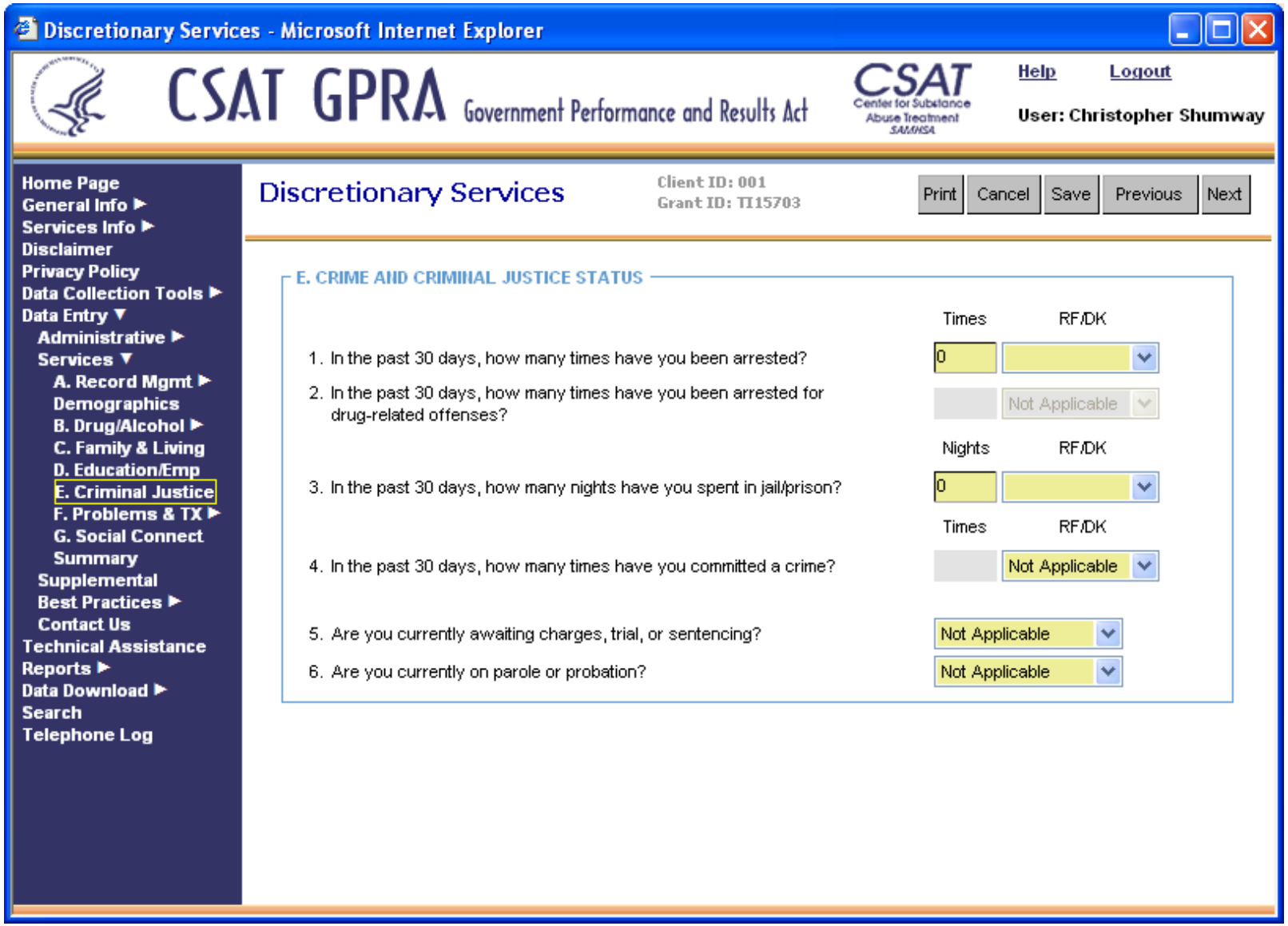
D. EDUCATION, EMPLOYMENT, AND INCOME
1. Are you currently enrolled in school or a job training program? [IF ENROLLED,] Is that full time or part time?
Not enrolled
Other (Specify)
2. What is the highest level of education you have finished, whether or not you received a degree?
College or university/2nd year completed/Associate's degree (AA, AS)
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.]
Unemployed, disabled
Other (Specify)
4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from:
RF/DK
a. Wages $ 0
b. Public assistance $ 193
c. Retirement $ 0
d. Disability $ 0
e. Non-legal income $ 0
f. Family and/or friends $
Not Applicable
g. Other (Specify) $
MISSING DATA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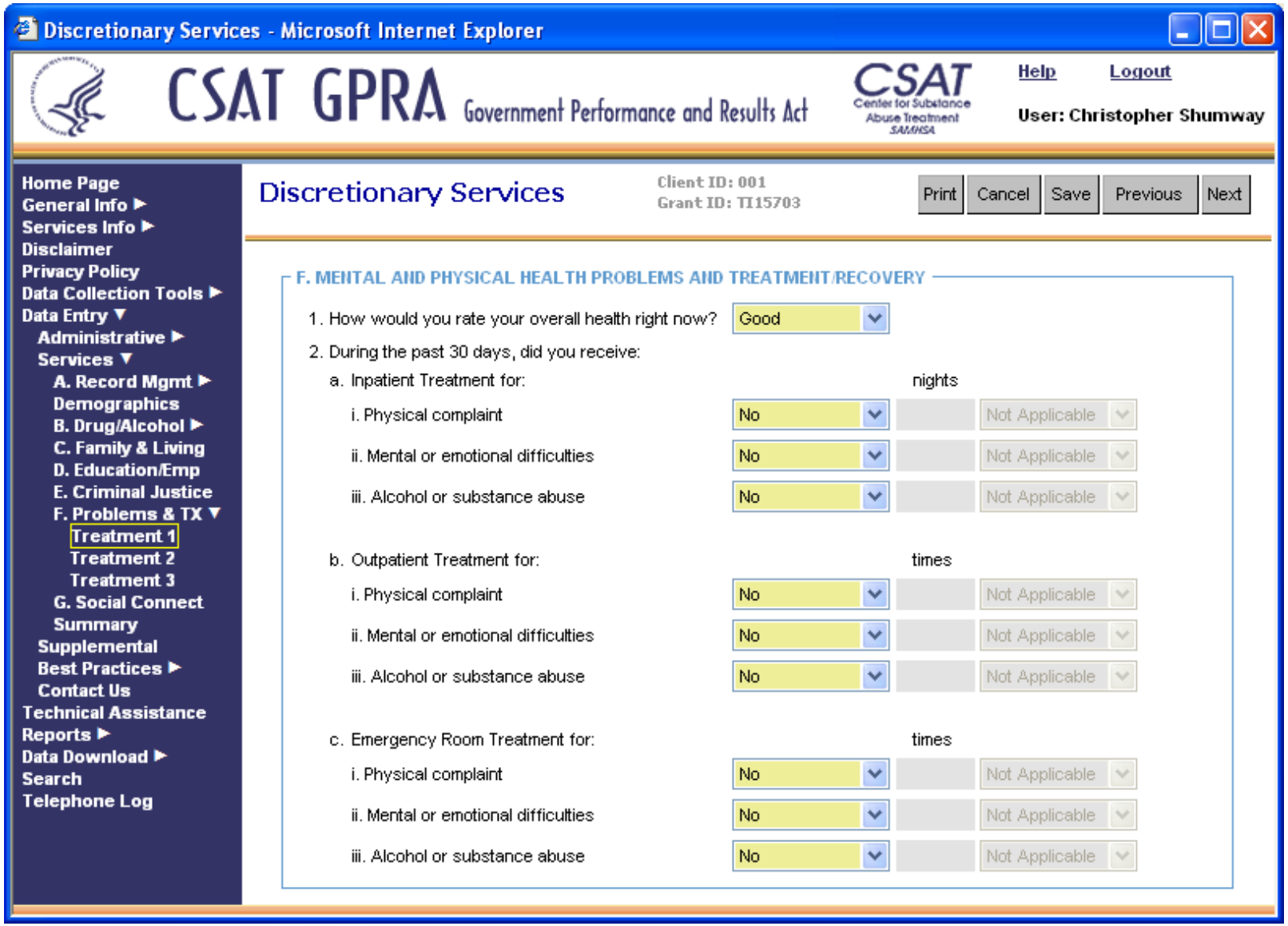
E. CRIME AND CRIMINAL JUSTICE STATUS
Times
RF/DK
1. In the past 30 days, how many times have you been arrested?
0
2. In the past 30 days, how many times have you been arrested for drug-related offenses?
Not Applicable
Nights
RF/DK
3. In the past 30 days, how many nights have you spent in jail/prison?
0
Times
RF/DK
4. In the past 30 days, how many times have you committed a crime?
Not Applicable
5. Are you currently awaiting charges, trial, or sentencing?
Not Applicable
6. Are you currently on parole or probation?
Not Applicable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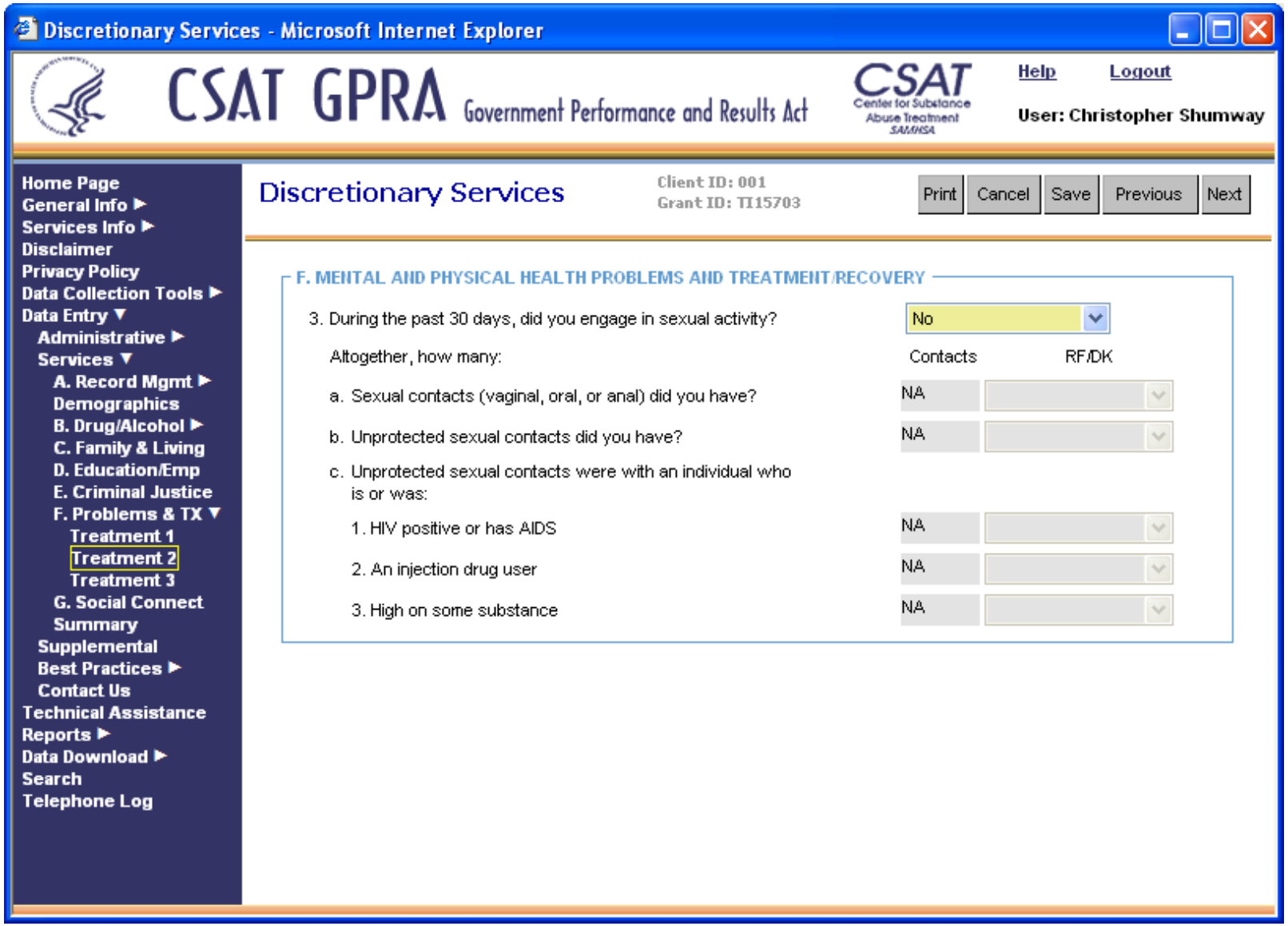
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY
1. How would you rate your overall health right now? Good
2. During the past 30 days, did you receive:
a. Inpatient Treatment for: nights
i. Physical complaint No Not Applicable
ii. Mental or emotional difficulties No Not Applicable
iii. Alcohol or substance abuse No Not Applicable
b. Outpatient Treatment for: times
i. Physical complaint No Not Applicable
ii. Mental or emotional difficulties No Not Applicable
iii. Alcohol or substance abuse No Not Applicable
c. Emergency Room Treatment for: times
i. Physical complaint No Not Applicable
ii. Mental or emotional difficulties No Not Applicable
iii. Alcohol or substance abuse No Not Applicable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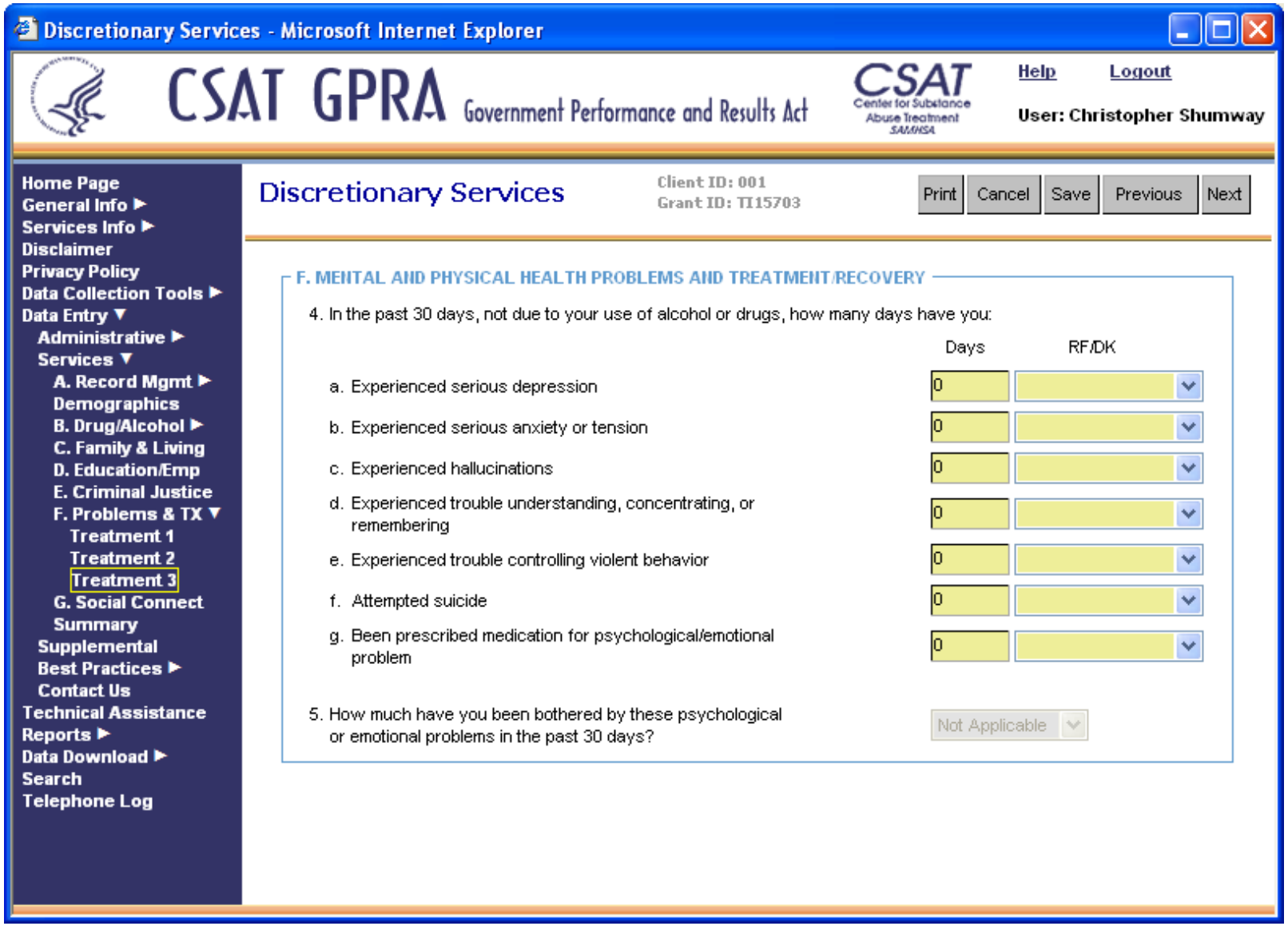
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY
3. During the past 30 days, did you engage in sexual activity?
No
Altogether, how many:
Contacts
RF/DK
a. Sexual contacts (vaginal, oral, or anal) did you have?
NA
b. Unprotected sexual contacts did you have?
NA
c. Unprotected sexual contacts were with an individual who is or was:
1. HIV positive or has AIDS
NA
2. An injection drug user
NA
3. High on some substance
NA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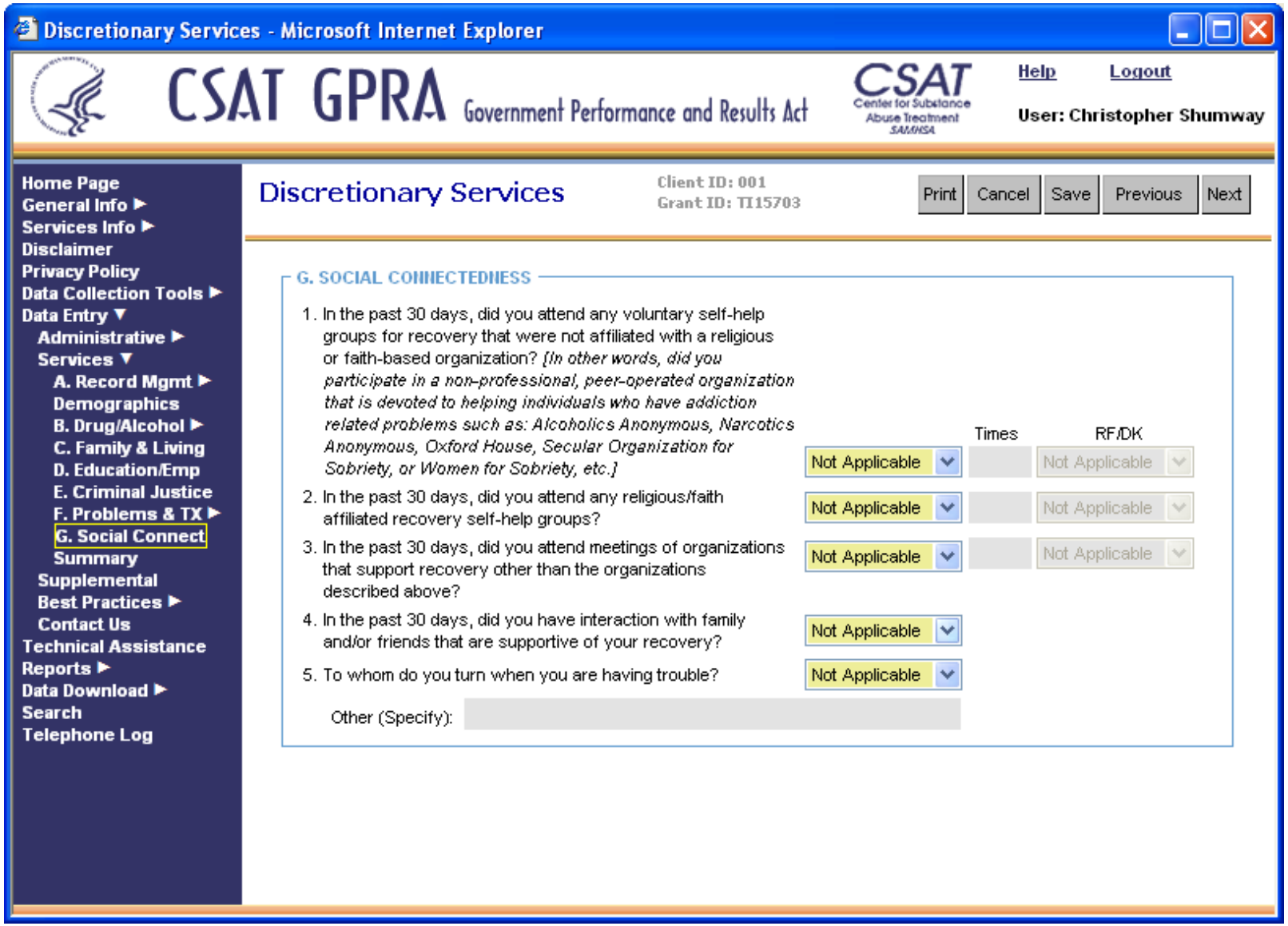
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY
4. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:
Days
RF/DK
a. Experienced serious depression
0
b. Experienced serious anxiety or tension
0
c. Experienced hallucinations
0
d. Experienced trouble understanding, concentrating, or remembering
0
e. Experienced trouble controlling violent behavior
0
f. Attempted suicide
0
g. Been prescribed medication for psychological/emotional problem
0
5. How much have you been bothered by these psychological or emotional problems in the past 30 days?
Not Applicable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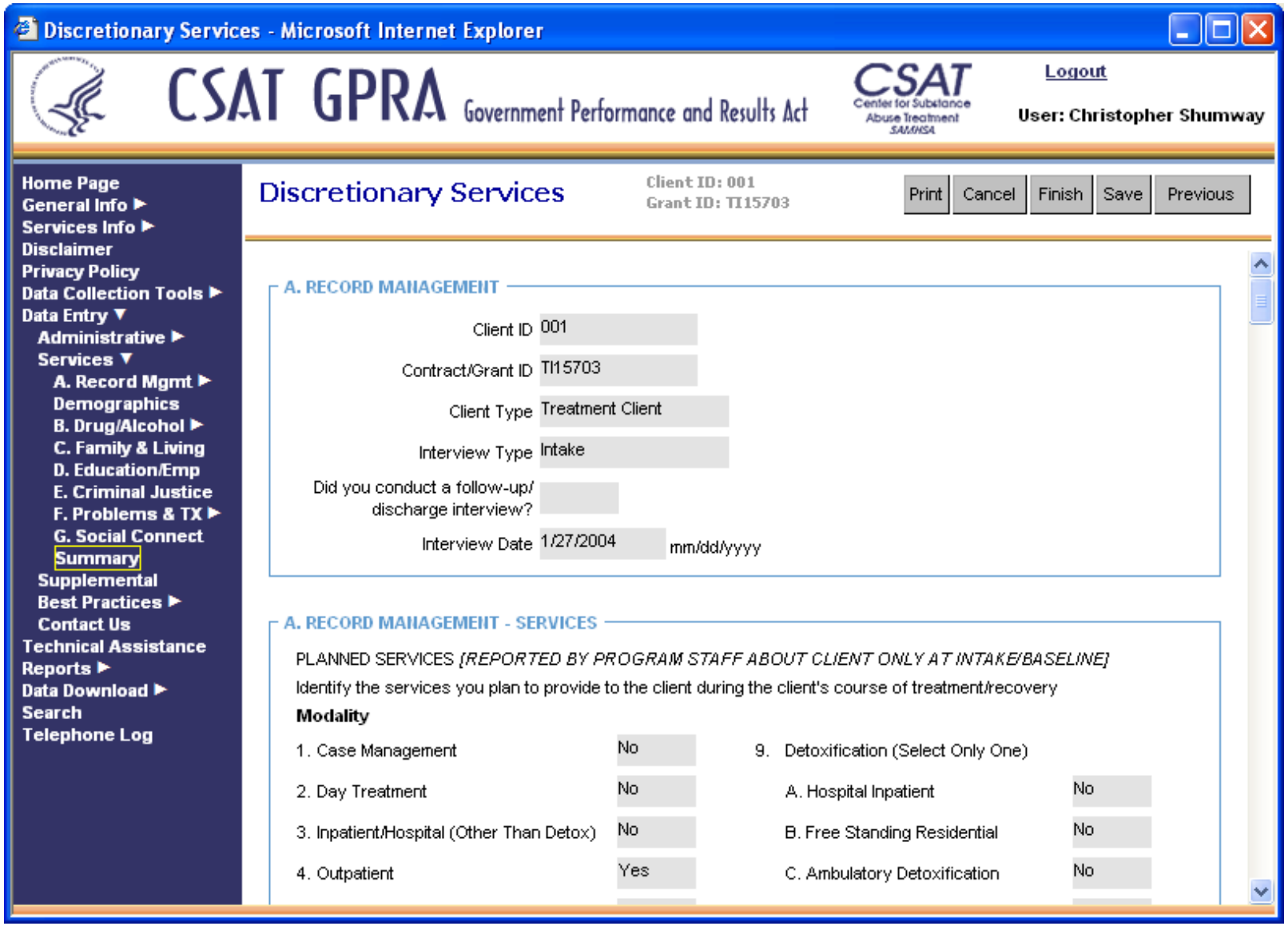
G. SOCIAL CONNECTEDNESS
1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? [In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.]
Times
RF/DK
Not Applicable
Not Applicable
2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?
Not Applicable
Not Applicable
3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?
Not Applicable
Not Applicable
4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?
Not Applicable
5. To whom do you turn when you are having trouble?
Not Applicable
Other (Specify):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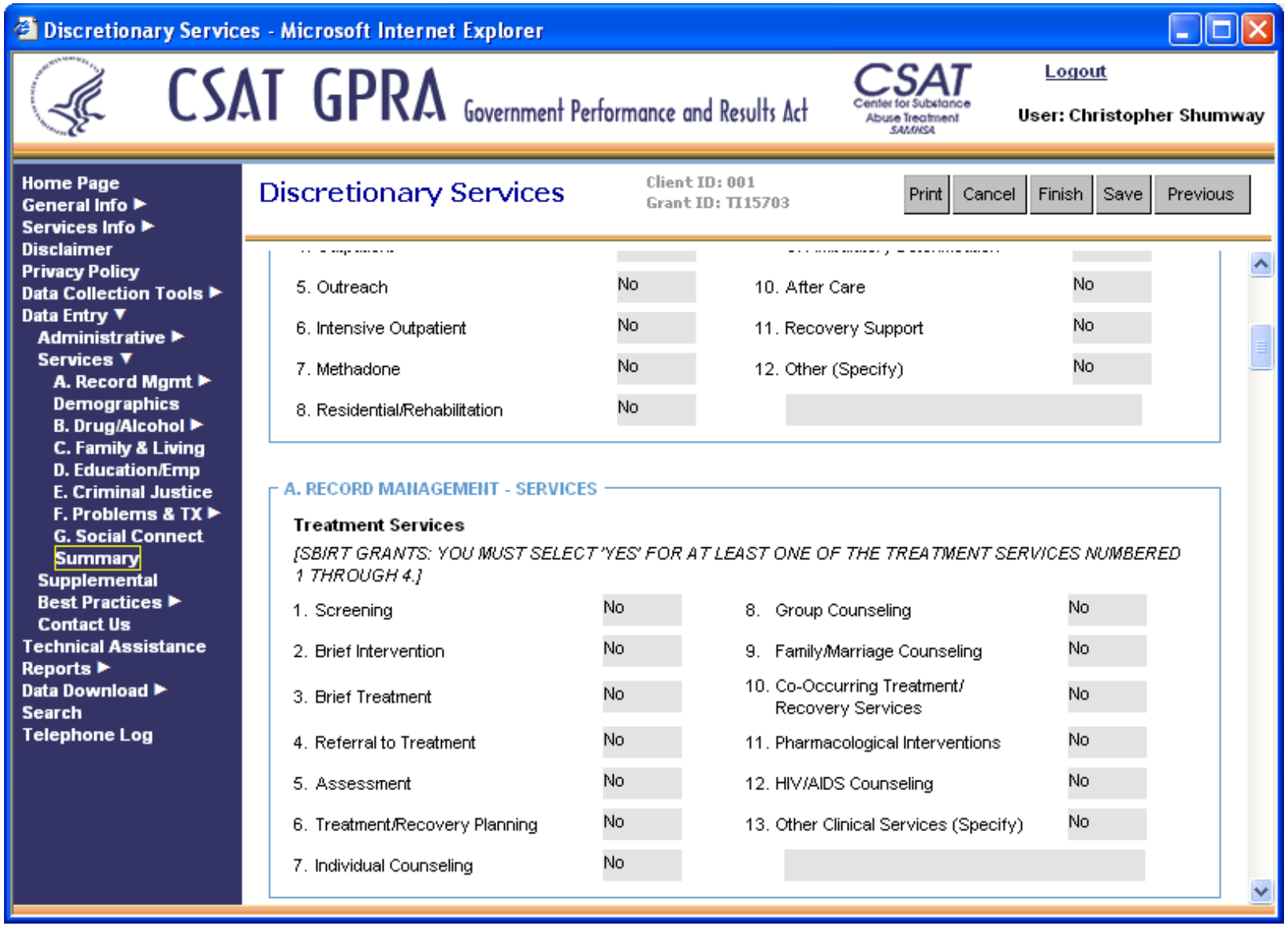
A. RECORD MANAGEMENT
Client ID 001
Contract/Grant ID TI15703
Client Type Treatment Client
Interview Type Intake
Did you conduct a follow-up/ discharge interview?
Interview Date 1/27/2004 mm/dd/yyyy
A. RECORD MANAGEMENT - SERVICES
PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE]
Identify the services you plan to provide to the client during the client's course of treatment/recovery
Modality
1. Case Management No
2. Day Treatment No
3. Inpatient/Hospital (Other Than Detox) No
4. Outpatient Yes
9. Detoxification (Select Only One)
A. Hospital Inpatient No
B. Free Standing Residential No
C. Ambulatory Detoxification No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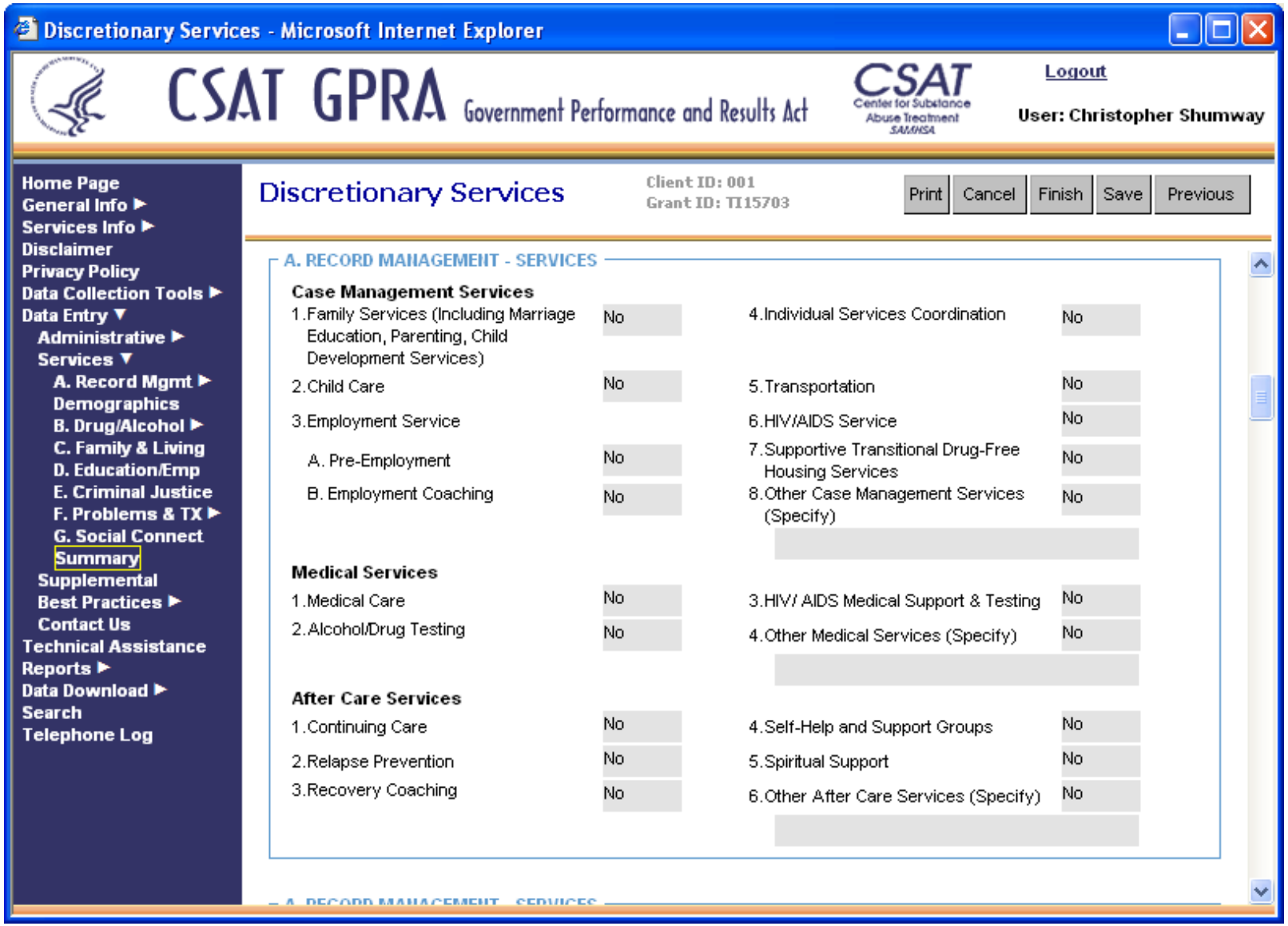
5. Outreach No
6. Intensive Outpatient No
7. Methadone No
8. Residential/Rehabilitation No
10. After Care No
11. Recovery Support No
12. Other (Specify) No
A. RECORD MANAGEMENT - SERVICES
Treatment Services
[SBIRT GRANTS: YOU MUST SELECT 'YES' FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]
1. Screening No
2. Brief Intervention No
3. Brief Treatment No
4. Referral to Treatment No
5. Assessment No
6. Treatment/Recovery Planning No
7. Individual Counseling No
8. Group Counseling No
9. Family/Marriage Counseling No
10. Co-Occurring Treatment/ Recovery Services No
11. Pharmacological Interventions No
12. HIV/AIDS Counseling No
13. Other Clinical Services (Specify) No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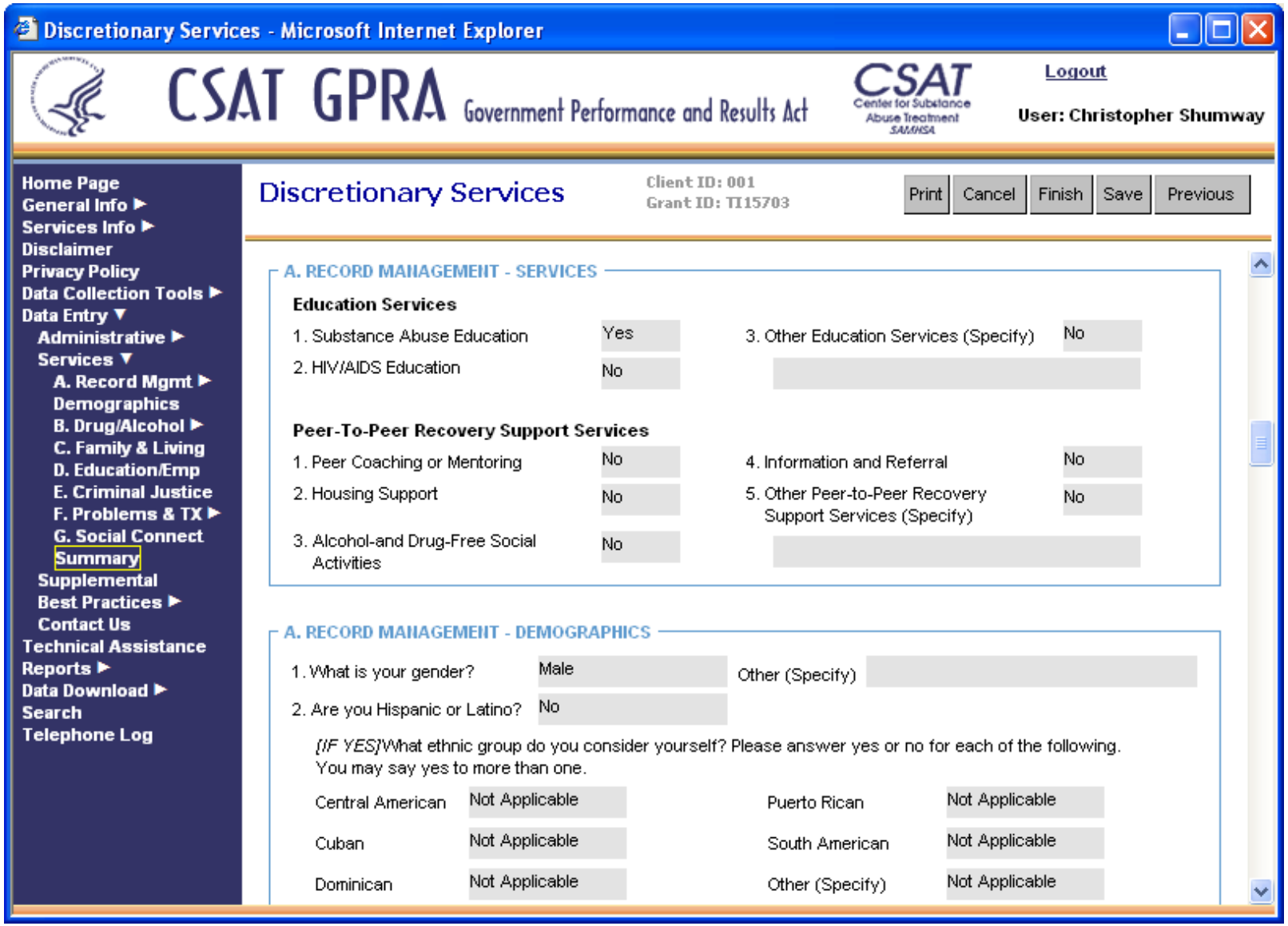
A. RECORD MANAGEMENT - SERVICES
Case Management Services
1.Family Services (Including Marriage Education, Parenting, Child Development Services) No
2.Child Care No
3.Employment Service
A. Pre-Employment No
B. Employment Coaching No
4.Individual Services Coordination No
5.Transportation No
6.HIV/AIDS Service No
7.Supportive Transitional Drug-Free Housing Services No
8.Other Case Management Services (Specify) No
Medical Services
1.Medical Care No
2.Alcohol/Drug Testing No
3.HIV/ AIDS Medical Support & Testing No
4.Other Medical Services (Specify) No
After Care Services
1.Continuing Care No
2.Relapse Prevention No
3.Recovery Coaching No
4.Self-Help and Support Groups No
5.Spiritual Support No
6.Other After Care Services (Specify) No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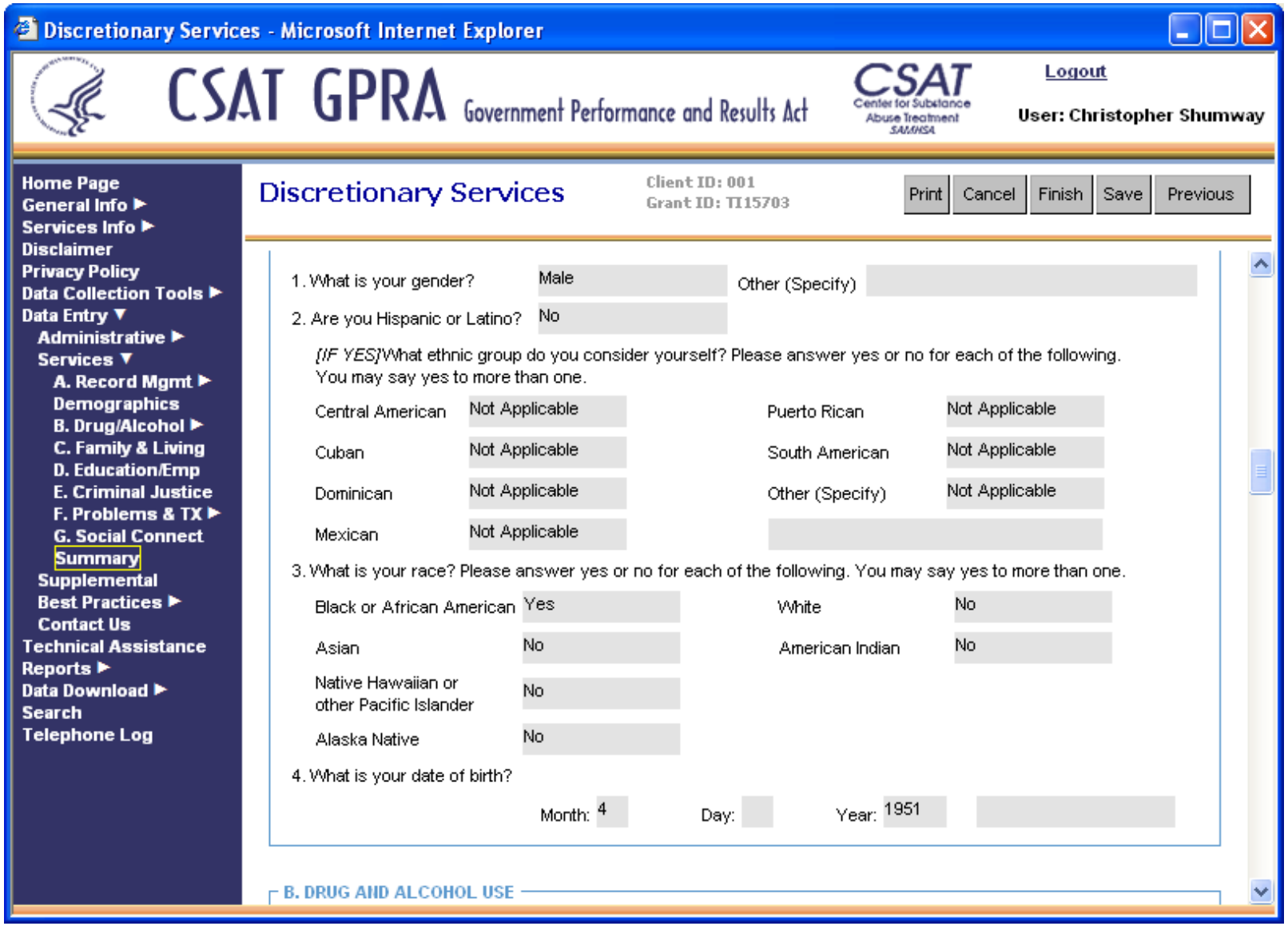
A. RECORD MANAGEMENT - SERVICES
Education Services
1. Substance Abuse Education
Yes
2. HIV/AIDS Education
No
3. Other Education Services (Specify)
No
Peer-To-Peer Recovery Support Services
1. Peer Coaching or Mentoring
No
2. Housing Support
No
3. Alcohol-and Drug-Free Social Activities
No
4. Information and Referral
No
5. Other Peer-to-Peer Recovery Support Services (Specify)
No
A. RECORD MANAGEMENT - DEMOGRAPHICS
1. What is your gender?
Male
Other (Specify)
2. Are you Hispanic or Latino?
No
[IF YES]What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.
Central American
Not Applicable
Cuban
Not Applicable
Dominican
Not Applicable
Puerto Rican
Not Applicable
South American
Not Applicable
Other (Specify)
Not Applicable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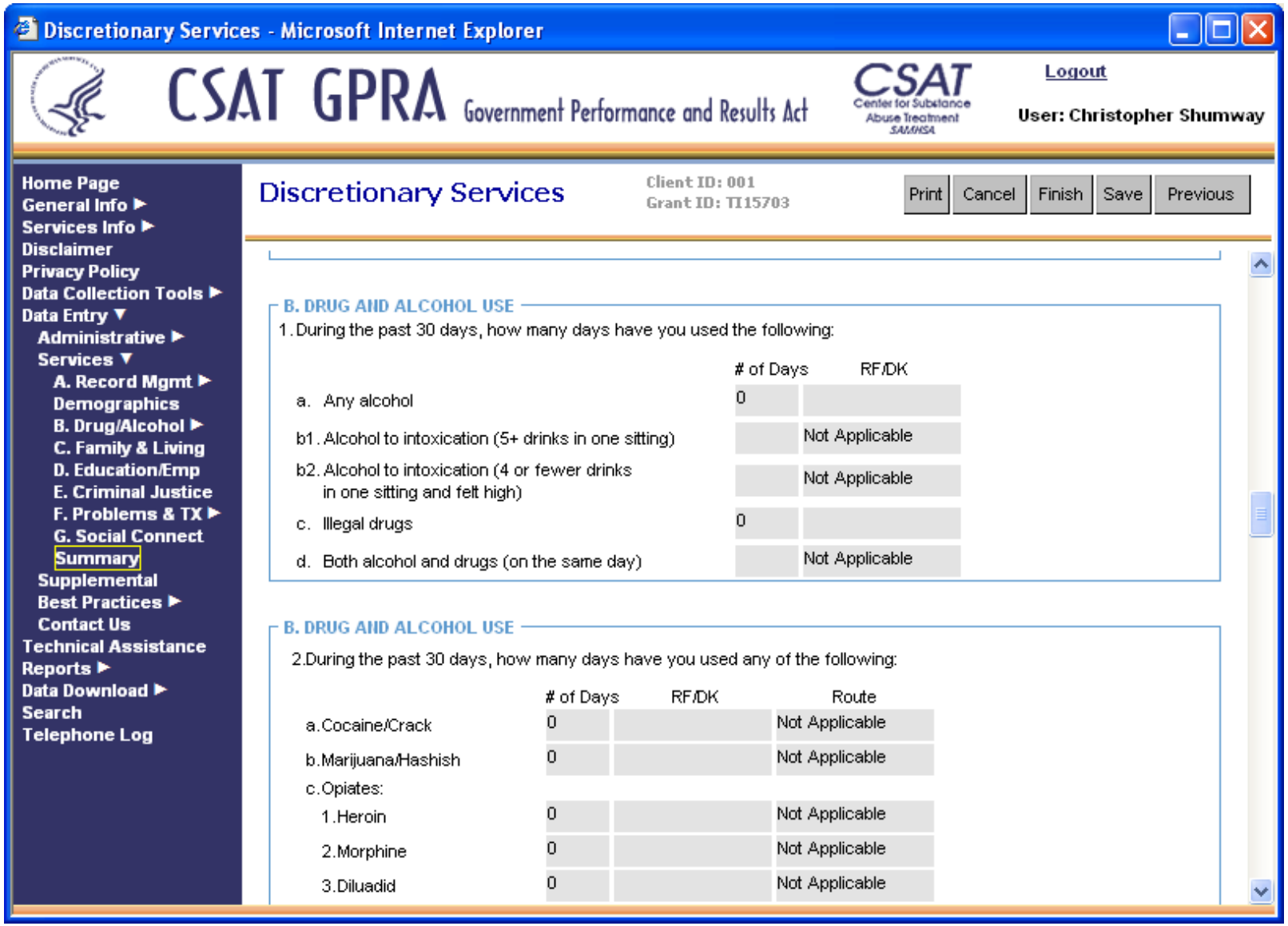
1. What is your gender? Male
Other (Specify)
2. Are you Hispanic or Latino? No
[IF YES]What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.
Central American Not Applicable
Cuban Not Applicable
Dominican Not Applicable
Mexican Not Applicable
Puerto Rican Not Applicable
South American Not Applicable
Other (Specify) Not Applicable
3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.
Black or African American Yes
Asian No
Native Hawaiian or other Pacific Islander No
Alaska Native No
White No
American Indian No
4. What is your date of birth?
Month: 4
Day:
Year: 1951
B. DRUG AND ALCOHOL USE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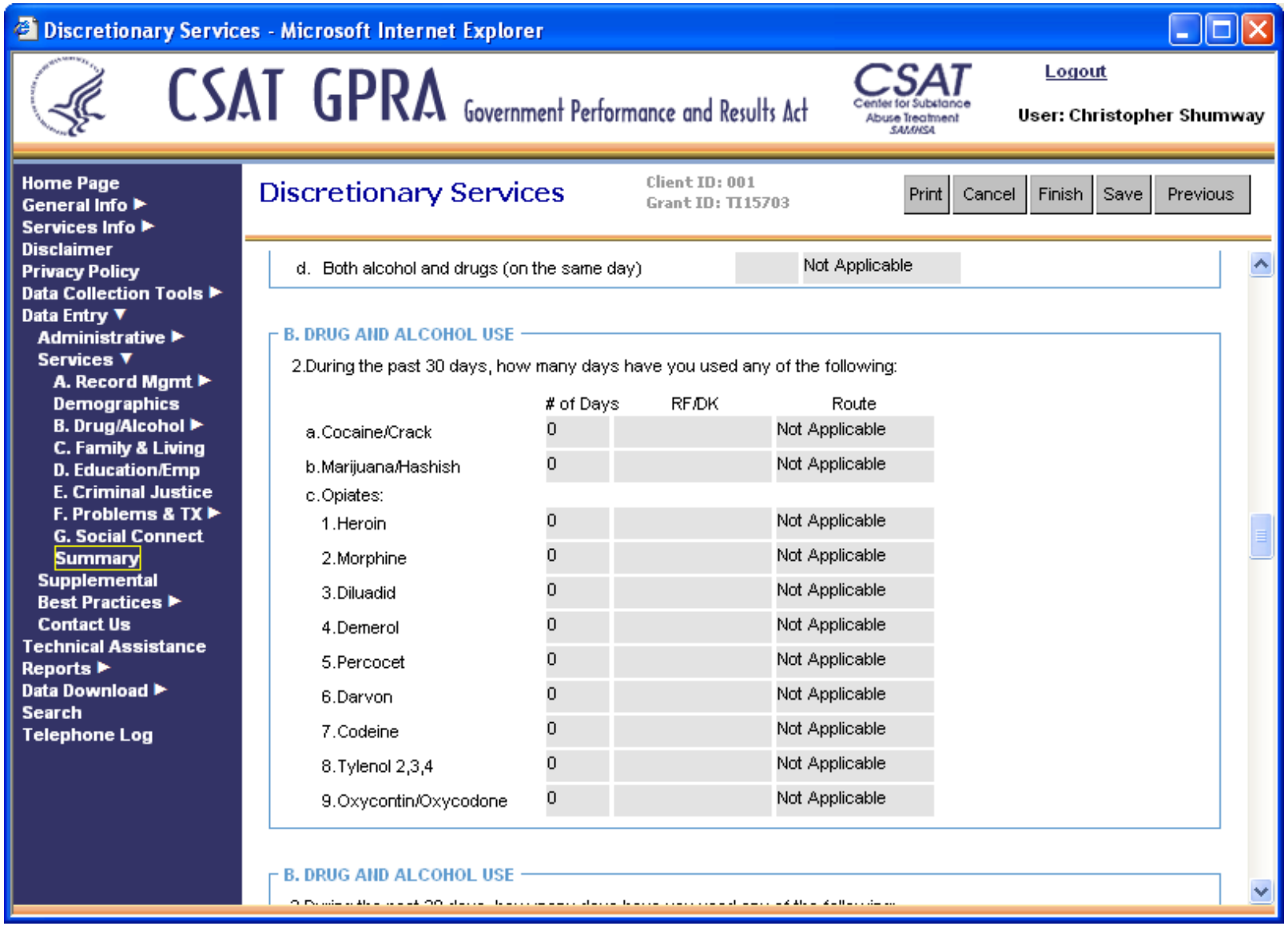
B. DRUG AND ALCOHOL USE
1. During the past 30 days, how many days have you used the following:
# of Days
RF/DK
a. Any alcohol
0
b1. Alcohol to intoxication (5+ drinks in one sitting)
Not Applicable
b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)
Not Applicable
c. Illegal drugs
0
d. Both alcohol and drugs (on the same day)
Not Applicable
B. DRUG AND ALCOHOL USE
2. During the past 30 days, how many days have you used any of the following:
# of Days
RF/DK
Route
a. Cocaine/Crack
0
Not Applicable
b. Marijuana/Hashish
0
Not Applicable
c. Opiates:
1. Heroin
0
Not Applicable
2. Morphine
0
Not Applicable
3. Diluadid
0
Not Applicable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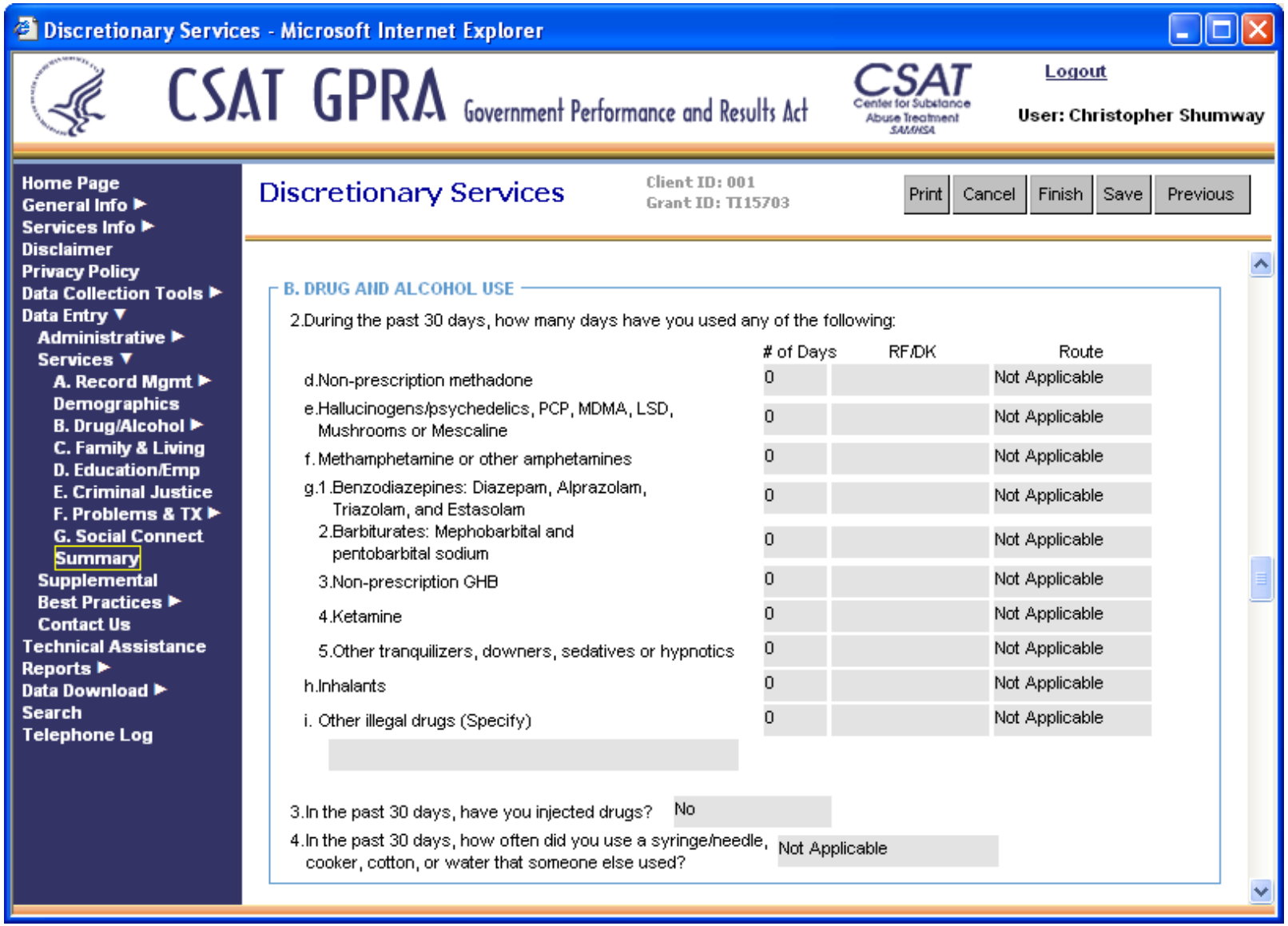
d. Both alcohol and drugs (on the same day)
Not Applicable
B. DRUG AND ALCOHOL USE
2.During the past 30 days, how many days have you used any of the following:
# of Days
RF/DK
Route
a.Cocaine/Crack 0 Not Applicable
b.Marijuana/Hashish 0 Not Applicable
c.Opiates:
1.Heroin 0 Not Applicable
2.Morphine 0 Not Applicable
3.Diluadid 0 Not Applicable
4.Demerol 0 Not Applicable
5.Percocet 0 Not Applicable
6.Darvon 0 Not Applicable
7.Codeine 0 Not Applicable
8.Tylenol 2,3,4 0 Not Applicable
9.Oxycontin/Oxycodone 0 Not Applicable
B. DRUG AND ALCOHOL USE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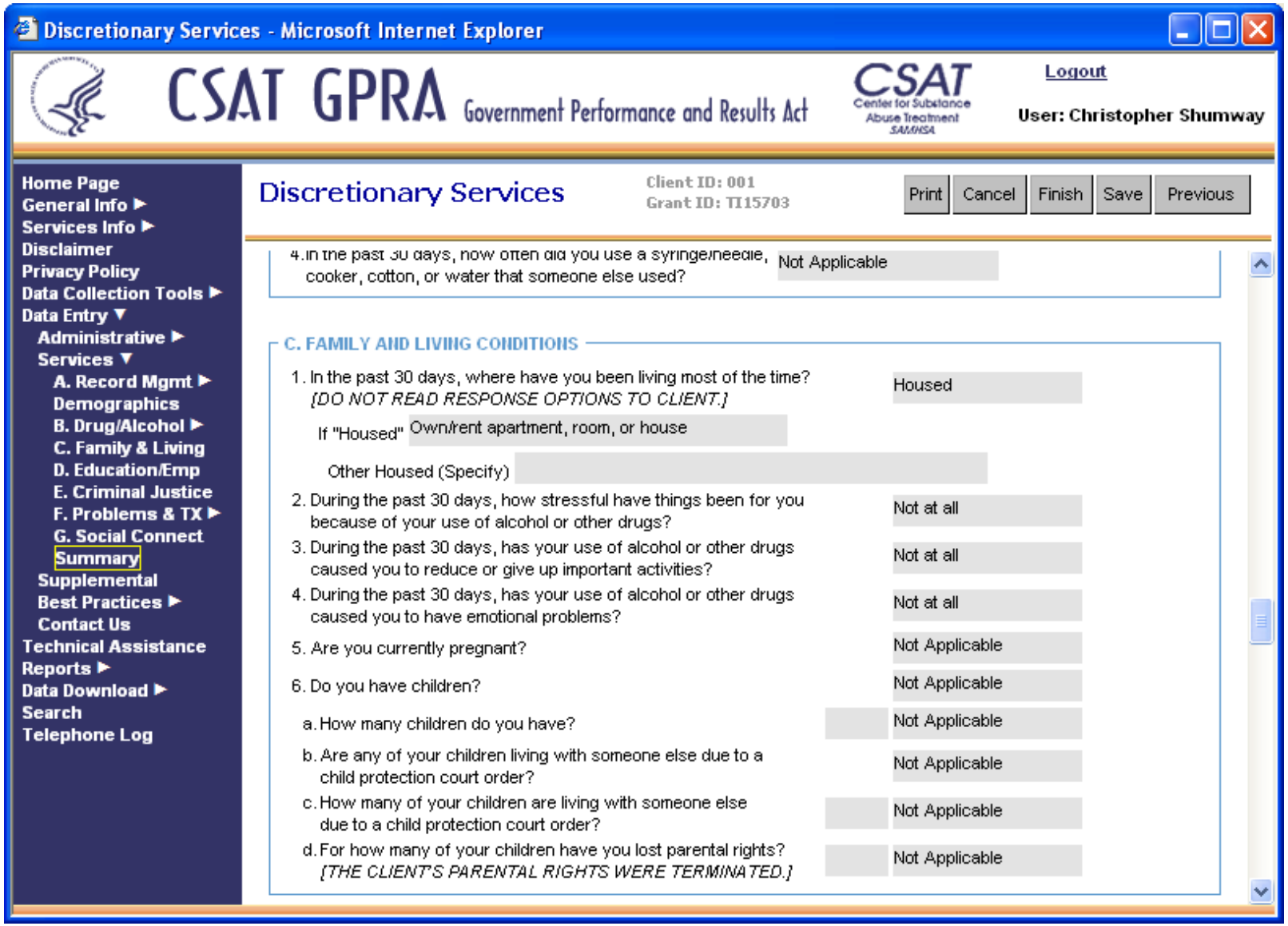
B. DRUG AND ALCOHOL USE
2.During the past 30 days, how many days have you used any of the following:
# of Days
RF/DK
Route
d.Non-prescription methadone 0 Not Applicable
e.Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms or Mescaline 0 Not Applicable
f. Methamphetamine or other amphetamines 0 Not Applicable
g.1.Benzodiazepines: Diazepam, Alprazolam, Triazolam, and Estasolam 0 Not Applicable
2.Barbiturates: Mephobarbital and pentobarbital sodium 0 Not Applicable
3.Non-prescription GHB 0 Not Applicable
4.Ketamine 0 Not Applicable
5.Other tranquilizers, downers, sedatives or hypnotics 0 Not Applicable
h.Inhalants 0 Not Applicable
i. Other illegal drugs (Specify) 0 Not Applicable
3.In the past 30 days, have you injected drugs? No
4.In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used? Not Applicable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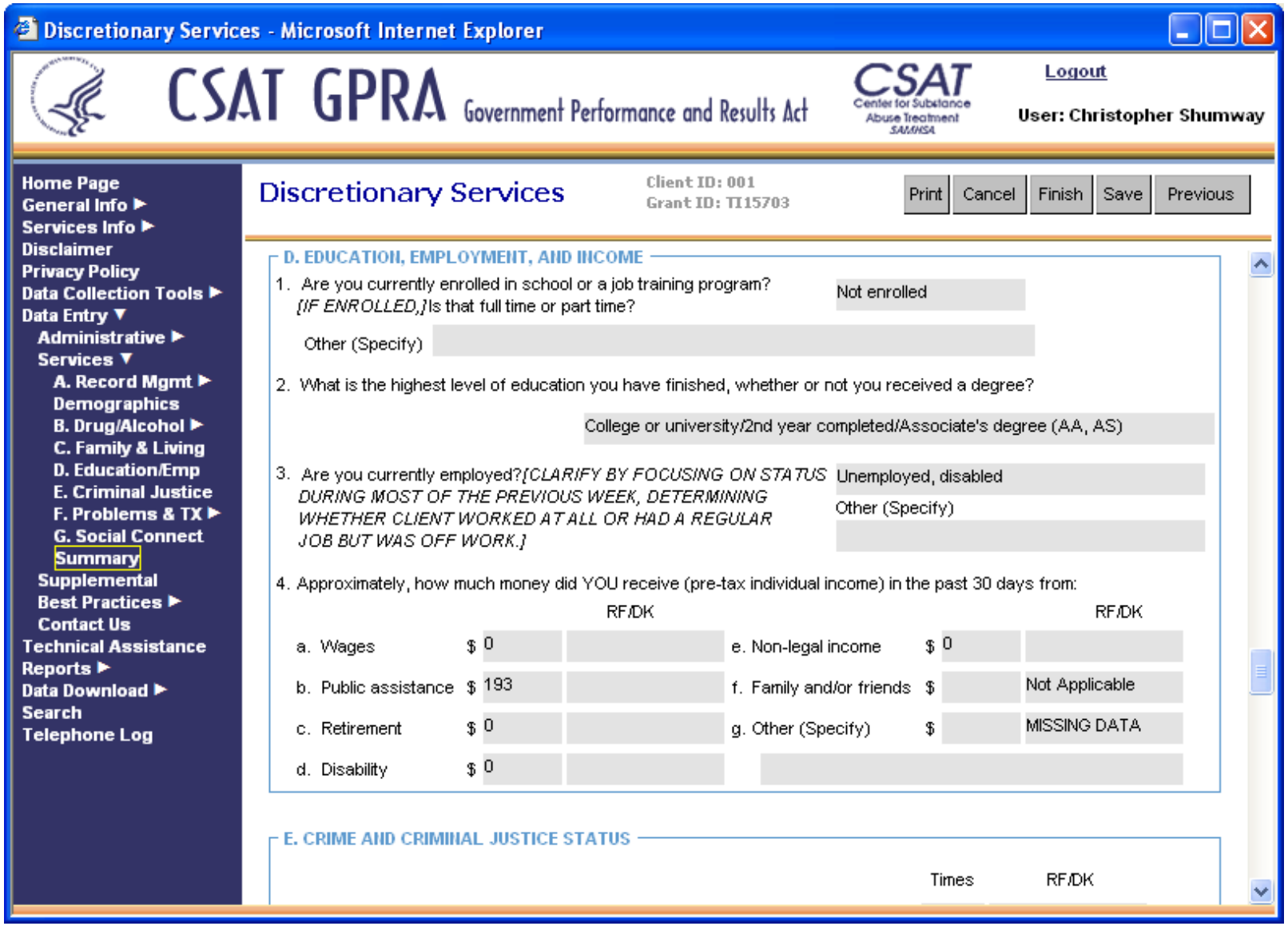
4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used? Not Applicable
C. FAMILY AND LIVING CONDITIONS
1. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.] Housed
If "Housed" Own/rent apartment, room, or house
Other Housed (Specify)
2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? Not at all
3. 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
4. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems? Not at all
5. Are you currently pregnant? Not Applicable
6. Do you have children? Not Applicable
a. How many children do you have? Not Applicable
b. Are any of your children living with someone else due to a child protection court order? Not Applicable
c. How many of your children are living with someone else due to a child protection court order? Not Applicable
d. For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.] Not Applicable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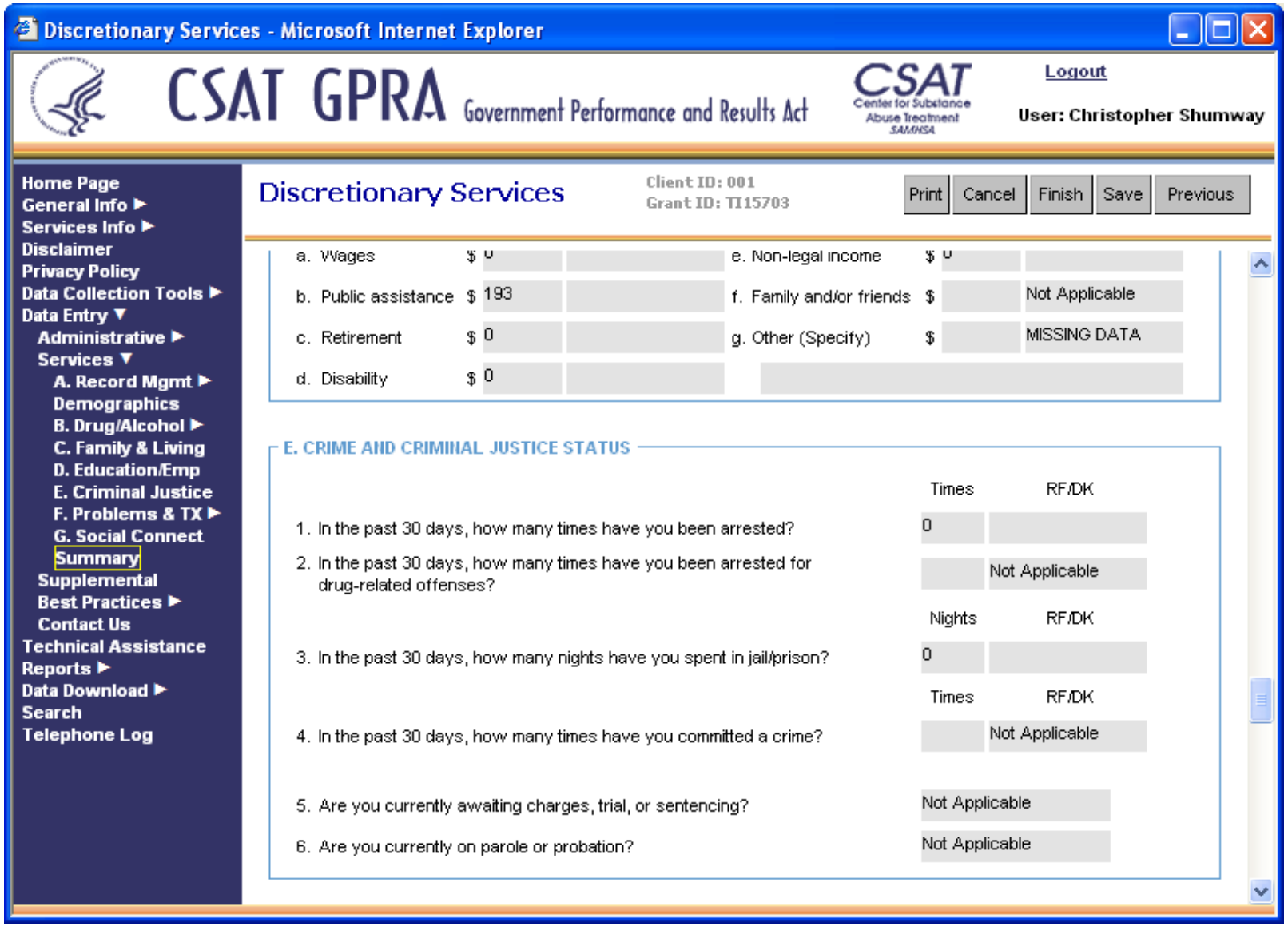
D. EDUCATION, EMPLOYMENT, AND INCOME
1. Are you currently enrolled in school or a job training program? [IF ENROLLED,] Is that full time or part time?
Not enrolled
Other (Specify)
2. What is the highest level of education you have finished, whether or not you received a degree?
College or university/2nd year completed/Associate's degree (AA, AS)
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.]
Unemployed, disabled
Other (Specify)
4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from:
RF/DK
a. Wages $ 0
b. Public assistance $ 193
c. Retirement $ 0
d. Disability $ 0
e. Non-legal income $ 0
f. Family and/or friends $
Not Applicable
g. Other (Specify) $
MISSING DATA
E. CRIME AND CRIMINAL JUSTICE STATUS
Times
RF/DK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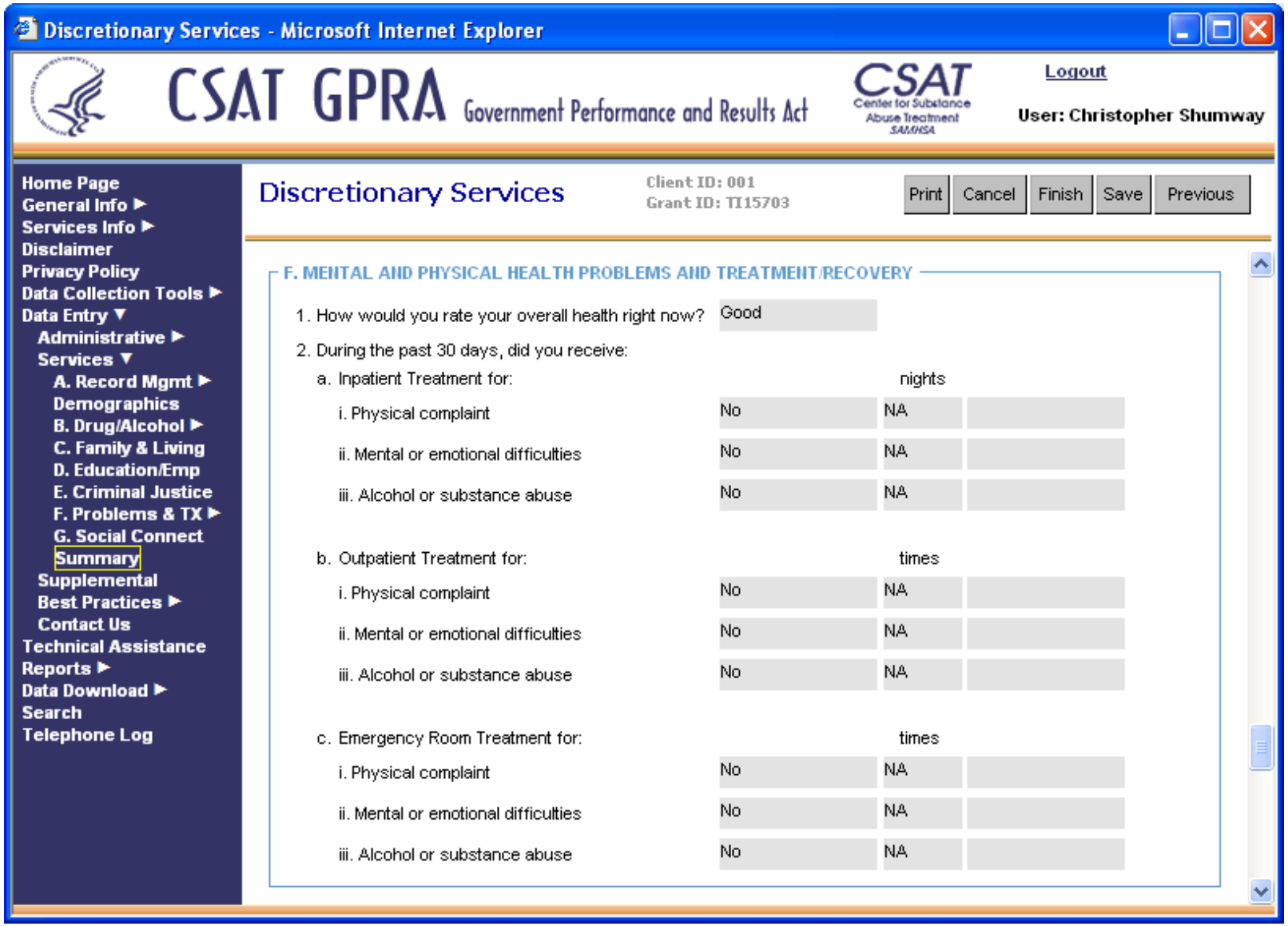
a. Wages $ 0
b. Public assistance $ 193
c. Retirement $ 0
d. Disability $ 0
e. Non-legal income $ 0
f. Family and/or friends $ Not Applicable
g. Other (Specify) $ MISSING DATA
E. CRIME AND CRIMINAL JUSTICE STATUS
Times RF/DK
1. In the past 30 days, how many times have you been arrested? 0
2. In the past 30 days, how many times have you been arrested for drug-related offenses? Not Applicable
Nights RF/DK
3. In the past 30 days, how many nights have you spent in jail/prison? 0
Times RF/DK
4. In the past 30 days, how many times have you committed a crime? Not Applicable
5. Are you currently awaiting charges, trial, or sentencing? Not Applicable
6. Are you currently on parole or probation? Not Applicable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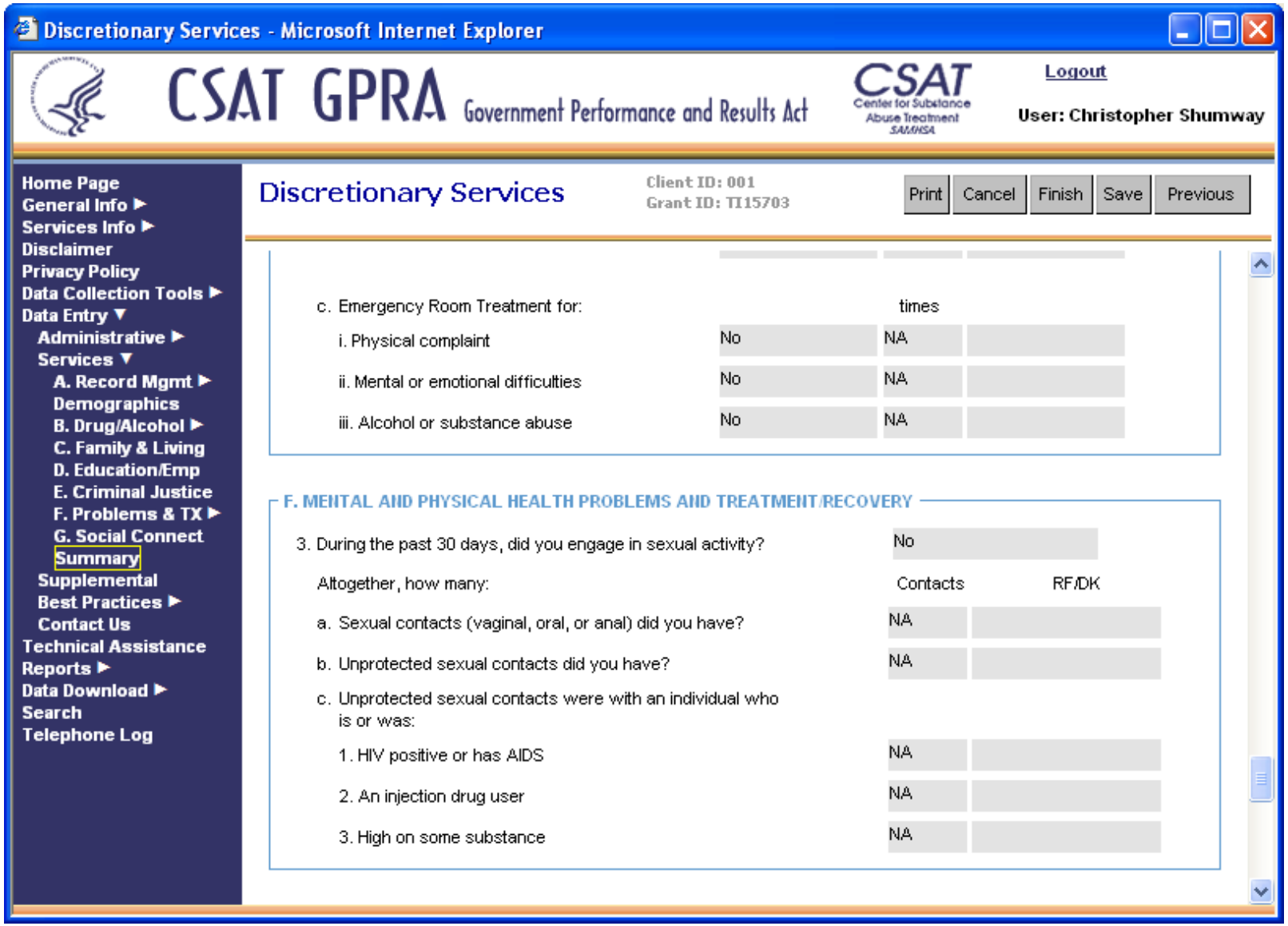
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY
1. How would you rate your overall health right now? Good
2. During the past 30 days, did you receive:
a. Inpatient Treatment for: nights
i. Physical complaint No NA
ii. Mental or emotional difficulties No NA
iii. Alcohol or substance abuse No NA
b. Outpatient Treatment for: times
i. Physical complaint No NA
ii. Mental or emotional difficulties No NA
iii. Alcohol or substance abuse No NA
c. Emergency Room Treatment for: times
i. Physical complaint No NA
ii. Mental or emotional difficulties No NA
iii. Alcohol or substance abuse No NA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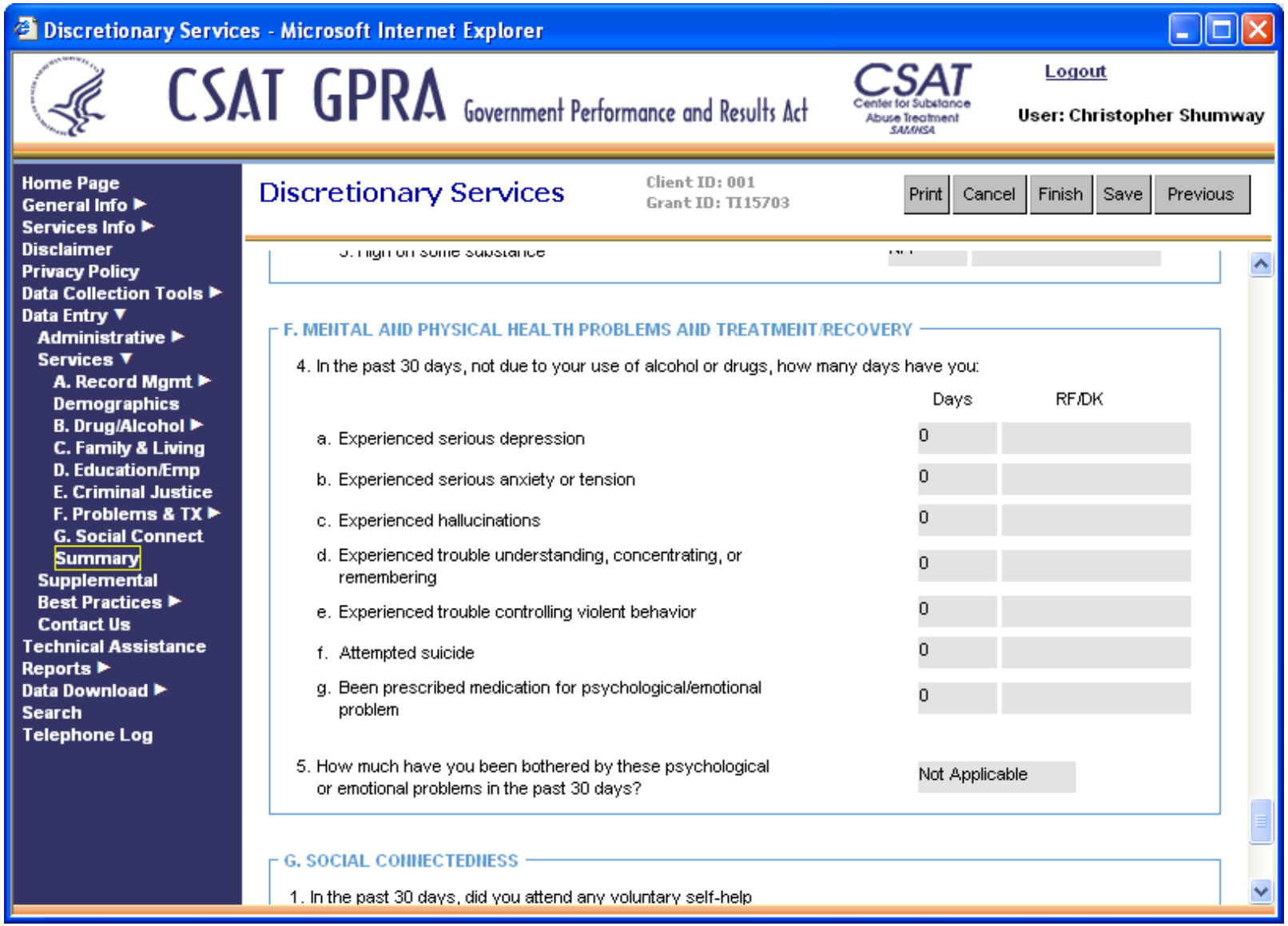
c. Emergency Room Treatment for:
times
i. Physical complaint
No
NA
ii. Mental or emotional difficulties
No
NA
iii. Alcohol or substance abuse
No
NA
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY
3. During the past 30 days, did you engage in sexual activity?
No
Altogether, how many:
Contacts
RF/DK
a. Sexual contacts (vaginal, oral, or anal) did you have?
NA
b. Unprotected sexual contacts did you have?
NA
c. Unprotected sexual contacts were with an individual who is or was:
1. HIV positive or has AIDS
NA
2. An injection drug user
NA
3. High on some substance
NA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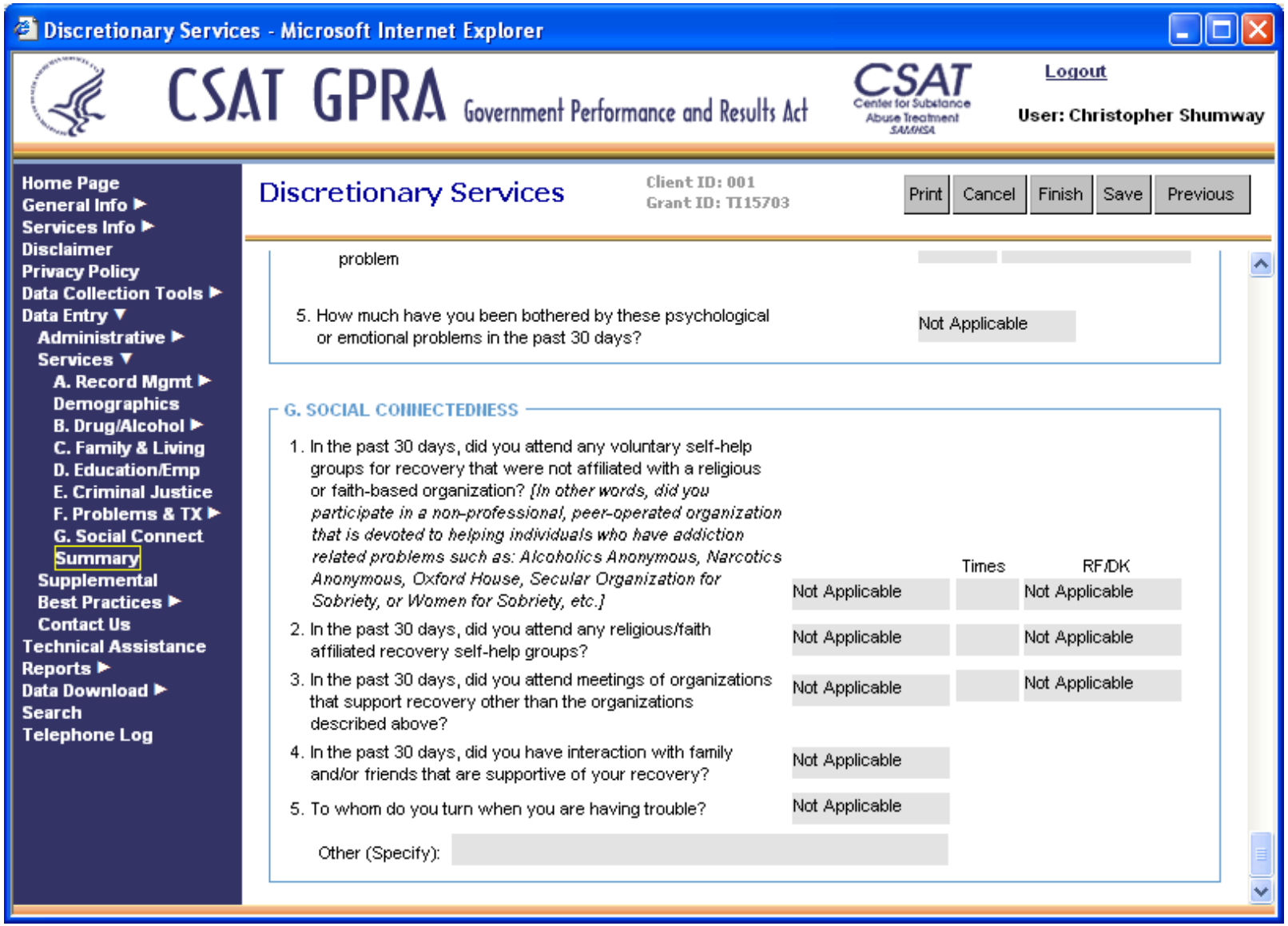
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY
4. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:
Days
RF/DK
a. Experienced serious depression
0
b. Experienced serious anxiety or tension
0
c. Experienced hallucinations
0
d. Experienced trouble understanding, concentrating, or remembering
0
e. Experienced trouble controlling violent behavior
0
f. Attempted suicide
0
g. Been prescribed medication for psychological/emotional problem
0
5. How much have you been bothered by these psychological or emotional problems in the past 30 days?
Not Applicable
G. SOCIAL CONNECTEDNESS
1. In the past 30 days, did you attend any voluntary self-help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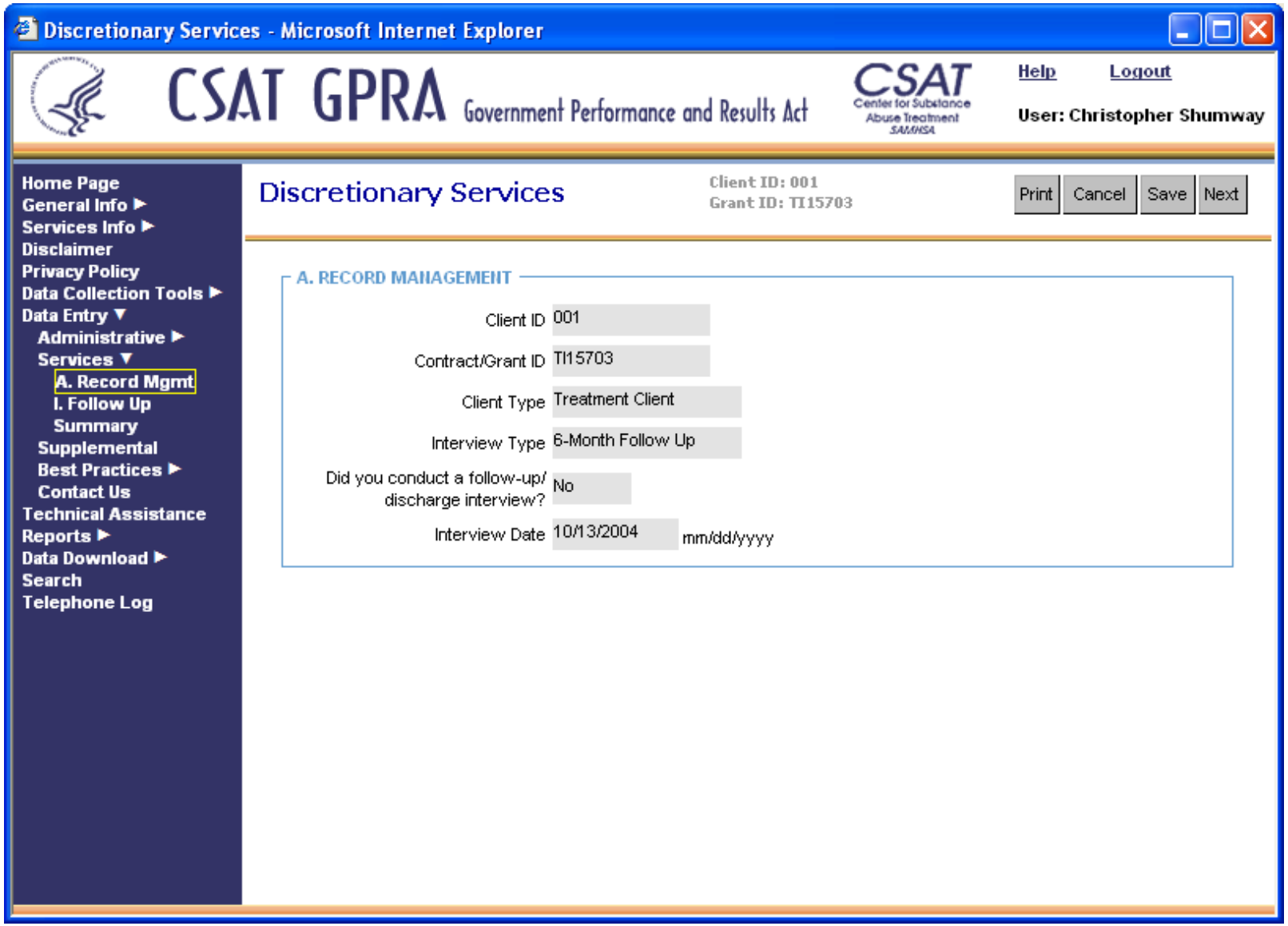
problem
5. How much have you been bothered by these psychological or emotional problems in the past 30 days?
Not Applicable
G. SOCIAL CONNECTEDNESS
1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? [In other words, did you participate in a non-professional, 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.]
Times
RF/DK
Not Applicable
Not Applicable
2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?
Not Applicable
Not Applicable
3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?
Not Applicable
Not Applicable
4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?
Not Applicable
5. To whom do you turn when you are having trouble?
Not Applicable
Other (Specify):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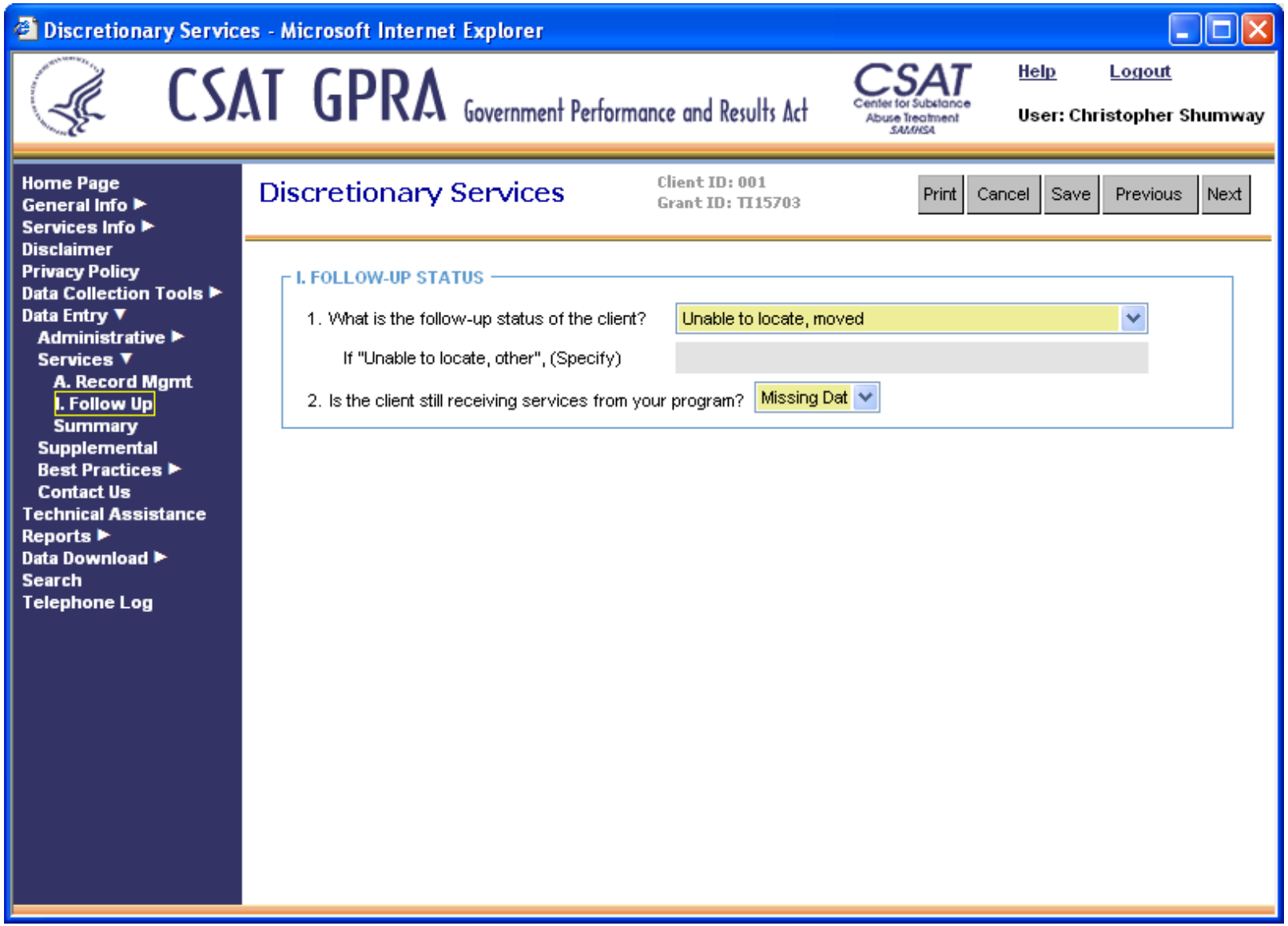
Client Type Treatment Client
Interview Type 6-Month Follow Up
Did you conduct a follow-up/ discharge interview? No
Interview Date 10/13/2004 mm/dd/yyyy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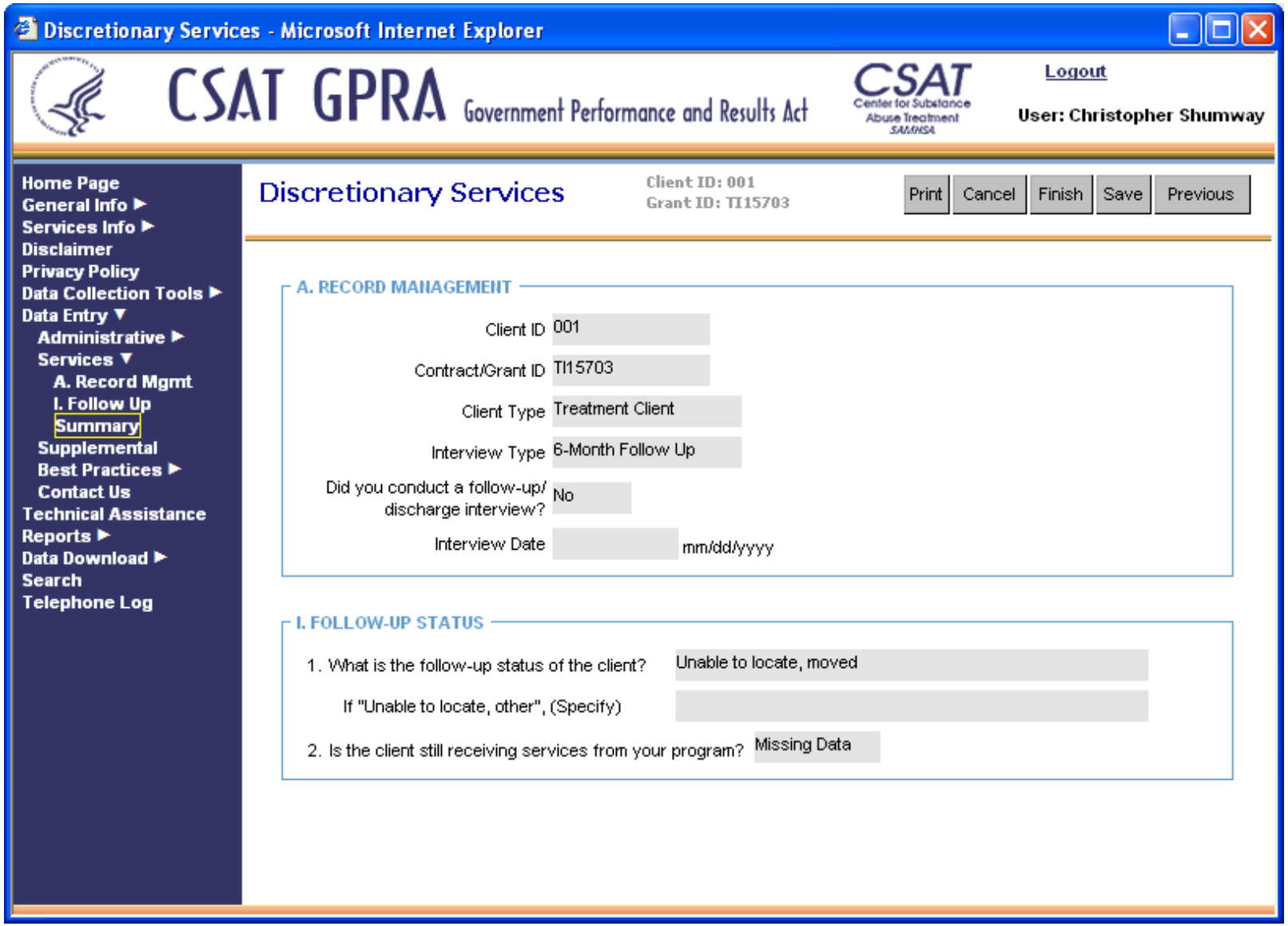
I. FOLLOW-UP STATUS
1. What is the follow-up status of the client?
Unable to locate, moved
If "Unable to locate, other", (Specify)
2. Is the client still receiving services from your program?
Missing Dat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A. RECORD MANAGEMENT
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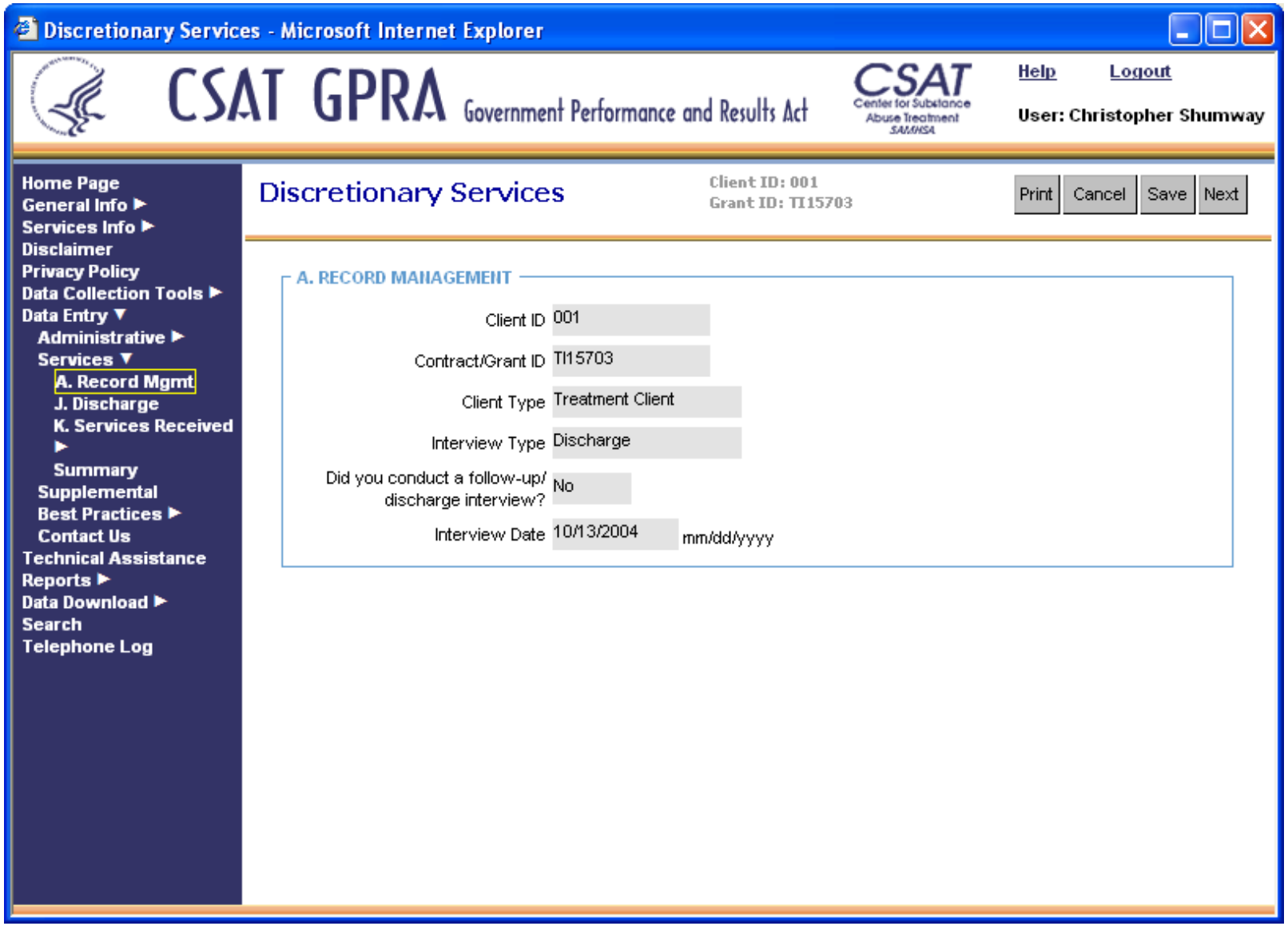
Client Type Treatment Client
Interview Type 6-Month Follow Up
Did you conduct a follow-up/ discharge interview? No
Interview Date mm/dd/yyyy
I. FOLLOW-UP STATUS
1. What is the follow-up status of the client? Unable to locate, moved
If "Unable to locate, other", (Specify)
2. Is the client still receiving services from your program? Missing Data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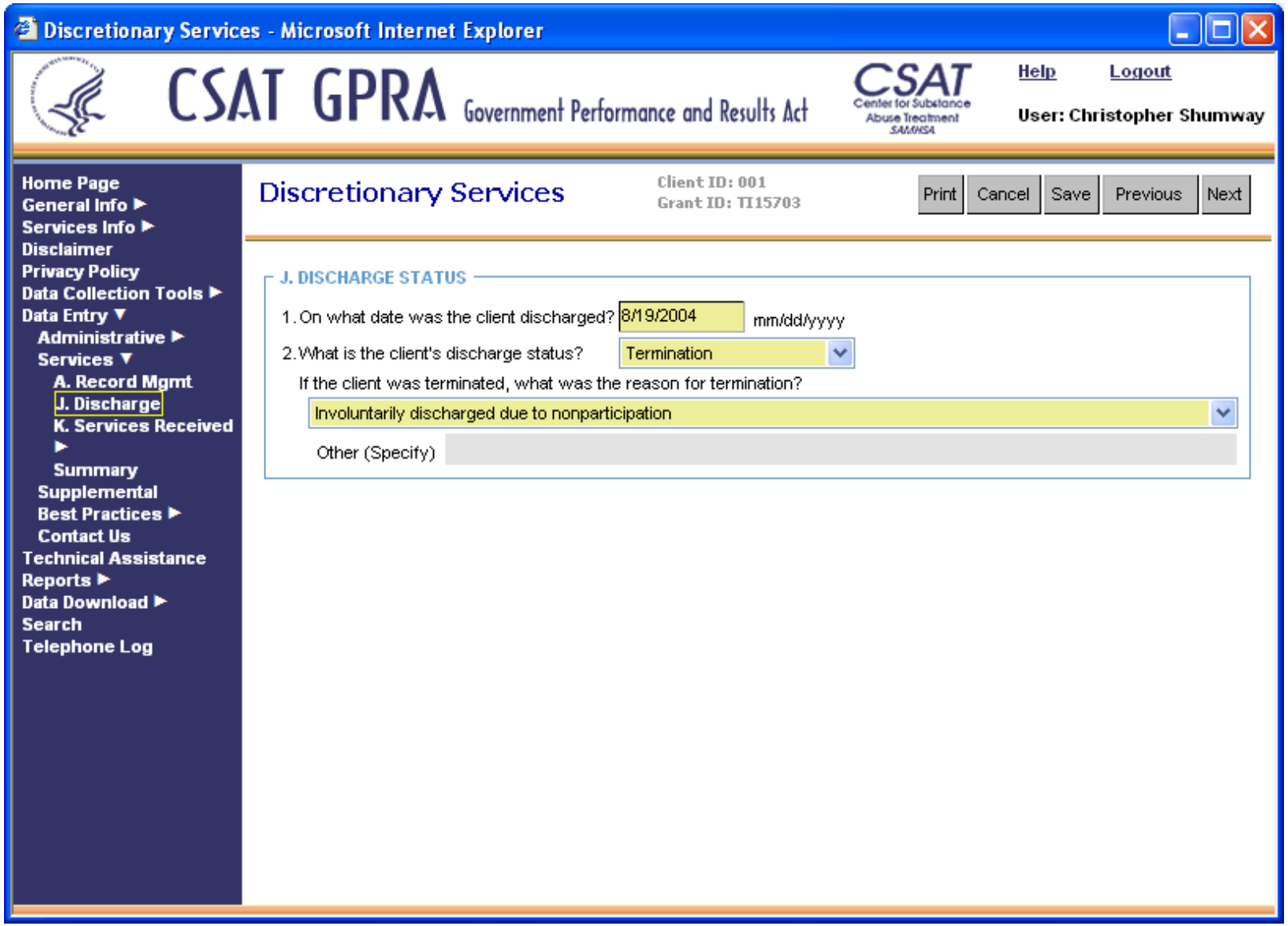
Did you conduct a follow-up/ discharge interview? No
Interview Date 10/13/2004 mm/dd/yyyy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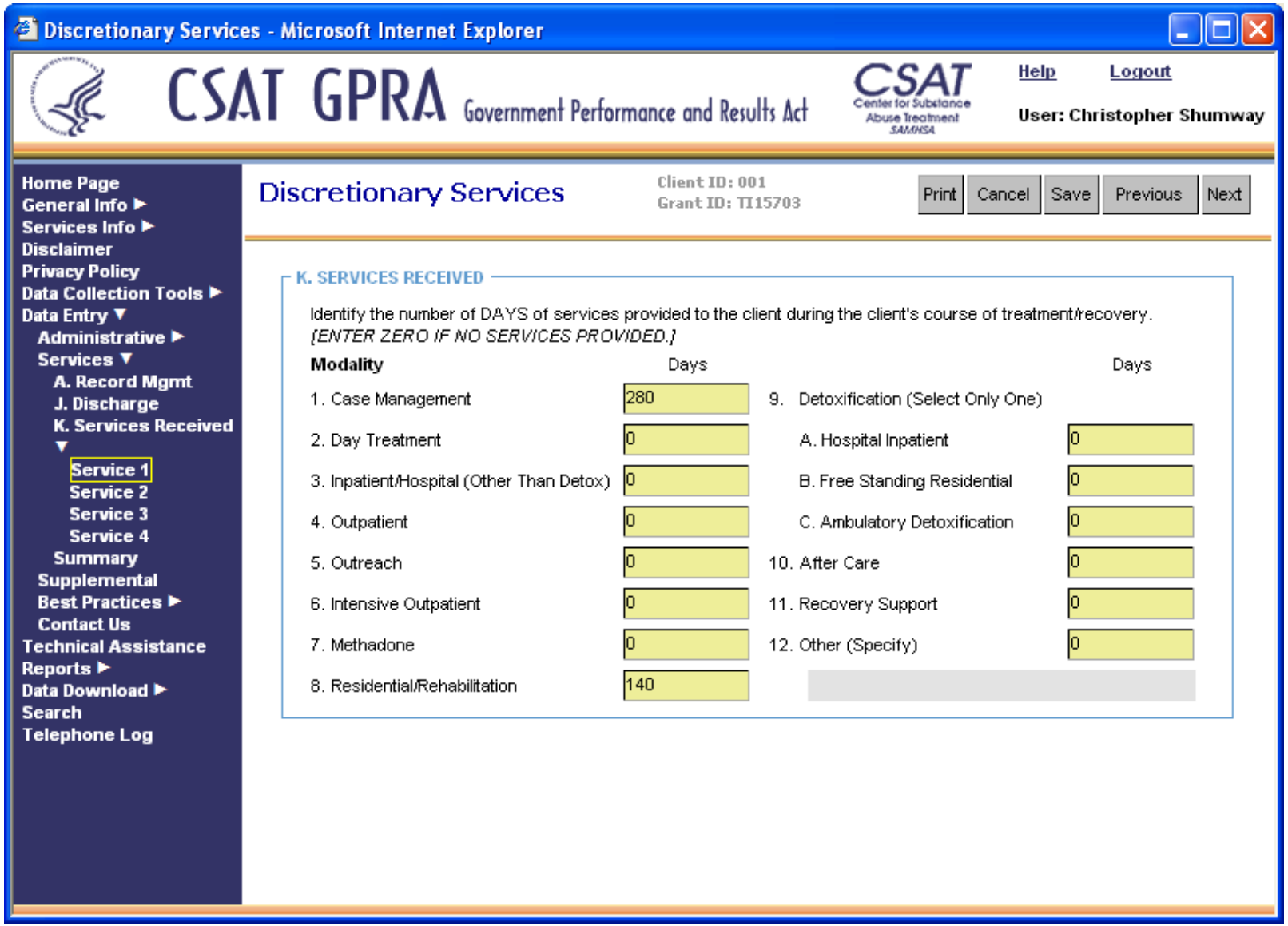
J. DISCHARGE STATUS
1. On what date was the client discharged? 8/19/2004 mm/dd/yyyy
2. What is the client's discharge status? Termination
If the client was terminated, what was the reason for termination?
Involuntarily discharged due to nonparticipation
Other (Specify)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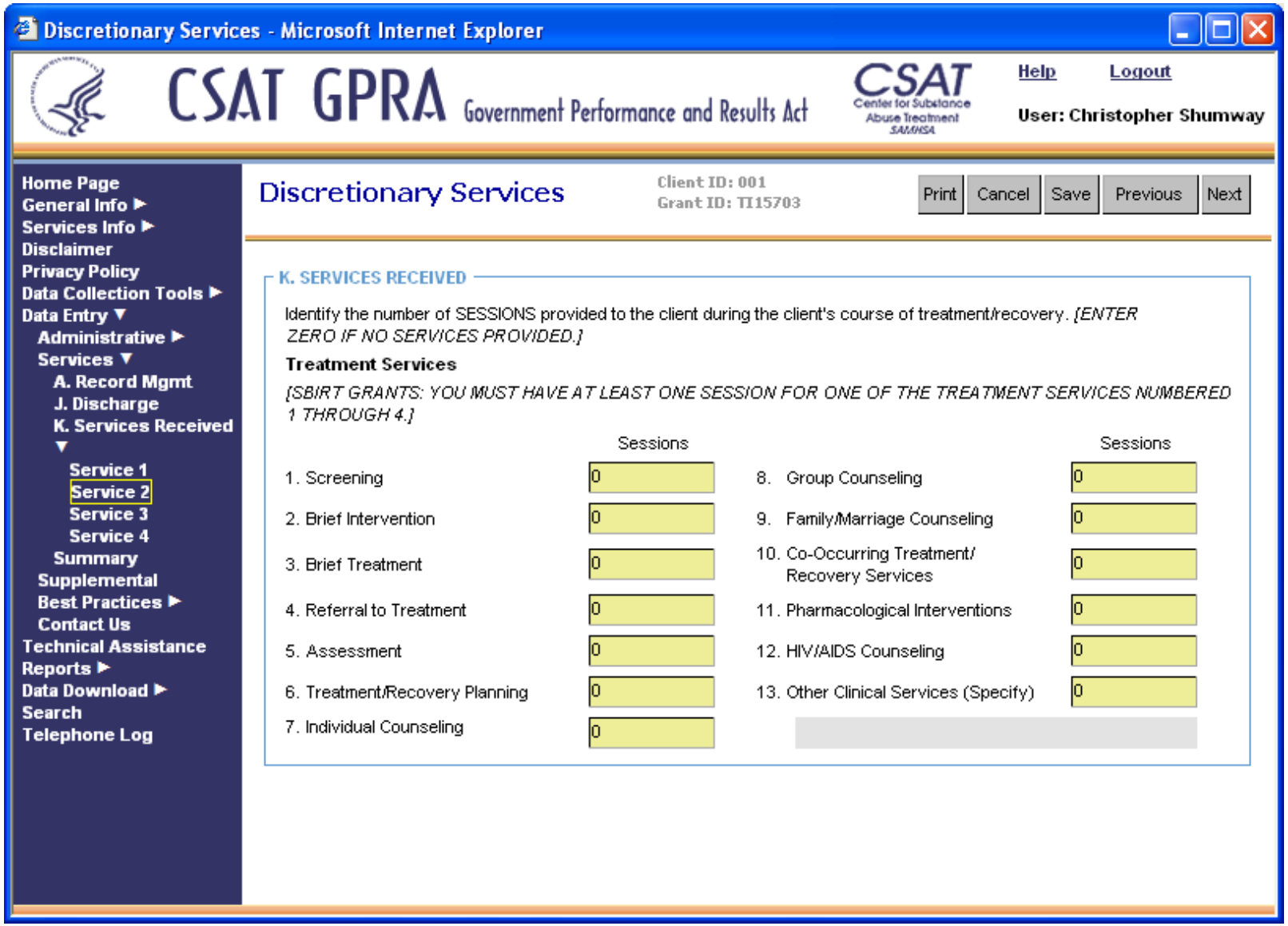
K. SERVICES RECEIVED
Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery.
[ENTER ZERO IF NO SERVICES PROVIDED.]
Modality
Days
1. Case Management 280
2. Day Treatment 0
3. Inpatient/Hospital (Other Than Detox) 0
4. Outpatient 0
5. Outreach 0
6. Intensive Outpatient 0
7. Methadone 0
8. Residential/Rehabilitation 140
9. Detoxification (Select Only One)
A. Hospital Inpatient 0
B. Free Standing Residential 0
C. Ambulatory Detoxification 0
10. After Care 0
11. Recovery Support 0
12. Other (Specify) 0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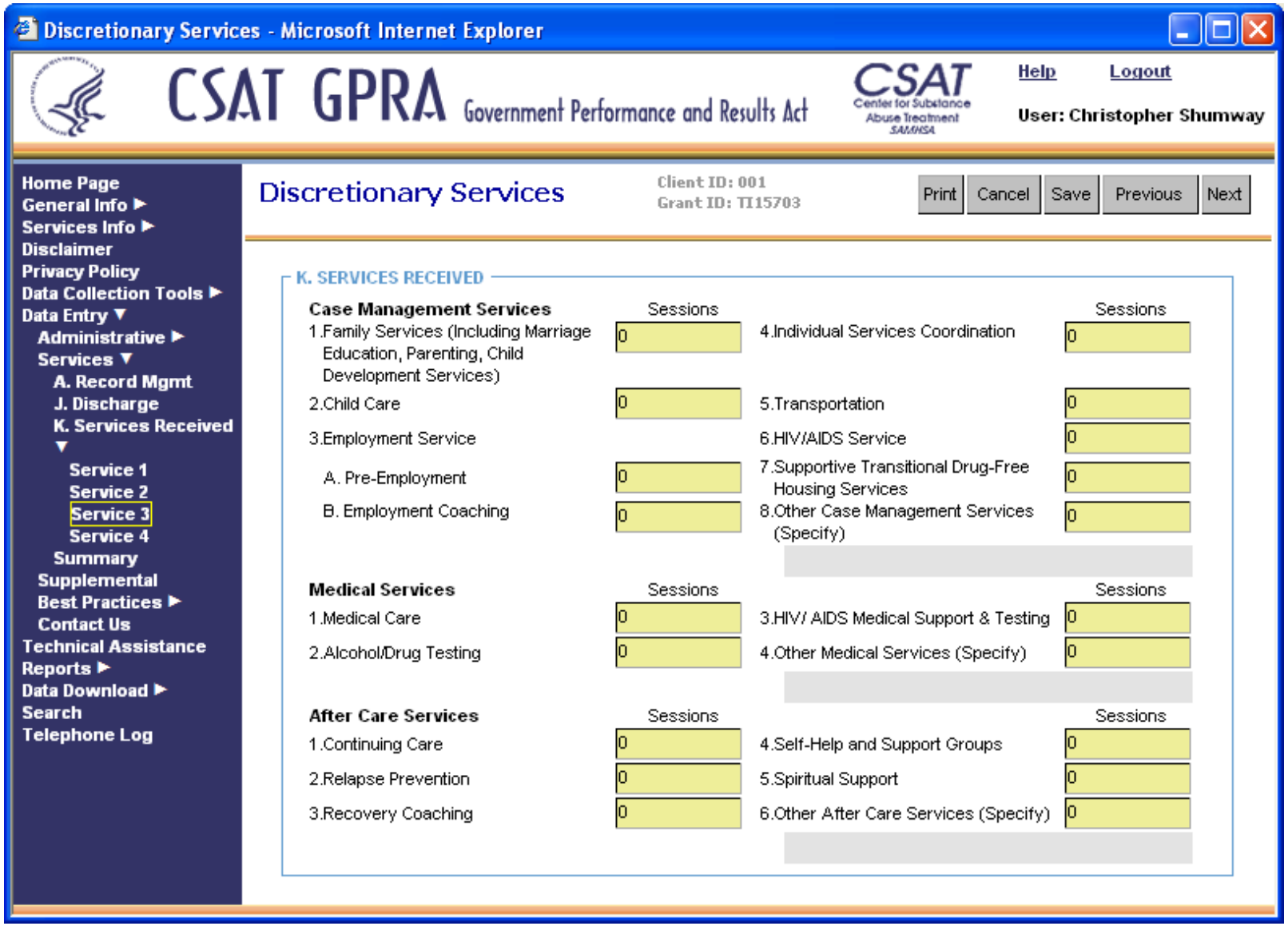
K. SERVICES RECEIVED
Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]
Treatment Services
[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]
Sessions
1. Screening 0
2. Brief Intervention 0
3. Brief Treatment 0
4. Referral to Treatment 0
5. Assessment 0
6. Treatment/Recovery Planning 0
7. Individual Counseling 0
Sessions
8. Group Counseling 0
9. Family/Marriage Counseling 0
10. Co-Occurring Treatment/ Recovery Services 0
11. Pharmacological Interventions 0
12. HIV/AIDS Counseling 0
13. Other Clinical Services (Specify) 0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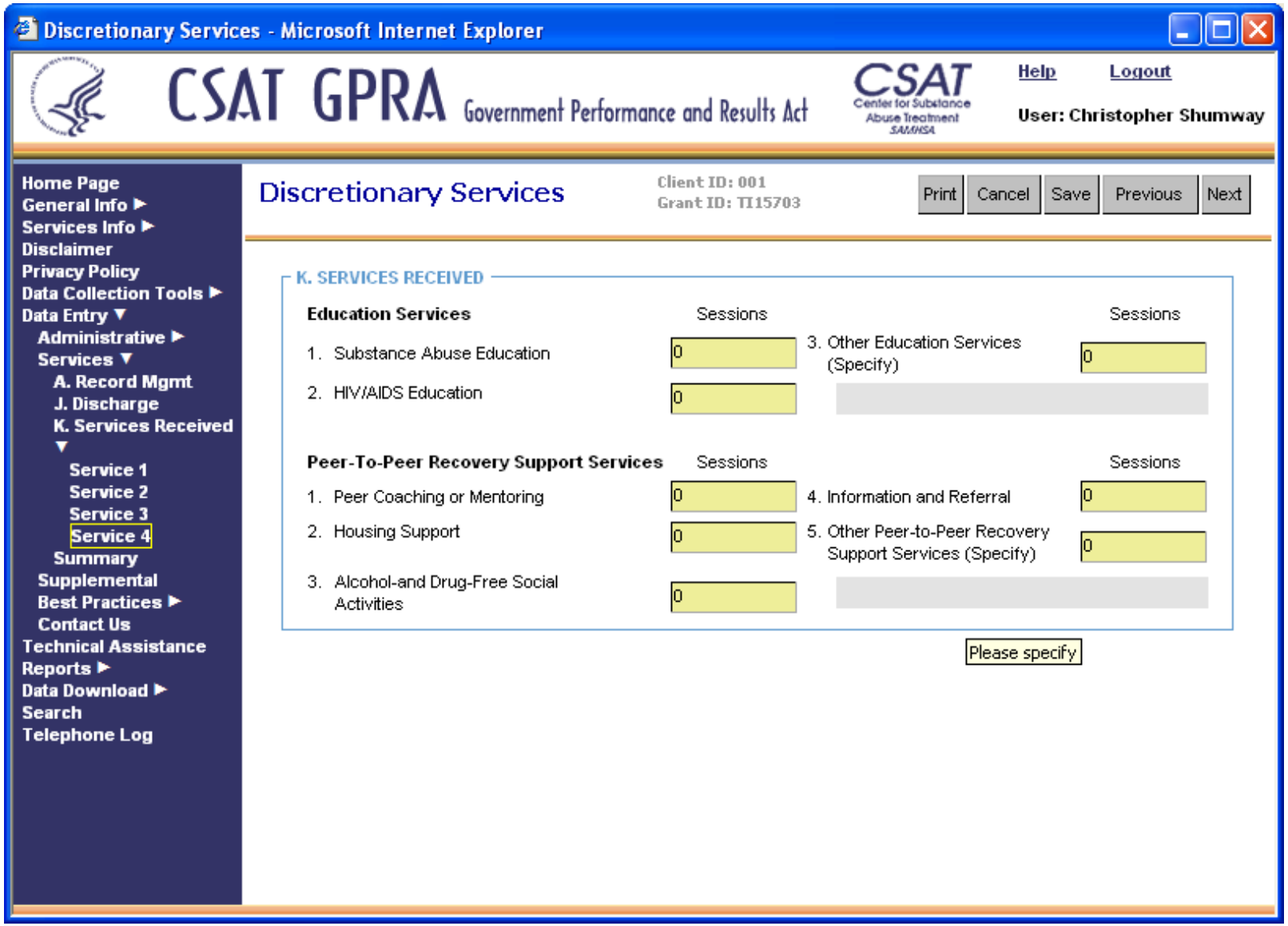
K. SERVICES RECEIVED
Case Management Services
Sessions
1.Family Services (Including Marriage Education, Parenting, Child Development Services)
0
2.Child Care
0
3.Employment Service
A. Pre-Employment
0
B. Employment Coaching
0
4.Individual Services Coordination
0
5.Transportation
0
6.HIV/AIDS Service
0
7.Supportive Transitional Drug-Free Housing Services
0
8.Other Case Management Services (Specify)
0
Medical Services
Sessions
1.Medical Care
0
2.Alcohol/Drug Testing
0
3.HIV/ AIDS Medical Support & Testing
0
4.Other Medical Services (Specify)
0
After Care Services
Sessions
1.Continuing Care
0
2.Relapse Prevention
0
3.Recovery Coaching
0
4.Self-Help and Support Groups
0
5.Spiritual Support
0
6.Other After Care Services (Specify)
0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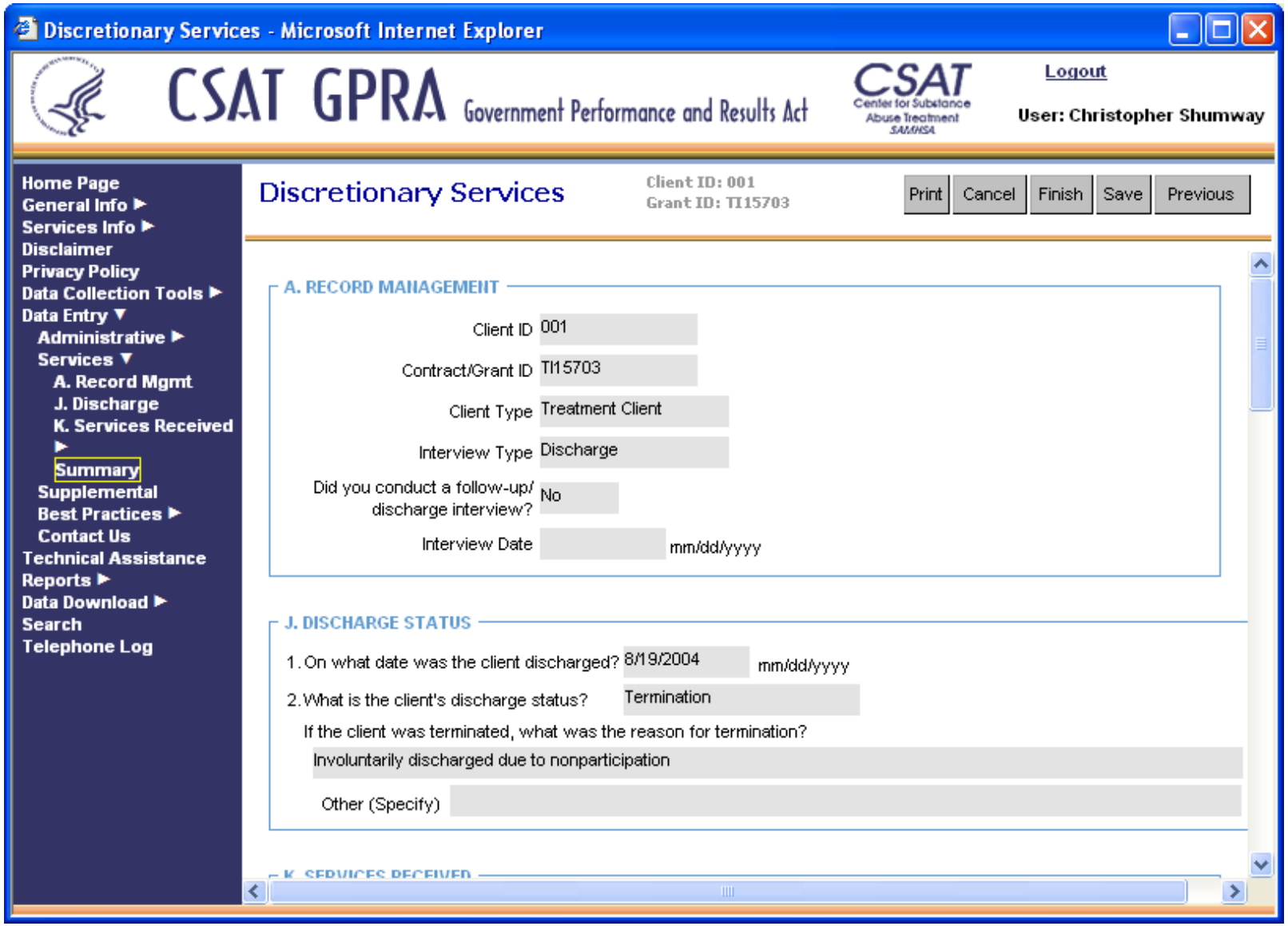
K. SERVICES RECEIVED
Education Services
Sessions
1. Substance Abuse Education
0
2. HIV/AIDS Education
0
3. Other Education Services (Specify)
Sessions
0
Peer-To-Peer Recovery Support Services
Sessions
1. Peer Coaching or Mentoring
0
2. Housing Support
0
3. Alcohol-and Drug-Free Social Activities
0
4. Information and Referral
Sessions
0
5. Other Peer-to-Peer Recovery Support Services (Specify)
0
Please specify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A. RECORD MANAGEMENT
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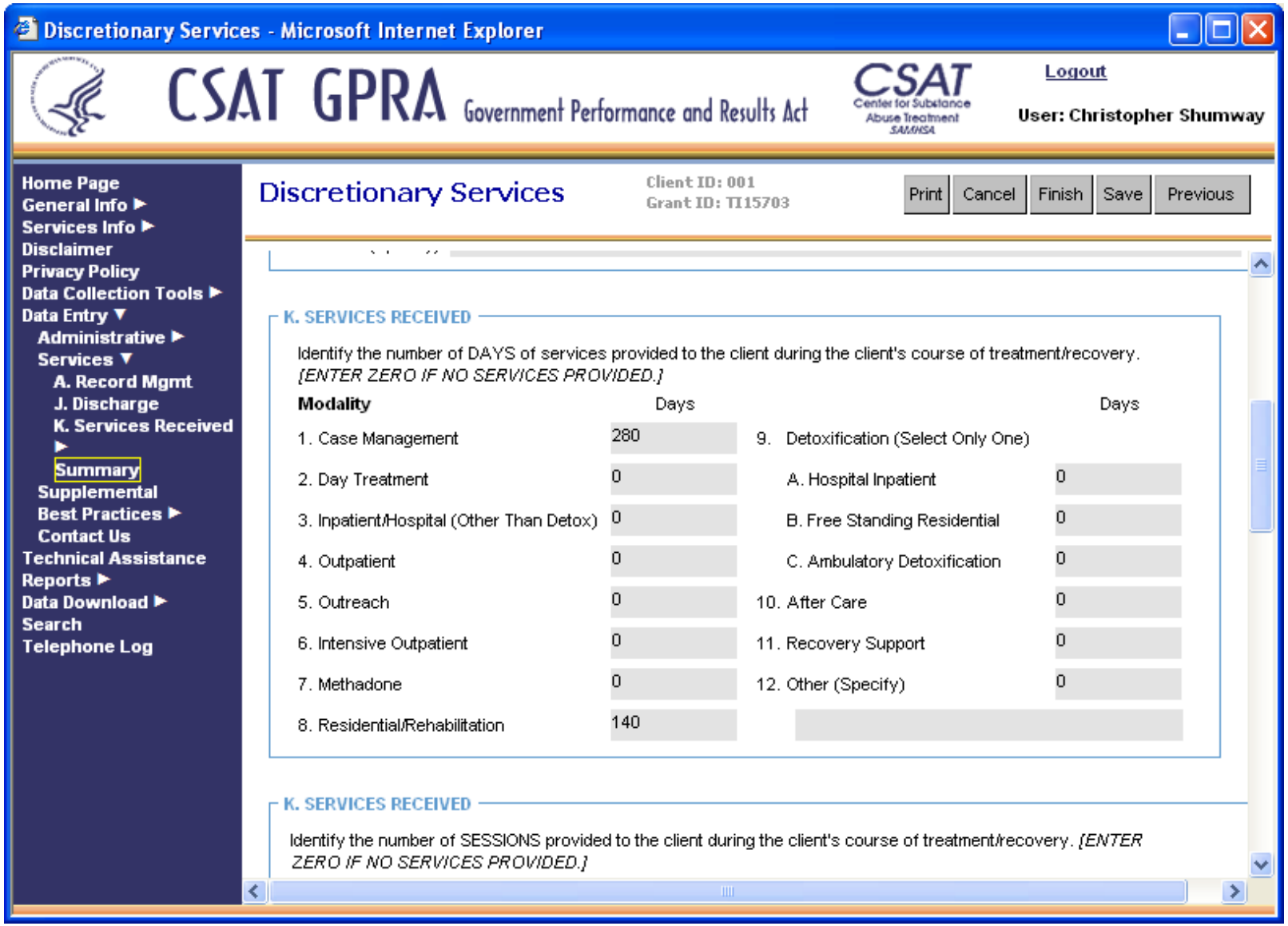
Client Type Treatment Client
Interview Type Discharge
Did you conduct a follow-up/ discharge interview? No
Interview Date mm/dd/yyyy
J. DISCHARGE STATUS
1. On what date was the client discharged? 8/19/2004 mm/dd/yyyy
2. What is the client's discharge status? Termination
If the client was terminated, what was the reason for termination?
Involuntarily discharged due to nonparticipation
Other (Specify)
K. SERVICES RECEIVED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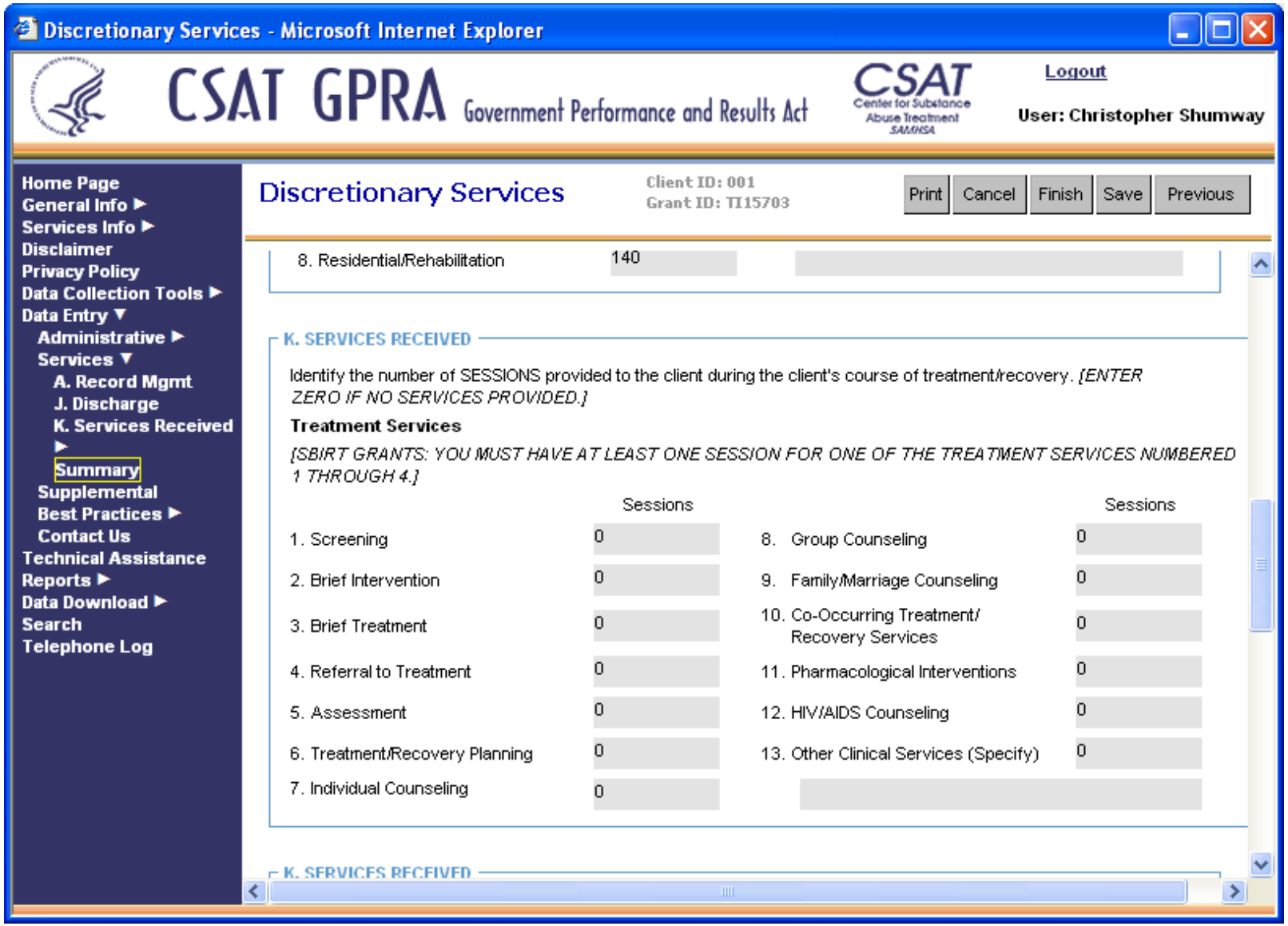
K. SERVICES RECEIVED
Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]
Modality
Days
1. Case Management 280
2. Day Treatment 0
3. Inpatient/Hospital (Other Than Detox) 0
4. Outpatient 0
5. Outreach 0
6. Intensive Outpatient 0
7. Methadone 0
8. Residential/Rehabilitation 140
9. Detoxification (Select Only One)
A. Hospital Inpatient 0
B. Free Standing Residential 0
C. Ambulatory Detoxification 0
10. After Care 0
11. Recovery Support 0
12. Other (Specify) 0
K. SERVICES RECEIVED
Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]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CSAT Center for Substance Abuse Treatment SAMHSA
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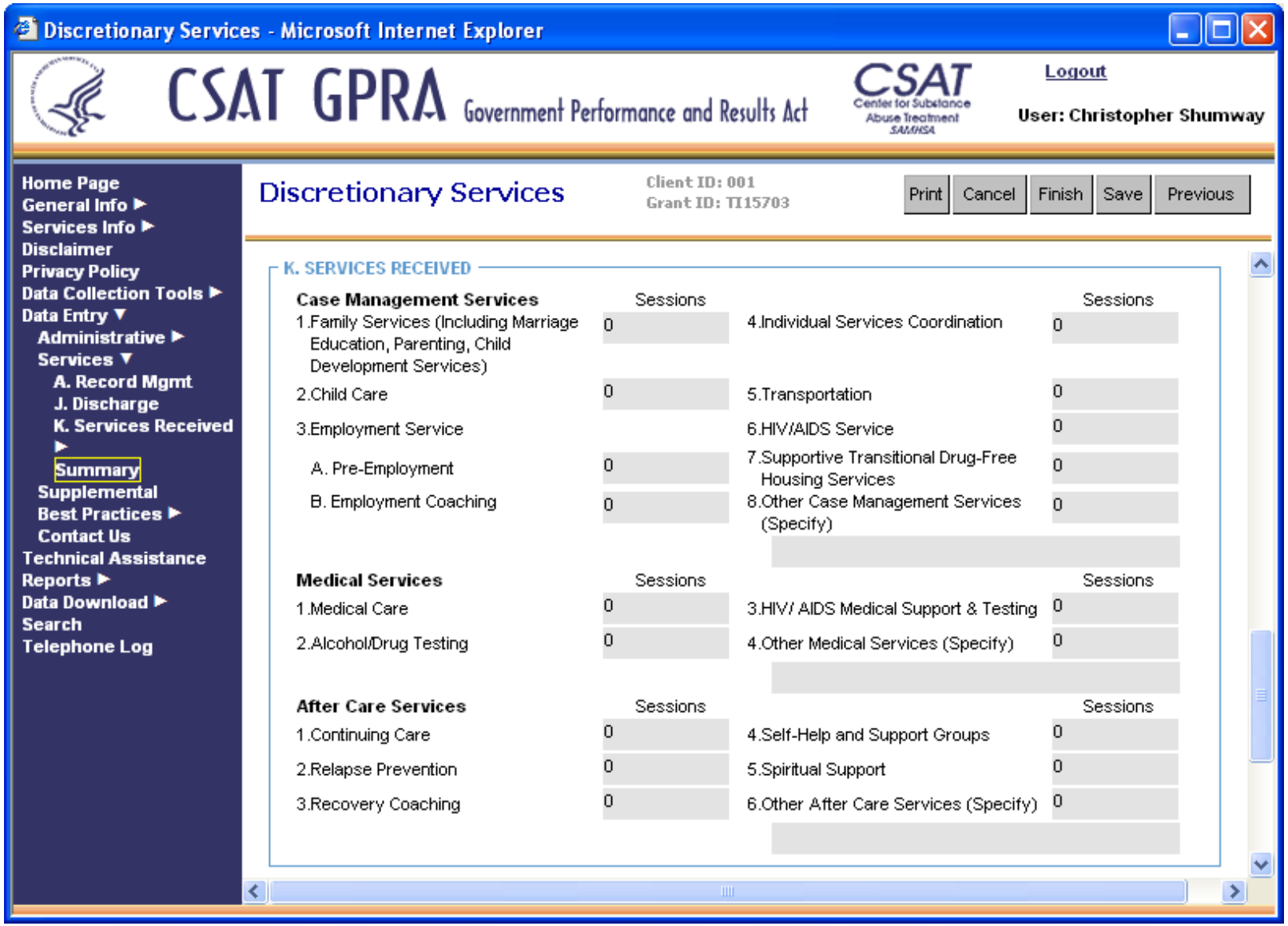
8. Residential/Rehabilitation 140
K. SERVICES RECEIVED
Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]
Treatment Services
[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]
Sessions
1. Screening 0
2. Brief Intervention 0
3. Brief Treatment 0
4. Referral to Treatment 0
5. Assessment 0
6. Treatment/Recovery Planning 0
7. Individual Counseling 0
8. Group Counseling 0
9. Family/Marriage Counseling 0
10. Co-Occurring Treatment/ Recovery Services 0
11. Pharmacological Interventions 0
12. HIV/AIDS Counseling 0
13. Other Clinical Services (Specify) 0
K. SERVICES RECEIVED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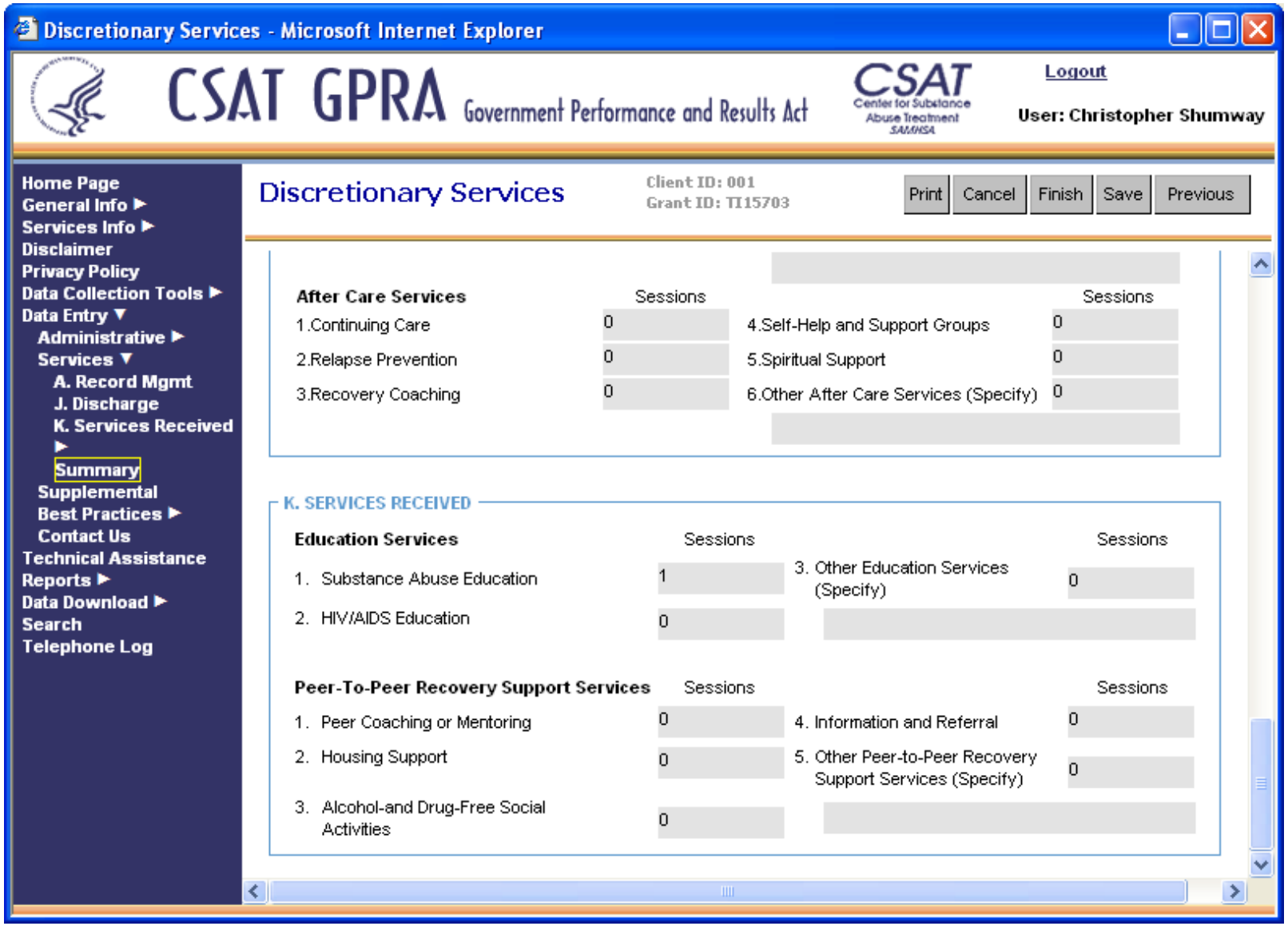
K. SERVICES RECEIVED
Case Management Services
Sessions
1.Family Services (Including Marriage Education, Parenting, Child Development Services) 0
2.Child Care 0
3.Employment Service
A. Pre-Employment 0
B. Employment Coaching 0
4.Individual Services Coordination 0
5.Transportation 0
6.HIV/AIDS Service 0
7.Supportive Transitional Drug-Free Housing Services 0
8.Other Case Management Services (Specify) 0
Medical Services
Sessions
1.Medical Care 0
2.Alcohol/Drug Testing 0
3.HIV/ AIDS Medical Support & Testing 0
4.Other Medical Services (Specify) 0
After Care Services
Sessions
1.Continuing Care 0
2.Relapse Prevention 0
3.Recovery Coaching 0
4.Self-Help and Support Groups 0
5.Spiritual Support 0
6.Other After Care Services (Specify) 0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After Care Services
Sessions
1.Continuing Care 0
2.Relapse Prevention 0
3.Recovery Coaching 0
4.Self-Help and Support Groups 0
5.Spiritual Support 0
6.Other After Care Services (Specify) 0
K. SERVICES RECEIVED
Education Services
Sessions
1. Substance Abuse Education 1
2. HIV/AIDS Education 0
3. Other Education Services (Specify) 0
Peer-To-Peer Recovery Support Services
Sessions
1. Peer Coaching or Mentoring 0
2. Housing Support 0
3. Alcohol-and Drug-Free Social Activities 0
4. Information and Referral 0
5. Other Peer-to-Peer Recovery Support Services (Specify) 0