

CSAT GPRA Client Outcome Measures for Discretionary Programs

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

B. DRUG AND ALCOHOL USE

- 1. During the past 30 days how many days have you used the following: Number of Days**
- a. Any alcohol |_|_|_|
 - b1. Alcohol to intoxication (5+ drinks in one sitting) |_|_|_|
 - b2. Alcohol to intoxication (4 or fewer drinks and felt high) |_|_|_|
 - c. Illegal drugs |_|_|_|

- 2. During the past 30 days, how many days have you used any of the following: Number of Days**
- a. Cocaine/Crack |_|_|_|
 - b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane) |_|_|_|
 - c. Heroin (Smack, H, Junk, Skag), or other opiates:
 - 1. Heroin (Smack, H, Junk, Skag) |_|_|_|
 - 2. Morphine |_|_|_|
 - 3. Diluadid |_|_|_|
 - 4. Demerol |_|_|_|
 - 5. Percocet |_|_|_|
 - 6. Darvon |_|_|_|
 - 7. Codeine |_|_|_|
 - 8. Tylenol 2,3,4 |_|_|_|
 - 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.
 - 1. Benzodiazepines: Diazepam (Valium); Alpeazolam (Xanax); Triazolam (Halcion); and Estazolam (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? Yes No**
 If no, go 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

C. FAMILY AND LIVING CONDITIONS

1. **In the past 30 days, where have you been living most of the time?**

- Shelter (safe havens, TLC, low demand facilities, reception centers, other temporary day or evening facility)
- Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- Institution (hospital, nursing home, jail/prison)
- Housed:
 - Own/rent apartment, room, or house
 - Someone else's apartment, room or house
 - Halfway house
 - Residential treatment
 - 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
- Somewhat
- Considerably
- Extremely
- Not applicable

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
- Somewhat
- Considerably
- Extremely
- Not applicable

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

- Not at all
- Somewhat
- Considerably
- Extremely
- Not Applicable

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
- Enrolled, full time
- Enrolled, part time
- Other (specify) _____

2. **What is the highest level of education you have finished, whether or not you received a degree? (01=1st grade, 12=12th grade, 13=college freshman, 16=college completion)**

|____|____| level in years

2a. **If less than 12 years of education, do you have a GED (General Equivalency Diploma)?**

- Yes No

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)

- Employed full time (35+ hours per week, or would have been)
- Employed part time
- Unemployed, looking for work
- Unemployed, disabled
- Unemployed, volunteer work
- Unemployed, retired
- Unemployed, not looking for work
- Other (specify) _____

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

		INCOME			
a. Wages	\$.00
b. Public assistance	\$.00
c. Retirement	\$.00
d. Disability	\$.00
e. Non-legal income	\$.00
f. Other (specify) _____	\$.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. **In the past 30 days, how many times have you been arrested?** _____ times
If no arrests, go to item E3
2. **In the past 30 days, how many times have you been arrested for drug-related offenses?** _____ times
3. **In the past 30 days, how many nights have you spent in jail/prison?** _____ nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. **How would you rate your overall health right now?**
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

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

a. Inpatient Treatment for:

	No	Yes ⇒	If yes, altogether for how many nights (DK=98)
i. Physical complaint	<input type="radio"/>	<input type="radio"/>	_____
ii. Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	_____
iii. Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	_____

b. Outpatient Treatment for:

	No	Yes ⇒	If yes, altogether how many times (DK=98)
i. Physical complaint	<input type="radio"/>	<input type="radio"/>	_____
ii. Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	_____
iii. Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	_____

c. Emergency Room Treatment for:

	No	Yes ⇒	If yes, altogether for how many times (DK=98)
i. Physical complaint	<input type="radio"/>	<input type="radio"/>	_____
ii. Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	_____
iii. Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	_____

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

Not permitted to ask Yes No

	If yes, altogether How many (DK=98)
a. Sexual contacts (vaginal, oral, or anal) did you have?	____ ____ ____
b. Unprotected sexual contacts did you have?	____ ____ ____
c. Unprotected sexual contacts were with an individual who is or was:	
1. HIV positive or has AIDS	____ ____ ____
2. An injection drug user	____ ____ ____
3. High on some substance	____ ____ ____

4. In the past 30 days (not due to your use of alcohol or drugs) how many days have you:

- a. Experienced serious depression

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- b. Experienced serious anxiety or tension

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- c. Experienced hallucinations

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- d. Experienced trouble understanding, concentrating, or remembering

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- e. Experienced trouble controlling violent behavior

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- f. Attempted suicide

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- g. Been prescribed medication for psychological/emotional problem

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4a. If you reported one or more days in question 4, how much have you been bothered by these psychological or emotional problems in the past 30 days? (If you did not report any days to the items in question 4, skip to the next question.)

- Not at all
- Slightly
- Moderately
- Considerable
- Extremely

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- Male
- Female
- Transgender
- Other (specify) _____

2. Are you Hispanic or Latino?

- Yes
- No

If yes, what ethnic group do you consider yourself? (CSAT ONLY)

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other, specify _____

3. What is your race? (Select one or more)

- Black or African American
- Asian
- American Indian
- Native Hawaiian or other Pacific Islander
- Alaska Native
- White
- Other (specify) _____

4. What is your date of birth? |_|_|/|_|_|/|_|_|_|_|
 Month / Day / Year

I. FOLLOW-UP STATUS (REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP)

1. What is the follow-up status of the client?
- 01 = Deceased at time of due date
 - 11 = Completed within 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
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J. DISCHARGE STATUS (REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP)

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 with satisfactory progress
 - 08 = Incarcerated due to offense committed while in treatment with unsatisfactory progress
 - 09 = Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress
 - 10 = Incarcerated due to old warrant or charged from before entering treatment with unsatisfactory progress
 - 11 = Transferred to another facility for health reasons
 - 12 = Death
 - 13 = Other _____

3. During the course of treatment in your project, what types of services did the client receive?
(Check all that apply and tell how many weeks the client spent in each service.)

- | | | | |
|-------|-------------------------|-------|-------|
| _____ | 1. Case Management | _____ | weeks |
| _____ | 2. Day Treatment | _____ | weeks |
| _____ | 3. Inpatient | _____ | weeks |
| _____ | 4. Outpatient | _____ | weeks |
| _____ | 5. Outreach | _____ | weeks |
| _____ | 6. Intensive Outpatient | _____ | weeks |
| _____ | 7. Methadone | _____ | weeks |
| _____ | 8. Residential | _____ | weeks |
| _____ | 9. Other _____ | _____ | weeks |
| _____ | 10. Other _____ | _____ | weeks |
| _____ | 11. Other _____ | _____ | weeks |