
I. FOLLOW-UP STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT 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- 24 = Located, but withdrawn from project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 ABOUT CLIENT 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) _____

J. DISCHARGE STATUS (CONTINUED)

3. Did the program test this client for HIV?

- Yes *[SKIP TO SECTION K.]*
- No *[GO TO J4.]*

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

- Yes
- No

K. SERVICES RECEIVED

[REPORTED BY PROGRAM STAFF ABOUT CLIENT 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):	
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
<i>[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1-4.]</i>	
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	_____
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) _____	_____