

**Substance Abuse and Mental Health Services Administration
(SAMHSA)**

Center for Substance Abuse Treatment (CSAT)

**Government Performance and Results Act (GPRA)
Client Outcome Measures for Discretionary Programs**

SPARS CSAT GPRA Client Outcome Measures Tool Crosswalk

SEPTEMBER 2022

This document provides a crosswalk between the expiring CSAT GPRA Services Tool (OMB No. 0930-0208 Expiration Date 02/28/2022) and the new CSAT GPRA Services Tool (OMB No. 0930-0208 Expiration Date 03/31/2025)

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FORMAT LEGEND

Format Style	Signifies
+Text#	Wording that has been added to the new tool
Text	Wording that is removed from expiring tool
Black font	Wording carried over from expiring tool to new tool
[Square brackets]	Instructional text that is not intended to be read aloud to the client
{Curly brackets}	A response option not intended to be read aloud to the client

CATEGORY DEFINITIONS

Revision Category	Definition
Added	New question has been added to the new tool
Dropped	Existing question from the expiring tool is no longer asked in the new tool
Moved	A question has been relocated within the tool
Revised – Minor	Revisions that do not change the intent of the question and the response options. Examples of minor revisions include, but are not limited to, changes to question numbering, insubstantial text changes to questions, response options, or instructions, and adding or dropping “Don’t Know” or “Refused” response options.
Revised – Significant	How the question is asked and/or answered has changed <u>but</u> it still collects comparable information. Examples of significant revisions include, but are not limited to, changes to response options, combining multiple questions, changing the type of response options (e.g., from a scale to a Yes/No).
Unchanged	No change to the question or response options

Expiring Tool (2019)	New Tool (2022)	Notes	Category
A. RECORD MANAGEMENT			
A. RECORD MANAGEMENT (expiring tool) is retained with minor revisions as A. RECORD MANAGEMENT (new tool).			
Client ID <input type="text"/>	Client ID <input type="text"/>		Unchanged
Client Type: <input type="radio"/> Treatment client <input type="radio"/> Client in recovery	Client +Description by Grant# Type: <input type="radio"/> Treatment +grant# client <input type="radio"/> Client in recovery +grant#	Question text changed Response text changed	Revised - Minor
Contract/Grant ID <input type="text"/>	Contract/Grant ID <input type="text"/>		Unchanged

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Interview Type [CIRCLE ONLY ONE TYPE.] Intake [GO TO INTERVIEW DATE.] 6-month follow-up: Did you conduct a follow-up interview? <input type="radio"/> Yes <input type="radio"/> No [IF NO, GO DIRECTLY TO SECTION I.]</p> <p>3-month follow-up [FOR SELECT PROGRAMS]: Did you conduct a follow-up interview? <input type="radio"/> Yes <input type="radio"/> No [IF NO, GO DIRECTLY TO SECTION I.]</p> <p>Discharge: Did you conduct a discharge interview? <input type="radio"/> Yes <input type="radio"/> No [IF NO, GO DIRECTLY TO SECTION J.]</p>	<p>Interview Type [CIRCLE ONLY ONE TYPE.] Intake [GO TO INTERVIEW DATE.] 3-month follow-up [FOR SELECT PROGRAMS]: → Did you conduct a follow-up interview? <input type="radio"/> Yes <input type="radio"/> No [IF NO, GO DIRECTLY TO SECTION I.]</p> <p>6-month follow-up → Did you conduct a follow-up interview? <input type="radio"/> Yes <input type="radio"/> No [IF NO, GO DIRECTLY TO SECTION I.]</p> <p>Discharge → Did you conduct a discharge interview? <input type="radio"/> Yes <input type="radio"/> No [IF NO, GO DIRECTLY TO SECTION J.]</p>	<p>Order of 3 & 6 month follow-ups reversed</p>	<p>Revised - Minor</p>
<p>Interview Date</p> <p>____/____/____ Month Day Year</p>	<p>Interview Date</p> <p>____/____/____ Month Day Year</p>		<p>Unchanged</p>

A. RECORD MANAGEMENT - DEMOGRAPHICS [ASKED ONLY AT INTAKE/BASELINE]

A. DEMOGRAPHICS (expiring tool) is now A. RECORD MANAGEMENT - DEMOGRAPHICS (new tool).
Questions 6, 7, 7a, and 7b in C. FAMILY AND LIVING CONDITIONS (expiring tool) are moved to Questions 8, 9, 9a, and 9b, respectively in A. RECORD MANAGEMENT - DEMOGRAPHICS (new tool).

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>4. What is your date of birth?*</p> <p> <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day </p> <p> <input type="text"/> / <input type="text"/> / <input type="text"/> Year </p> <p><input type="radio"/> REFUSED</p> <p><i>[*THE SYSTEM WILL ONLY SAVE MONTH AND YEAR. TO MAINTAIN CONFIDENTIALITY, DAY IS NOT SAVED.]</i></p>	<p>+1#<4>. What is your date of birth +month and year#?</p> <p> <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year </p> <p><input type="radio"/> {REFUSED}</p> <p><i>[*THE SYSTEM WILL ONLY SAVE MONTH AND YEAR. TO MAINTAIN CONFIDENTIALITY, DAY IS NOT SAVED.]</i></p>	<p>Question text changed</p> <p>'Day' field dropped</p> <p>Renumbered question</p>	<p>Revised - Significant</p>
<p>1. What is your gender?</p> <p> <input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> TRANSGENDER <input type="radio"/> OTHER (SPECIFY) _____ <input type="radio"/> REFUSED </p>	<p>+2#<4>. +What do you consider yourself to be?# What is your gender?</p> <p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> +Transgender (Male to Female) <input type="radio"/> Transgender (Female to Male) <input type="radio"/> Gender non-conforming# <input type="radio"/> Other {(SPECIFY)} _____ <input type="radio"/> {REFUSED} </p>	<p>Wording of gender identity question modified</p> <p>Gender identity responses expanded</p> <p>Renumbered question</p>	<p>Revised - Significant</p>
<p>2. Are you Hispanic or Latino?</p> <p> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED </p>	<p>+3#<2>. Are you Hispanic, Latino+/a, or of Spanish origin?#</p> <p> <input type="radio"/> Yes <input type="radio"/> No +[SKIP TO QUESTION 4]# <input type="radio"/> {REFUSED} +[SKIP TO QUESTION 4]# </p>	<p>Question text changed</p> <p>Skip instructions changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category																																
<p>[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.</p> <table border="0"> <thead> <tr> <th data-bbox="138 310 317 337">Ethnic Group</th> <th data-bbox="369 310 428 337">YES</th> <th data-bbox="464 310 512 337">NO</th> <th data-bbox="527 310 667 337">REFUSED</th> </tr> </thead> <tbody> <tr> <td data-bbox="138 342 348 370">Central American</td> <td data-bbox="390 342 411 370"><input type="radio"/></td> <td data-bbox="474 342 495 370"><input type="radio"/></td> <td data-bbox="579 342 600 370"><input type="radio"/></td> </tr> <tr> <td data-bbox="138 375 218 402">Cuban</td> <td data-bbox="390 375 411 402"><input type="radio"/></td> <td data-bbox="474 375 495 402"><input type="radio"/></td> <td data-bbox="579 375 600 402"><input type="radio"/></td> </tr> <tr> <td data-bbox="138 407 275 435">Dominican</td> <td data-bbox="390 407 411 435"><input type="radio"/></td> <td data-bbox="474 407 495 435"><input type="radio"/></td> <td data-bbox="579 407 600 435"><input type="radio"/></td> </tr> <tr> <td data-bbox="138 440 243 467">Mexican</td> <td data-bbox="390 440 411 467"><input type="radio"/></td> <td data-bbox="474 440 495 467"><input type="radio"/></td> <td data-bbox="579 440 600 467"><input type="radio"/></td> </tr> <tr> <td data-bbox="138 472 296 500">Puerto Rican</td> <td data-bbox="390 472 411 500"><input type="radio"/></td> <td data-bbox="474 472 495 500"><input type="radio"/></td> <td data-bbox="579 472 600 500"><input type="radio"/></td> </tr> <tr> <td data-bbox="138 505 327 532">South American</td> <td data-bbox="390 505 411 532"><input type="radio"/></td> <td data-bbox="474 505 495 532"><input type="radio"/></td> <td data-bbox="579 505 600 532"><input type="radio"/></td> </tr> <tr> <td data-bbox="138 537 239 565">OTHER</td> <td data-bbox="390 537 411 565"><input type="radio"/></td> <td data-bbox="474 537 495 565"><input type="radio"/></td> <td data-bbox="579 537 600 565"><input type="radio"/></td> </tr> </tbody> </table> <p><i>[IF YES, SPECIFY BELOW.]</i> (SPECIFY) _____</p>	Ethnic Group	YES	NO	REFUSED	Central American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cuban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dominican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mexican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Puerto Rican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	South American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OTHER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>+3a#. [IF YES] What ethnic group do you consider yourself? +You may indicate more than one.# Please answer yes or no for each of the following. You may say yes to more than one.</p> <p>Ethnic Group</p> <ul style="list-style-type: none"> <input type="radio"/> Central American <input type="radio"/> Cuban <input type="radio"/> Dominican <input type="radio"/> Mexican <input type="radio"/> Puerto Rican <input type="radio"/> South American <input type="radio"/> Other {(SPECIFY)} _____ <input type="radio"/> +{REFUSED}# 	<p>Question text changed</p> <p>Response options changed</p> <p>Numbered question</p>	<p>Revised - Minor</p>
Ethnic Group	YES	NO	REFUSED																																
Central American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																
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<p>Response options are: YES, NO, REFUSED</p>	<p>+Response options are: Yes (selected), No (Unselected)# Response options are: YES, NO, REFUSED</p>	<p>Response choices simplified from Yes, No, Refused to select one or more.</p>	<p>Revised - Minor</p>																																

Expiring Tool (2019)	New Tool (2022)	Notes	Category																												
<p>3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.</p> <table border="0"> <thead> <tr> <th>Race</th> <th>YES</th> <th>NO</th> <th>REFUSED</th> </tr> </thead> <tbody> <tr> <td>Black or African American</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Asian</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Nat Haw or other Pac Island</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Alaska Native</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>White</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>American Indian</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>	Race	YES	NO	REFUSED	Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nat Haw or other Pac Island	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	American Indian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>+4#<3>. What is your race? +You may indicate more than one.# <Please answer yes or no for each of the following. You may say yes to more than one.></p> <p>Race</p> <ul style="list-style-type: none"> <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> American Indian <input type="radio"/> Alaska Native <input type="radio"/> #Asian Indian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Vietnamese <input type="radio"/> Other Asian <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Pacific Islander # <input type="radio"/> Other {(SPECIFY)} _____ <input type="radio"/> +{REFUSED} # 	<p>Question text changed</p> <p>Response options expanded</p> <p>Renumbered question</p>	<p>Revised - Significant</p>
Race	YES	NO	REFUSED																												
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																												
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<p>Response options are: YES, NO, REFUSED</p>	<p>+Response options are: Yes (selected), No (Unselected)# Response options are: YES, NO, REFUSED</p>	<p>Response choices simplified from Yes, No, Refused to select one or more.</p>	<p>Revised - Minor</p>																												

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+5. Do you speak a language other than English at home?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED} <p><i>[SKIP TO QUESTION 6]</i> <i>[SKIP TO QUESTION 6]</i></p> <p>5a. What is this language?</p> <ul style="list-style-type: none"> <input type="radio"/> Spanish <input type="radio"/> Other {(SPECIFY)} _____ # 	<p>Added new questions</p> <p>Note that this question is different in the Spanish version, asking if a language other than Spanish is spoken at home and response options of English or Other.</p>	<p>Added</p>
	<p>+6. Do you think of yourself as... [YOU MAY INDICATE MORE THAN ONE]</p> <ul style="list-style-type: none"> <input type="radio"/> Straight Or Heterosexual <input type="radio"/> Homosexual (Gay Or Lesbian) <input type="radio"/> Bisexual <input type="radio"/> Queer, Pansexual, And/Or Questioning <input type="radio"/> Asexual <input type="radio"/> Other {(SPECIFY)} _____ <input type="radio"/> {REFUSED}# 	<p>Added new question</p>	<p>Added</p>
	<p>+7. What is your relationship status?</p> <ul style="list-style-type: none"> <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> In a relationship <input type="radio"/> In multiple relationships <input type="radio"/> {REFUSED}# 	<p>Added new question</p>	<p>Added</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>6. <i>[IF NOT MALE]</i> Are you currently pregnant?</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>+8#<6>. <IF NOT MALE> Are you currently pregnant?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> +Do not know <input type="radio"/> {REFUSED}# 	<p>Questions 6 from C FAMILY AND LIVING CONDITIONS in expiring tool moved to A. DEMOGRAPH ICS Question 8 in new tool.</p> <p>Response options changed</p>	<p>Revised – Minor Moved</p>
<p>7. Do you have children?</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <p><i>[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION D.]</i></p>	<p>+9#<7>. Do you have children? +[Refers to children both living and/or who may have died]#</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED} # <input type="radio"/> <DON'T KNOW> <p><IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION D.></p>	<p>Questions 7 from C FAMILY AND LIVING CONDITIONS in expiring tool moved to A. DEMOGRAPH ICS Question 9 in new tool.</p> <p>Question text changed</p> <p>Response options changed</p> <p>Skip logic changed</p>	<p>Revised – Minor Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>7a. How many children do you have? <i>[IF C7 = YES, THEN THE VALUE IN C7a MUST BE GREATER THAN 0.]</i></p> <p>____ ____ </p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p>+9#<7>a. How many children +under the age of 18# do you have? <[IF C7 = YES, THEN THE VALUE IN C7a MUST BE GREATER THAN 0.]></p> <p>____ ____ </p> <p><input type="radio"/> {REFUSED}</p> <p><input checked="" type="radio"/> <DON'T KNOW></p>	<p>Questions 7a from C FAMILY AND LIVING CONDITIONS in expiring tool moved to A. DEMOGRAPH ICS Question 9a in new tool.</p> <p>Question text changed</p> <p>Response options changed</p>	<p>Revised – Minor Moved</p>
<p>7b. Are any of your children living with someone else due to a child protection court order?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p> <p><i>[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM C7d.]</i></p>	<p>+9#<7>b. Are any of your children+, who are under the age of 18,# living with someone else due to a <child protection> court+'s intervention?# <order?> +[THE VALUE IN ITEM A9b CANNOT EXCEED THE VALUE IN A9a.] #</p> <p><input type="radio"/> Yes +Number of children removed from client's care ____ ____ #</p> <p><input type="radio"/> No +[SKIP TO QUESTION 10]#</p> <p><input type="radio"/> {REFUSED} +[SKIP TO QUESTION 10]#</p> <p><input checked="" type="radio"/> <DON'T KNOW></p> <p><[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM C7d.]></p>	<p>Questions 7b from C FAMILY AND LIVING CONDITIONS in expiring tool moved to A. DEMOGRAPH ICS Question 9b in new tool.</p> <p>Question text changed</p> <p>Response options changed</p>	<p>Revised – Significant Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+9c. Have you been reunited with any of your children, under the age of 18, who have been previously removed from your care? [THE VALUE IN ITEM A9c CANNOT EXCEED THE VALUE IN A9a.]</p> <p><input type="radio"/> Yes Number of children with whom the client has been reunited <input type="text"/> <input type="text"/></p> <p><input type="radio"/> No</p> <p><input type="radio"/> {REFUSED}#</p>	Added new question	Added
<p>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?</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> YES, IN THE ARMED FORCES</p> <p><input type="radio"/> YES, IN THE RESERVES</p> <p><input type="radio"/> YES, IN THE NATIONAL GUARD</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p> <p>[IF NO, REFUSED, OR DON'T KNOW, SKIP TO QUESTION A6.]</p>	<p>+10#<5>. Have you ever served in the Armed Forces, in the Reserves, <or> in the National Guard+, or in other Uniformed Services#? [IF SERVED] <In which> +What# area, the Armed Forces, Reserves, <or> National Guard+, or other# did you serve?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, In The Armed Forces</p> <p><input type="radio"/> Yes, In The Reserves</p> <p><input type="radio"/> Yes, In The National Guard</p> <p><input type="radio"/> +Yes, Other Uniformed Services [Includes NOAA, USPHS]#</p> <p><input type="radio"/> {REFUSED}</p> <p><input type="radio"/> <DON'T KNOW></p> <p><[IF NO, REFUSED, OR DON'T KNOW, SKIP TO QUESTION A6.]></p>	<p>Question 3 from A. MILITARY FAMILY AND DEPLOYMENT in expiring tool moved to A DEMOGRAPHICS</p> <p>Question 10 in new tool.</p> <p>Question text changed</p> <p>Response options changed</p>	<p>Revised – Significant</p> <p>Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+11. How long does it take you, on average, to travel to the location where you receive services provided by this grant?</p> <ul style="list-style-type: none"> <input type="radio"/> Half an hour or less <input type="radio"/> Between half an hour and one hour <input type="radio"/> Between one hour and one and a half hours <input type="radio"/> Between one and a half hours and two hours <input type="radio"/> Two hours or more <input type="radio"/> {REFUSED}# 	Added new question	Added
A. BEHAVIORAL HEALTH DIAGNOSES			
<p>A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) is dropped from the new tool.</p> <p>Substance Use Disorder Diagnoses in A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) are dropped from the new tool.</p> <p>Mental Health Diagnoses in A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) is moved to Question 10a in B. SUBSTANCE USE AND PLANNED SERVICES (new tool).</p> <p>Questions 1 and 1a in A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) are combined and moved to Question 3 in B. SUBSTANCE USE AND PLANNED SERVICES (new tool).</p> <p>Questions 2 and 2a in A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) are combined and moved to Question 2 in B. SUBSTANCE USE AND PLANNED SERVICES (new tool).</p> <p>Questions 3 and 3a in A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) are moved to Questions 11 and 11a in B. SUBSTANCE USE AND PLANNED SERVICES (new tool).</p> <p>Questions 4, 4a, and 5 in A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) are moved to Questions 2, 3, and 4 in H6. PROGRAM SPECIFIC QUESTIONS (new tool).</p>			
<i>[REPORTED BY PROGRAM STAFF]</i>	<i>[REPORTED BY PROGRAM STAFF]</i>		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>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 cross walked 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.</p> <p>Behavioral Health Diagnoses</p> <p>Diagnosed?</p> <p>For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known</p> <p>Select up to 3</p> <p>Primary, Secondary, Tertiary</p> <p>SUBSTANCE USE DISORDER DIAGNOSES</p> <p>Alcohol-related disorders</p> <p>F10.10 – Alcohol use disorder, uncomplicated, mild</p> <p>F10.11 – Alcohol use disorder, mild, in remission</p> <p>F10.20 – Alcohol use disorder, uncomplicated, moderate/severe</p> <p>F10.21 – Alcohol use disorder, moderate/severe, in remission</p> <p>F10.9 – Alcohol use, unspecified</p> <p>Opioid-related disorders</p> <p>F11.10 – Opioid use disorder, uncomplicated, mild</p> <p>F11.11 – Opioid use disorder, mild, in remission</p> <p>F11.20 – Opioid use disorder, uncomplicated, moderate/severe</p> <p>F11.21 – Opioid use disorder, moderate/severe, in remission</p> <p>F11.9 – Opioid use, unspecified</p>	<p><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 cross walked 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.</p> <p>Behavioral Health Diagnoses</p> <p>Diagnosed?</p> <p>For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known</p> <p>Select up to 3</p> <p>Primary, Secondary, Tertiary</p> <p>SUBSTANCE USE DISORDER DIAGNOSES</p> <p>Alcohol-related disorders</p> <p>F10.10 – Alcohol use disorder, uncomplicated, mild</p> <p>F10.11 – Alcohol use disorder, mild, in remission</p> <p>F10.20 – Alcohol use disorder, uncomplicated, moderate/severe</p> <p>F10.21 – Alcohol use disorder, moderate/severe, in remission</p> <p>F10.9 – Alcohol use, unspecified</p> <p>Opioid-related disorders</p> <p>F11.10 – Opioid use disorder, uncomplicated, mild</p> <p>F11.11 – Opioid use disorder, mild, in remission</p> <p>F11.20 – Opioid use disorder, uncomplicated, moderate/severe</p> <p>F11.21 – Opioid use disorder, moderate/severe, in remission</p> <p>F11.9 – Opioid use, unspecified></p>		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Substance Use Disorder Diagnoses question (Continued)</p> <p>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</p> <p>Cocaine-related disorders F14.10 – Cocaine use disorder, uncomplicated, mild 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</p> <p>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</p>	<p><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</p> <p>Cocaine-related disorders F14.10 – Cocaine use disorder, uncomplicated, mild 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</p> <p>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></p>		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Substance Use Disorder Diagnoses question (Continued)</p> <p>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</p> <p>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</p> <p>Other psychoactive substance-related disorders F19.10 – Other psychoactive substance use disorder, uncomplicated, mild 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</p> <p>Nicotine dependence F17.20 – Tobacco use disorder, mild/moderate/severe F17.21 – Tobacco use disorder, mild/moderate/severe, in remission</p>	<p><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</p> <p>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</p> <p>Other psychoactive substance-related disorders F19.10—Other psychoactive substance use disorder, uncomplicated, mild 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</p> <p>Nicotine dependence F17.20—Tobacco use disorder, mild/moderate/severe F17.21—Tobacco use disorder, mild/moderate/severe, in remission></p>		
<p><i>THIS SECTION FOR SBIRT GRANTS ONLY [ITEMS 4, 4a, AND 5 REPORTED ONLY AT INTAKE/BASELINE].</i></p>	<p><i><THIS SECTION FOR SBIRT GRANTS ONLY [ITEMS 4, 4a, AND 5 REPORTED ONLY AT INTAKE/BASELINE].></i></p>		<p>Dropped</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
A. MILITARY FAMILY AND DEPLOYMENT			
<p>A. MILITARY FAMILY AND DEPLOYMENT (expiring tool) is dropped from the new tool</p> <p>Question 5 in A. MILITARY FAMILY AND DEPLOYMENT (expiring tool) is moved to Question 10 in A. DEMOGRAPHICS (new tool)</p> <p>Questions 5a, 5b, 6, 6a, 6b, 6c, and 6d in A. MILITARY FAMILY AND DEPLOYMENT (expiring tool) are dropped from the new tool.</p>			
<p>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?</p> <ul style="list-style-type: none"> <input type="radio"/> NO, SEPARATED OR RETIRED FROM THE ARMED FORCES, RESERVES, OR NATIONAL GUARD <input type="radio"/> YES, IN THE ARMED FORCES <input type="radio"/> YES, IN THE RESERVES <input type="radio"/> YES, IN THE NATIONAL GUARD <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><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?</p> <ul style="list-style-type: none"> <input type="radio"/> NO, SEPARATED OR RETIRED FROM THE ARMED FORCES, RESERVES, OR NATIONAL GUARD <input type="radio"/> YES, IN THE ARMED FORCES <input type="radio"/> YES, IN THE RESERVES <input type="radio"/> YES, IN THE NATIONAL GUARD <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW> 		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>5b. Have you ever been deployed to a combat zone? <i>[CHECK ALL THAT APPLY.]</i></p> <ul style="list-style-type: none"> <input type="radio"/> NEVER DEPLOYED <input type="radio"/> IRAQ OR AFGHANISTAN (E.G., OPERATION ENDURING FREEDOM [OEF]/OPERATION IRAQI FREEDOM [OIF]/OPERATION NEW DAWN [OND]) <input type="radio"/> PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM) <input type="radio"/> VIETNAM/SOUTHEAST ASIA <input type="radio"/> KOREA <input type="radio"/> WWII <input type="radio"/> DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA) <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><5b. Have you ever been deployed to a combat zone? <i>[CHECK ALL THAT APPLY.]</i></p> <ul style="list-style-type: none"> <input type="radio"/> NEVER DEPLOYED <input type="radio"/> IRAQ OR AFGHANISTAN (E.G., OPERATION ENDURING FREEDOM [OEF]/OPERATION IRAQI FREEDOM [OIF]/OPERATION NEW DAWN [OND]) <input type="radio"/> PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM) <input type="radio"/> VIETNAM/SOUTHEAST ASIA <input type="radio"/> KOREA <input type="radio"/> WWII <input type="radio"/> DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA) <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 		Dropped
<p><i>[SBIRT GRANTEES: FOR CLIENTS WHO SCREENED NEGATIVE, THE INTAKE INTERVIEW IS NOW COMPLETE.]</i></p>	<p><[SBIRT GRANTEES: FOR CLIENTS WHO SCREENED NEGATIVE, THE INTAKE INTERVIEW IS NOW COMPLETE.]></p>		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>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?</p> <p> <input type="radio"/> NO <input type="radio"/> YES, ONLY ONE <input type="radio"/> YES, MORE THAN ONE <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW </p> <p><i>[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION B.]</i></p> <p><i>[IF YES, ANSWER FOR UP TO 6 PEOPLE.] What is the relationship of that person (Service Member) to you? [WRITE RELATIONSHIP IN COLUMN HEADING.]</i></p>	<p><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?</p> <p> ⊖—NO ⊖—YES, ONLY ONE ⊖—YES, MORE THAN ONE ⊖—REFUSED ⊖—DON'T KNOW </p> <p><i>[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION B.]</i></p> <p><i>[IF YES, ANSWER FOR UP TO 6 PEOPLE.] What is the relationship of that person (Service Member) to you? [WRITE RELATIONSHIP IN COLUMN HEADING.]</i></p>		Dropped
<p>Has the Service Member experienced any of the following?</p> <p>6a. Has the Deployed in support of combat operations (e.g., Iraq or Afghanistan)?</p> <p>6b. Was physically injured during combat operations?</p> <p>6c. Developed combat stress symptoms/difficulties adjusting following deployment, including post-traumatic stress disorder (PTSD), depression, or suicidal thoughts?</p> <p>6d. Died or was killed?</p>	<p><Has the Service Member experienced any of the following?</p> <p>6a. Has the Deployed in support of combat operations (e.g., Iraq or Afghanistan)?</p> <p>6b. Was physically injured during combat operations?</p> <p>6c. Developed combat stress symptoms/difficulties adjusting following deployment, including post-traumatic stress disorder (PTSD), depression, or suicidal thoughts?</p> <p>6d. Died or was killed?></p>		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
B. SUBSTANCE USE AND PLANNED SERVICES			
<p>B. DRUG AND ALCOHOL USE (expiring tool) is now B. SUBSTANCE USE AND PLANNED SERVICES (new tool).</p> <p>Mental Health Diagnoses in A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) is moved to Question 10a in B. SUBSTANCE USE AND PLANNED SERVICES (new tool).</p> <p>Questions 1 and 1a in A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) are combined and moved to Question 3 in B. SUBSTANCE USE AND PLANNED SERVICES (new tool).</p> <p>Questions 2 and 2a in A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) are combined and moved to Question 2 in B. SUBSTANCE USE AND PLANNED SERVICES (new tool).</p> <p>Questions 3 and 3a in A. BEHAVIORAL HEALTH DIAGNOSES (expiring tool) are moved to Questions 11 and 11a in B. SUBSTANCE USE AND PLANNED SERVICES (new tool).</p> <p>Question from A. PLANNED SERVICES (expiring tool) is moved to Question 12 in B. SUBSTANCE USE AND PLANNED SERVICES (new tool).</p>			

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>1. During the past 30 days, how many days have you used the following:</p> <ul style="list-style-type: none"> a. Any alcohol <i>[IF ZERO, SKIP TO ITEM B1c.]</i> 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 <i>[IF B1a OR B1c = 0, REFUSED (RF), DON'T KNOW (DK), THEN SKIP TO ITEM B2.]</i> d. Both alcohol and drugs (on the same day) 	<p>+1#<1&2>. +USING THE TABLE BELOW, PLEASE INDICATE THE FOLLOWING:</p> <p>A. THE NUMBER OF# <how many> DAYS, <During> +IN# THE PAST 30 DAYS, +THAT THE CLIENT REPORTS USING A SUBSTANCE.# <days have you used the following:</p> <p>b1. Alcohol to intoxication (5+ drinks in one sitting)</p> <p>b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)</p> <p>e. Illegal drugs [IF B1a OR B1c = 0, REFUSED (RF), DON'T KNOW (DK), THEN SKIP TO ITEM B2.]</p> <p>d. Both alcohol and drugs (on the same day)></p> <p>+[/DO NOT READ TO CLIENT] The client should be encouraged to list the substances on their own. If they are unsure, the list from the table below can be read to the client. Please note that not all substance use is considered harmful or illicit – it may be that a substance is prescribed by a licensed provider, or that the client uses the substance in accordance with official, national safety guidelines. In such instances, clarification from the client should be sought, but if the substance is only taken as prescribed or used on each occasion in accordance with official, national safety guidelines, then it is not considered misuse. If no use of a listed substance is reported, please enter a zero ('0') in the corresponding 'Number of Days Used' column. If the client refuses to answer the question, then select "REFUSED".#</p>	<p>Question text changed</p> <p>Instruction text changed</p> <p>Response options changed</p> <p>Route response options changed.</p> <p>Renumbered question</p>	<p>Revised - Significant</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Substance Use question (Continued)</p> <p>Route of Administration Types:</p> <p>1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV</p> <p>*NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).</p> <p>2. During the past 30 days, how many days have you used any of the following: <i>[IF THE VALUE IN ANY ITEM B2a–B2i GREATER THAN 0, THEN THE VALUE IN B1c MUST BE GREATER THAN 0.]</i></p>	<p>+B. THE ROUTE BY WHICH THE SUBSTANCE IS USED.# <Route of Administration Types:></p> <p>1. Oral</p> <p>2. +Intran#<N>asal</p> <p>3. +Vaping#</p> <p>+4#<3>. Smoking</p> <p>+5#<4>. Non-IV injection</p> <p>+6#<5>. +Intravenous (#IV+) Injection</p> <p>0. Other#</p> <p><*NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).></p> <p><i>+[/DO NOT READ TO CLIENT] Mark one route only for each substance used. But, if the client identifies more than one route, choose the corresponding route with the highest associated number value (numbers 1 – 6). Responses should capture the past 30 days of use.</i></p> <p>During the past 30 days, how many days have you used any substance, and how do you take the substance?</p> <p><input type="radio"/> {REFUSED}#</p>		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Substance Use question (Continued)</p> <p>a. Cocaine/Crack</p> <p>b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)</p> <p>c. Opiates:</p> <ol style="list-style-type: none"> 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 <p>d. Non-prescription methadone</p> <p>e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline</p> <p>f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)</p>	<p><u>+a. Alcohol</u></p> <p>1.# <a. Any> Alcohol <IF ZERO, SKIP TO ITEM B1e.></p> <p>+2. Other {(SPECIFY)} _____</p> <p><u>b. Opioid# <c. Opiates></u></p> <p>+1#. Heroin <(Smack, H, Junk, Skag)></p> <p>+2#. Morphine</p> <p>+3. Fentanyl (Prescription Diversion Or Illicit Source)</p> <p>4#<3>. Dilaudid</p> <p>+5#<4>. Demerol</p> <p>+6#<5>. Percocet</p> <p><6. Darvon></p> <p>+7#. Codeine</p> <p>+8#. Tylenol 2, 3, 4</p> <p>+9#. OxyContin/Oxycodone</p> <p>+10#<d>. Non-prescription methadone</p> <p>+11. Non-prescription buprenorphine</p> <p>12. Other {(SPECIFY)} _____</p> <p><u>C#. +Cannabis</u></p> <p>1. Cannabis (#Marijuana</Hashish>+)# <(Pot, Joints, Blunts, Chronic, Weed, Mary Jane)></p> <p>+2. Synthetic Cannabinoids</p> <p>3. Other {(SPECIFY)} _____</p> <p><u>d. Sedative, Hypnotic, or Anxiolytics</u></p> <p>1. Sedatives</p> <p>2. Hypnotics</p> <p>3.# Barbiturates<: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)></p> <p>+4. Anxiolytics/#Benzodiazepines<: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol, also known as roofies, roche, and cope)></p> <p>+5. Other {(SPECIFY)} _____ #</p>		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Substance Use question (Continued)</p> <p>g. 1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol, also known as roofies, roche, and cope)</p> <p>2. Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)</p> <p>3. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)</p> <p>4. Ketamine (known as Special K or Vitamin K)</p> <p>5. Other tranquilizers, downers, sedatives, or hypnotics</p> <p>h. Inhalants (poppers, snappers, rush, whippets)</p> <p>i. Other illegal drugs (Specify)</p>	<p><u>+e#<a>. +Cocaine#</u> + 1.# Cocaine</Crack> +2. Crack 3. Other {(SPECIFY)} _____</p> <p><u>f. Other Stimulants</u> 1#<f>. Methamphetamine <or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)> +2. Stimulant medications 3. Other {(SPECIFY)} _____</p> <p><u>g#<e>. +Hallucinogens & Psychedelics</u> 1.# PCP +2.# MDMA +3.# LSD +4. Mushrooms 5. Mescaline 6. Salvia 7. DMT 8. Other {(SPECIFY)} _____ # <e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD></p> <p><u>+h. Inhalants</u> 1.# Inhalants <(poppers, snappers, rush, whippets)> +2. Other {(SPECIFY)} _____ #</p>		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
Substance Use question (Continued)	<p><u>+i. Other Psychoactive Substances</u></p> <p>1#<g3>. Non-prescription GHB <(known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)></p> <p>+2.# Ketamine <(known as Special K or Vitamin K)></p> <p>+3. MDPV/Bath Salts</p> <p>4. Kratom</p> <p>5. Khat</p> <p>6#<g5>. +Other tranquilizers#<, downers, sedatives, or hypnotics></p> <p>+7. Other downers</p> <p>8. Other sedatives</p> <p>9. Other hypnotics</p> <p>10. Other {(SPECIFY)}_____</p> <p><u>i. Tobacco and Nicotine</u></p> <p>1. Tobacco</p> <p>2. Nicotine (Including Vape Products)</p> <p>3. Other {(SPECIFY)}_____#</p> <p><i. Other illegal drugs (Specify)></p>		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>2. In the past 30 days, was this client diagnosed with an alcohol use disorder?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p>2a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of an alcohol use disorder?</p> <p><input type="radio"/> Naltrexone <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> Extended-release naltrexone <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> Disulfiram <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> Acamprosate <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> Client was diagnosed with an alcohol use disorder, but did not receive an FDA-approved medication for an alcohol use disorder</p> <p><input type="radio"/> Client was not diagnosed with an alcohol use disorder and did not receive an FDA-approved medication for an alcohol use disorder</p> <p><input type="radio"/> Don't know</p>	<p>+2.# <In the past 30 days, was this client> +Have you been# diagnosed with an alcohol use disorder<?>, <2a. In the past 30 days,> +if so# which FDA-approved medication did +you# <the client> receive for the treatment of <an>+this# alcohol use disorder +in the past 30 days? [CHECK ALL THAT APPLY.]#</p> <p><input type="radio"/> Naltrexone <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> Extended-release Naltrexone <i>[IF RECEIVED]</i> Specify how many doses received <input type="text"/></p> <p><input type="radio"/> Disulfiram <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> Acamprosate <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> <Client was diagnosed with an alcohol use disorder, but> {DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR <an>+A DIAGNOSED# ALCOHOL USE DISORDER}</p> <p><input type="radio"/> {+CLIENT# <was not diagnosed with an alcohol use disorder and did not receive an FDA-approved medication for an alcohol use disorder> +DOES NOT REPORT SUCH A DIAGNOSIS#}</p> <p><input type="radio"/> <Don't know></p>	<p>Questions 2 and 2a from A. BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to B. SUBSTANCE USE AND PLANNED SERVICES and combined into Question 2 in new tool.</p> <p>Question text changed</p> <p>Response text changed</p> <p>Response options changed</p>	<p>Revised – Significant Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>1. In the past 30 days, was this client diagnosed with an opioid use disorder?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p>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?</p> <p><input type="radio"/> Methadone <i>[IF RECEIVED]</i> Specify how many days received _ _ </p> <p><input type="radio"/> Buprenorphine <i>[IF RECEIVED]</i> Specify how many days received _ _ </p> <p><input type="radio"/> Naltrexone <i>[IF RECEIVED]</i> Specify how many days received _ _ </p> <p><input type="radio"/> Extended-release naltrexone <i>[IF RECEIVED]</i> Specify how many days received _ _ </p> <p><input type="radio"/> Client was diagnosed with an opioid use disorder, but did not receive an FDA-approved medication for an opioid use disorder</p> <p><input type="radio"/> Client was not diagnosed with an opioid use disorder and did not receive an FDA-approved medication for an opioid use disorder</p> <p><input type="radio"/> Don't know</p>	<p>+3.#<1. In the past 30 days, was this client>+Have you been# diagnosed with an opioid use disorder<?>, <1a. In the past 30 days,>+if so# which <U.S. Food and Drug Administration (-FDA)>approved medication did +you# <the client> receive for the treatment of <an>+this# opioid use disorder +in the past 30 days? [CHECK ALL THAT APPLY.]#</p> <p><input type="radio"/> Methadone <i>[IF RECEIVED]</i> Specify how many days received _ _ </p> <p><input type="radio"/> Buprenorphine <i>[IF RECEIVED]</i> Specify how many days received _ _ </p> <p><input type="radio"/> Naltrexone <i>[IF RECEIVED]</i> Specify how many days received _ _ </p> <p><input type="radio"/> Extended-release Naltrexone <i>[IF RECEIVED]</i> Specify how many doses received _ _ </p> <p><input type="radio"/> <Client was diagnosed with an opioid use disorder, but> {DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR <an>+A DIAGNOSED# OPIOID USE DISORDER}</p> <p><input type="radio"/> {+CLIENT# <was not diagnosed with an opioid use disorder and did not receive an FDA-approved medication for an opioid use disorder> +DOES NOT REPORT SUCH A DIAGNOSIS#}</p> <p><input type="radio"/> <Don't know></p>	<p>Questions 1 and 1a from A. BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to B. SUBSTANCE USE AND PLANNED SERVICES and combined into Question 3 in new tool.</p> <p>Question text changed.</p> <p>Response text changed</p> <p>Response options changed</p>	<p>Revised – Significant Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p data-bbox="842 191 1591 289">+4. Have you been diagnosed with a stimulant use disorder, if so which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days?</p> <ul style="list-style-type: none"> <li data-bbox="863 321 1556 423">○ Contingency Management <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <li data-bbox="863 456 1556 558">○ Community Reinforcement <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <li data-bbox="863 591 1556 693">○ Cognitive Behavioral Therapy <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <li data-bbox="863 725 1556 828">○ Other evidence-based intervention <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <li data-bbox="863 860 1556 919">○ {DID NOT RECEIVE ANY INTERVENTION FOR A DIAGNOSED STIMULANT USE DISORDER} <li data-bbox="863 951 1556 1010">○ {CLIENT DOES NOT REPORT SUCH A DIAGNOSIS#} 	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+5. Have you been diagnosed with a tobacco use disorder, if so which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? [CHECK ALL THAT APPLY.]</p> <p><input type="radio"/> Nicotine Replacement [IF RECEIVED] Specify how many days received <input type="text"/></p> <p><input type="radio"/> Bupropion [IF RECEIVED] Specify how many days received <input type="text"/></p> <p><input type="radio"/> Varenicline [IF RECEIVED] Specify how many days received <input type="text"/></p> <p><input type="radio"/> {DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED TOBACCO USE DISORDER}</p> <p><input type="radio"/> {CLIENT DOES NOT REPORT SUCH A DIAGNOSIS #}</p>	Added new question	Added
	<p>+6. In the past 30 days, did you experience an overdose or take too much of a substance that resulted in needing supervision or medical attention?</p> <p><input type="radio"/> Yes [IF YES, SPECIFY BELOW, IN QUESTION 7]</p> <p><input type="radio"/> No [IF NO, SKIP TO QUESTION 8]</p> <p><input type="radio"/> {REFUSED} [SKIP TO QUESTION 8]#</p>	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+7. In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one.</p> <ul style="list-style-type: none"> <input type="radio"/> Naloxone (Narcan) <input type="radio"/> Care in an Emergency Department <input type="radio"/> Care from a Primary Care Provider <input type="radio"/> Admission to a hospital <input type="radio"/> Supervision by someone else <input type="radio"/> Other {(SPECIFY)} _____ <input type="radio"/> {REFUSED}# 	Added new question	Added
	<p>+8. Not including this current episode, how many times in your life have you been treated at an inpatient or outpatient facility for a substance use disorder?</p> <ul style="list-style-type: none"> <input type="radio"/> One time <input type="radio"/> Two times <input type="radio"/> Three times <input type="radio"/> Four times <input type="radio"/> Five times <input type="radio"/> Six or more times <input type="radio"/> Never <i>[SKIP TO QUESTION 10]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO QUESTION 10]#</i> 	Added new question	Added
	<p>+9. Approximately when was the last time you received inpatient or outpatient treatment for a substance use disorder?</p> <ul style="list-style-type: none"> <input type="radio"/> Less than 6 months ago <input type="radio"/> Between 6 months and one year ago <input type="radio"/> One to two years ago <input type="radio"/> Two to three years ago <input type="radio"/> Three to four years ago <input type="radio"/> Five or more years ago <input type="radio"/> {REFUSED}# 	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p data-bbox="842 191 1545 261">+10. Have you ever been diagnosed with a mental health illness by a health care professional?</p> <ul style="list-style-type: none"> <li data-bbox="919 269 1016 297">○ Yes <li data-bbox="919 305 1486 332">○ No <i>[SKIP TO QUESTION 11]</i> <li data-bbox="919 337 1503 365">○ {REFUSED} <i>[SKIP TO QUESTION 11]#</i> 	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>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 cross walked 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.</p> <p>Behavioral Health Diagnoses</p> <p>For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known</p> <p>Select up to 3: Primary; Secondary; Tertiary <u>MENTAL HEALTH DIAGNOSES</u></p> <p>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</p>	<p><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 cross walked 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.></p> <p>+10a. PLEASE ASK THE CLIENT TO SELF-REPORT THEIR MENTAL HEALTH ILLNESSES AS LISTED IN THE TABLE BELOW. THE CLIENT SHOULD BE ENCOURAGED TO REPORT THEIR OWN MENTAL HEALTH ILLNESSES BUT IF PREFERRED, THE LIST CAN BE READ TO THE CLIENT. PLEASE INDICATE ALL THAT APPLY.#</p> <p><Select up to 3: Primary; Secondary; Tertiary <u>MENTAL HEALTH DIAGNOSES</u>></p> <p>+Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders#</p> <p><F23> Brief psychotic disorder <F22> Delusional disorder <F25> Schizoaffective disorders <F20> Schizophrenia <F21> Schizotypal disorder <F24> Shared psychotic disorder <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></p>	<p>Mental Health Diagnoses from BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to B. SUBSTANCE USE AND PLANNED SERVICES Question 10a in new tool.</p> <p>Instruction text changed</p> <p>Response options change</p>	<p>Revised – Significant Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Mental Health Diagnoses question (Continued)</p> <p>F31 – Bipolar disorder</p> <p>F32 – Major depressive disorder, single episode</p> <p>F33 – Major depressive disorder, recurrent</p> <p>F34 – Persistent mood [affective] disorders</p> <p>F39 – Unspecified mood [affective] disorder</p> <p>F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders</p> <p>F50 – Eating disorders</p> <p>F51 – Sleep disorders not due to a substance or known physiological condition</p> <p>F60.2 – Antisocial personality disorder</p> <p>F60.3 – Borderline personality disorder</p> <p>F60.0, F60.1, F60.4–F69 – Other personality disorders</p> <p>F70–F79 – Intellectual disabilities</p> <p>F80–F89 – Pervasive and specific developmental disorders</p> <p>F90 – Attention-deficit hyperactivity disorders</p> <p>F91 – Conduct disorders</p> <p>F93 – Emotional disorders with onset specific to childhood</p> <p>F94 – Disorders of social functioning with onset specific to childhood or adolescence</p> <p>F95 – Tic disorder</p> <p>F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence</p> <p>F99 – Unspecified mental disorder</p> <p>Don't know</p> <p>None of the above</p>	<p>+Mood [affective] disorders#</p> <p><F31> Bipolar disorder</p> <p><F33> Major depressive disorder, recurrent</p> <p><F32> Major depressive disorder, single episode</p> <p><F30> Manic episode</p> <p><F34> Persistent mood [affective] disorders</p> <p><F39> Unspecified mood [affective] disorder</p> <p>+Phobic Anxiety and Other Anxiety Disorders#</p> <p><F40–F48 Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders></p> <p>+Agoraphobia without panic disorder</p> <p>Agoraphobia with panic disorder</p> <p>Agoraphobia, unspecified</p> <p>Generalized anxiety disorder</p> <p>Panic disorder</p> <p>Phobic anxiety disorders</p> <p>Social phobias (Social anxiety disorder)</p> <p>Specific (isolated) phobias</p> <p>Obsessive-compulsive disorders</p> <p>Excoriation (skin-picking) disorder</p> <p>Hoarding disorder</p> <p>Obsessive-compulsive disorder</p> <p>Obsessive-compulsive disorder with mixed obsessional thoughts and acts</p> <p>Reaction to severe stress and adjustment disorders</p> <p>Acute stress disorder; reaction to severe stress, and adjustment disorders</p> <p>Adjustment disorders</p> <p>Body dysmorphic disorder</p> <p>Dissociative and conversion disorders</p> <p>Dissociative identity disorder</p> <p>Post traumatic stress disorder</p> <p>Somatoform disorders#</p>		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
Mental Health Diagnoses question (Continued)	<p>+Behavioral syndromes associated with physiological disturbances and physical factors#</p> <p><F50> Eating disorders</p> <p><F51> Sleep disorders not due to a substance or known physiological condition</p> <p>+Disorders of adult personality and behavior#</p> <p><F60.2> Antisocial personality disorder</p> <p>+Avoidant personality disorder#</p> <p><F60.3> Borderline personality disorder</p> <p>+Dependent personality disorder</p> <p>Histrionic personality disorder#</p> <p><F70-F79> Intellectual disabilities</p> <p>+Obsessive-compulsive personality disorder</p> <p>Other specific personality disorders</p> <p>Paranoid personality disorder</p> <p>Personality disorder, unspecified#</p> <p><F80-F89> Pervasive and specific developmental disorders</p> <p>+Schizoid personality disorder#</p> <p><F60.0, F60.1, F60.4-F69> Other personality disorders</p> <p>F90—Attention-deficit hyperactivity disorders</p> <p>F91—Conduct disorders</p> <p>F93—Emotional disorders with onset specific to childhood</p> <p>F94—Disorders of social functioning with onset specific to childhood or adolescence</p> <p>F95—Tic disorder</p> <p>F98—Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence</p> <p>F99—Unspecified mental disorder</p> <p>Don't know></p> <p>+{NONE OF THE ABOVE}#</p>		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>[FOLLOW-UP AND DISCHARGE INTERVIEWS: SKIP TO SECTION B.]</p> <p>3. Was the client screened by your program for co-occurring mental health and substance use disorders?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No <i>[SKIP 3a.]</i></p>	<p>[FOLLOW-UP AND DISCHARGE INTERVIEWS: SKIP GO TO SECTION +C#B. +AT INTAKE, CONTINUE WITH THE FOLLOWING QUESTIONS]</p> <p>11#3. Was the client screened by your program+, using an evidence-based tool or set of questions,# for co-occurring mental health and+/or# substance use disorders?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No <i>[SKIP 3a +TO QUESTION 12#]</i></p>	<p>Question 3 from BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to B. SUBSTANCE USE AND PLANNED SERVICES Question 11 in new tool.</p> <p>Instruction text changed</p> <p>Question text changed</p> <p>Skip logic changed</p>	<p>Revised – Minor Moved</p>
<p>3a. [IF YES] Did the client screen positive for co-occurring mental health and substance use disorders?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>+11a#3a. Did the client screen positive for co-occurring mental health and substance use disorders?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Question 3a from BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to B. SUBSTANCE USE AND PLANNED SERVICES Question 11a in new tool.</p>	<p>Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p data-bbox="835 191 1591 289">+11b. [IF YES TO QUESTION 11a] Was the client referred for further assessment for a co-occurring mental health and substance use disorder?</p> <ul style="list-style-type: none"> <li data-bbox="907 311 1003 337">○ Yes <li data-bbox="907 344 1003 370">○ No# 	<p data-bbox="1640 191 1776 256">Added new question</p>	<p data-bbox="1875 191 1959 217">Added</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p><i>[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE.]</i></p> <p>Identify the services you plan to provide to the client during the client’s course of treatment/recovery. <i>[SELECT “YES” OR “NO” FOR EACH ONE.]</i></p> <p>Modality <i>[SELECT AT LEAST ONE MODALITY.]</i></p> <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> A. Hospital Inpatient B. Free-Standing Residential C. Ambulatory Detoxification 10. After Care 11. Recovery Support 12. Other (Specify) _____ 	<p>+12. PLANNED SERVICES PROVIDED UNDER GRANT FUNDING# <i>[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE.]</i></p> <p>Identify the services you plan to provide to the client during the client’s course of treatment/recovery. <i>[SELECT “YES” OR “NO” FOR EACH ONE.]</i></p> <p><i>[MARK ONLY THE CIRCLE CORRESPONDING TO THE PLANNED SERVICE THAT WILL BE PROVIDED UNDER THE CURRENT GRANT. MARK ALL THAT APPLY IN EACH SECTION.]#</i></p> <p>Modality <i>[SELECT AT LEAST ONE MODALITY.]</i></p> <ol style="list-style-type: none"> 1. Case Management 2. +Intensive Outpatient# Day Treatment 3. Inpatient/Hospital (Other Than Detox +Withdrawal Management#) 4. Outpatient +Therapy# 5. Outreach 6. +Medication# Intensive Outpatient <ol style="list-style-type: none"> +A#<7>. Methadone +B. Buprenorphine C. Naltrexone – Short Acting D. Naltrexone – Long Acting E. Disulfiram F. Acamprosate G. Nicotine Replacement H. Bupropion I. Varenicline 7#<8>. Residential/Rehabilitation +8#<9>. +Withdrawal Management# Detoxification (Select Only One) <ol style="list-style-type: none"> A. Hospital Inpatient B. Free Standing Residential C. Ambulatory Detoxification 		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Planned Services question (Continued)</p> <p><i>[SELECT AT LEAST ONE SERVICE.]</i></p> <p>Treatment Services <i>[SBIRT GRANTS: YOU MUST SELECT “YES” FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1–4.]</i></p> <ol style="list-style-type: none"> 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) _____ 	<p>+9#<10>. After Care +10#<11>. Recovery Support +11#<12>. Other (Specify) _____</p> <p><i>[SELECT AT LEAST ONE SERVICE.]</i></p> <p>Treatment Services <i>[SBIRT GRANTS: YOU MUST PROVIDE AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]</i></p> <ol style="list-style-type: none"> 1. Screening 2. Brief Intervention 3. Brief Treatment 4. Referral to Treatment 5. Assessment 6. Treatment</Recovery> Planning 7. +Recovery Planning 8#<7>. Individual Counseling +9#<8>. Group Counseling +10. Contingency Management 11. Community Reinforcement 12. Cognitive Behavioral Therapy 13#<9>. Family/Marriage Counseling +14#<10>. Co-Occurring Treatment </Recovery> Services +15#<11>. Pharmacological Interventions +16#<12>. HIV/AIDS Counseling +17. Cultural Interventions/Activities 18#<13>. Other Clinical Services (Specify) _____ 		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Planned Services question (Continued)</p> <p>Case Management Services</p> <ol style="list-style-type: none"> 1. Family Services (Including Marriage Education, Parenting, Child Development Services) 2. Child Care 3. Employment Service <ol style="list-style-type: none"> 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) 	<p>Case Management Services</p> <ol style="list-style-type: none"> 1. Family Services (+e.g.# Including Marriage Education, Parenting, Child Development Services) 2. Child Care 3. Employment Service <ol style="list-style-type: none"> A. Pre-Employment B. Employment Coaching 4. Individual Services Coordination 5. Transportation 6. HIV/AIDS Services <ol style="list-style-type: none"> +A. If HIV Neg, Pre-Exposure Prophylaxis B. If HIV Neg, Post-Exposure Prophylaxis C. If HIV Positive, HIV Treatment# 7. Supportive Transitional Drug-Free Housing Services +8. Housing Support 9. Health Insurance Enrollment# 108. Other Case Management Services (Specify) _____ 		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Planned Services question (Continued)</p> <p>Medical Services</p> <ol style="list-style-type: none"> 1. Medical Care 2. Alcohol/Drug Testing 3. HIV/AIDS Medical Support and Testing 4. Other Medical Services (Specify) _____ <p>After Care Services</p> <ol style="list-style-type: none"> 1. Continuing Care 2. Relapse Prevention 3. Recovery Coaching 4. Self-Help and Support Groups 5. Spiritual Support 6. Other After Care Services (Specify) _____ 	<p>Medical Services</p> <ol style="list-style-type: none"> 1. Medical Care 2. Alcohol/Drug Testing +3. OB/GYN Services 4#<3>. HIV/AIDS Medical Support +&# <and> Testing +5. Dental Care 6. Viral Hepatitis Medical Support & Testing 7. Other STI Support & Testing 8#<4>. Other Medical Services (Specify) _____ <p>After Care Services</p> <ol style="list-style-type: none"> 1. Continuing Care 2. Relapse Prevention 3. Recovery Coaching 4. Self-Help and +Mutual# Support Groups 5. Spiritual Support 6. Other After Care Services (Specify) _____ 		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Planned Services question (Continued)</p> <p>Education Services</p> <ol style="list-style-type: none"> 1. Substance Abuse Education 2. HIV/AIDS Education 3. Other Education Services (Specify) _____ <p>Peer-to-Peer Recovery Support Services</p> <ol style="list-style-type: none"> 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) 	<p>Education Services</p> <ol style="list-style-type: none"> 1. Substance <Abuse> +Use# Education 2. HIV/AIDS Education +3. Naloxone Training 4. Fentanyl Test Strip Training 5. Viral Hepatitis Education 6. Other STI Education Services 7#<3>. Other Education Services (Specify)_____ <p><Peer to Peer> Recovery Support Services</p> <ol style="list-style-type: none"> 1. Peer Coaching or Mentoring +2. Vocational Services# <2. Housing Support> +3. Recovery Housing 4. Recovery Planning 5. Case Management Services to Specifically Support Recovery 6#<3>. Alcohol- and Drug-Free Social Activities +7#<4>. Information and Referral +8. Other Recovery Support Services (Specify)_____ 9#<5>. Other Peer-to-Peer Recovery Support Services (Specify)_____ 		
<p>Response options are: YES, NO</p>	<p>+Response options are: Yes (selected), No (Unselected)# <Response options are: YES, NO></p>	<p>Response choices simplified from Yes, No to select one or more.</p>	<p>Revised - Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>3. In the past 30 days, have you injected drugs? <i>[IF ANY ROUTE OF ADMINISTRATION IN B2a–B2i = 4 or 5, THEN B3 MUST = YES.]</i></p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <p><i>[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION C.]</i></p>	<p>3. In the past 30 days, have you injected drugs? <i>[IF ANY ROUTE OF ADMINISTRATION IN B2a–B2i = 4 or 5, THEN B3 MUST = YES.]</i></p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <p><i>[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION C.]</i></p>	<p>Captured in Question B1</p>	<p>Dropped</p>
<p>4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?</p> <ul style="list-style-type: none"> <input type="radio"/> Always <input type="radio"/> More than half the time <input type="radio"/> Half the time <input type="radio"/> Less than half the time <input type="radio"/> Never <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?</p> <ul style="list-style-type: none"> <input type="radio"/> Always <input type="radio"/> More than half the time <input type="radio"/> Half the time <input type="radio"/> Less than half the time <input type="radio"/> Never <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 		<p>Dropped</p>
<p>C. LIVING CONDITIONS</p>			
<p>C. FAMILY AND LIVING CONDITIONS (expiring tool) is now C. LIVING CONDITIONS (new tool).</p> <p>Questions 6, 7, 7a, and 7b in C. FAMILY AND LIVING CONDITIONS (expiring tool) are moved to Questions 8, 9, 9a, and 9b, respectively in A. RECORD MANAGEMENT - DEMOGRAPHICS (new tool).</p> <p>Questions 2, 3, 4, 5, 7c, and 7d in C. FAMILY AND LIVING CONDITIONS (expiring tool) are dropped in new tool.</p>			

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>1. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]</p> <ul style="list-style-type: none"> ○ SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER [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: [IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:] <ul style="list-style-type: none"> ○ OWN/RENT APARTMENT, ROOM, OR HOUSE ○ SOMEONE ELSE’S APARTMENT, ROOM, OR HOUSE ○ DORMITORY/COLLEGE RESIDENCE ○ HALFWAY HOUSE ○ RESIDENTIAL TREATMENT ○ OTHER HOUSED (SPECIFY) ○ REFUSED ○ DON’T KNOW 	<p>1. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]</p> <ul style="list-style-type: none"> ○ Shelter (Safe Havens, Transitional Living Center [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: [IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:] <ul style="list-style-type: none"> ○ Own/Rental Apartment, Room, Trailer, Or House ○ Someone Else’s Apartment, Room, Trailer, Or House (including couch surfing) ○ Dormitory/College Residence ○ Halfway House or Transitional Housing ○ Residential Treatment ○ Recovery Residence/Sober Living ○ Other Housed {(SPECIFY)} _____ ○ {REFUSED} ○ ○ <DON’T KNOW> 	<p>Response options changed</p>	<p>Revised - Minor</p>
	<p>+2. Do you currently live with any person who, over the past 30 days, has regularly used alcohol or other substances?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ No, lives alone ○ {REFUSED}# 	<p>Added new question</p>	<p>Added</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>2. How satisfied are you with the conditions of your living space?</p> <ul style="list-style-type: none"> <input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><2. How satisfied are you with the conditions of your living space?</p> <ul style="list-style-type: none"> <input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW> 		Dropped
<p>3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? [IF B1a <u>OR</u> B1c GREATER THAN 0, THEN C3 CANNOT = "NOT APPLICABLE."]</p> <ul style="list-style-type: none"> <input type="radio"/> Not at all <input type="radio"/> Somewhat <input type="radio"/> Considerably <input type="radio"/> Extremely <input type="radio"/> NOT APPLICABLE [USE ONLY IF B1a <u>AND</u> B1c = 0.] <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? [IF B1a <u>OR</u> B1c GREATER THAN 0, THEN C3 CANNOT = "NOT APPLICABLE."]</p> <ul style="list-style-type: none"> <input type="radio"/> Not at all <input type="radio"/> Somewhat <input type="radio"/> Considerably <input type="radio"/> Extremely <input type="radio"/> NOT APPLICABLE [USE ONLY IF B1a <u>AND</u> B1c = 0.] <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW> 		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? <i>[IF B1a OR B1c GREATER THAN 0, THEN C4 CANNOT = "NOT APPLICABLE."]</i></p> <p> <input type="radio"/> Not at all <input type="radio"/> Somewhat <input type="radio"/> Considerably <input type="radio"/> Extremely <input type="radio"/> NOT APPLICABLE <i>[USE ONLY IF B1a AND B1c = 0.]</i> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW </p>	<p><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 GREATER THAN 0, THEN C4 CANNOT = "NOT APPLICABLE."]</p> <p> <input type="radio"/> Not at all <input type="radio"/> Somewhat <input type="radio"/> Considerably <input type="radio"/> Extremely <input type="radio"/> NOT APPLICABLE <i>[USE ONLY IF B1a AND B1c = 0.]</i> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW> </p>		Dropped
<p>5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems? <i>[IF B1a OR B1c GREATER THAN 0, THEN C5 CANNOT = "NOT APPLICABLE."]</i></p> <p> <input type="radio"/> Not at all <input type="radio"/> Somewhat <input type="radio"/> Considerably <input type="radio"/> Extremely <input type="radio"/> NOT APPLICABLE <i>[USE ONLY IF B1a AND B1c = 0.]</i> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW </p>	<p><5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems? [IF B1a OR B1c GREATER THAN 0, THEN C5 CANNOT = "NOT APPLICABLE."]</p> <p> <input type="radio"/> Not at all <input type="radio"/> Somewhat <input type="radio"/> Considerably <input type="radio"/> Extremely <input type="radio"/> NOT APPLICABLE <i>[USE ONLY IF B1a AND B1c = 0.]</i> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW> </p>		Dropped
<p>7c. <i>[IF YES]</i> How many of your children are living with someone else due to a child protection court order? <i>[THE VALUE IN C7c CANNOT EXCEED THE VALUE IN C7a.]</i></p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW </p>	<p><7c. [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.]</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW> </p>		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>7d. For how many of your children have you lost parental rights? <i>[THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.] [THE VALUE IN ITEM C7d CANNOT EXCEED THE VALUE IN C7a.]</i></p> <p>____ ____ </p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p><7d. 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.]</p> <p>____ ____ </p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>		Dropped

D. EDUCATION, EMPLOYMENT, AND INCOME

Questions 4 and 5 in D. EDUCATION, EMPLOYMENT, AND INCOME (expiring tool) are dropped in new tool.

<p>1. Are you currently enrolled in school or a job training program? <i>[IF ENROLLED] Is that full time or part time? [IF CLIENT IS INCARCERATED, CODE D1 AS "NOT ENROLLED."]</i></p> <p><input type="radio"/> NOT ENROLLED</p> <p><input type="radio"/> ENROLLED, FULL TIME</p> <p><input type="radio"/> ENROLLED, PART TIME</p> <p><input type="radio"/> OTHER (SPECIFY) _____</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p>1. Are you currently enrolled in school or a job training program? <i>[IF ENROLLED] Is that full time or part time? [IF CLIENT IS INCARCERATED, CODE D1 AS "NOT ENROLLED."]</i></p> <p><input type="radio"/> {NOT ENROLLED}</p> <p><input type="radio"/> {ENROLLED, FULL TIME}</p> <p><input type="radio"/> {ENROLLED, PART TIME}</p> <p><input type="radio"/> <OTHER (SPECIFY) _____></p> <p><input type="radio"/> {REFUSED}</p> <p><input type="radio"/> <DON'T KNOW></p>	Response options changed	Revised - Minor
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Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>2. What is the highest level of education you have finished, whether or not you received a degree?</p> <ul style="list-style-type: none"> <input type="radio"/> NEVER ATTENDED <input type="radio"/> 1ST GRADE <input type="radio"/> 2ND GRADE <input type="radio"/> 3RD GRADE <input type="radio"/> 4TH GRADE <input type="radio"/> 5TH GRADE <input type="radio"/> 6TH GRADE <input type="radio"/> 7TH GRADE <input type="radio"/> 8TH GRADE <input type="radio"/> 9TH GRADE <input type="radio"/> 10TH GRADE <input type="radio"/> 11TH GRADE <input type="radio"/> 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT <input type="radio"/> COLLEGE OR UNIVERSITY/1ST YEAR COMPLETED <input type="radio"/> COLLEGE OR UNIVERSITY/2ND YEAR COMPLETED/ASSOCIATES DEGREE (AA, AS) <input type="radio"/> COLLEGE OR UNIVERSITY/3RD YEAR COMPLETED <input type="radio"/> BACHELOR'S DEGREE (BA, BS) OR HIGHER <input type="radio"/> VOCATIONAL/TECHNICAL (VOC/TECH) PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA <input type="radio"/> VOC/TECH DIPLOMA AFTER HIGH SCHOOL <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>2. What is the highest level of education you have finished, whether or not you received a degree?</p> <ul style="list-style-type: none"> <input type="radio"/> <NEVER ATTENDED <input type="radio"/> <1ST GRADE <input type="radio"/> <2ND GRADE <input type="radio"/> <3RD GRADE <input type="radio"/> <4TH GRADE <input type="radio"/> <5TH GRADE <input type="radio"/> <6TH GRADE <input type="radio"/> <7TH GRADE <input type="radio"/> <8TH GRADE <input type="radio"/> <9TH GRADE <input type="radio"/> <10TH GRADE <input type="radio"/> <11TH GRADE <input type="radio"/> <COLLEGE OR UNIVERSITY/1ST YEAR COMPLETED <input type="radio"/> <COLLEGE OR UNIVERSITY/2ND YEAR COMPLETED/ASSOCIATES DEGREE (AA, AS) <input type="radio"/> <COLLEGE OR UNIVERSITY/3RD YEAR COMPLETED <input type="radio"/> <BACHELOR'S DEGREE (BA, BS) OR HIGHER <input type="radio"/> <VOCATIONAL/TECHNICAL (VOC/TECH) PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA> <input type="radio"/> {+LESS THAN 12TH GRADE# <input type="radio"/> 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT <input type="radio"/> +VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA <input type="radio"/> SOME COLLEGE OR UNIVERSITY <input type="radio"/> BACHELOR'S DEGREE (FOR EXAMPLE: BA, BS) <input type="radio"/> GRADUATE WORK/GRADUATE DEGREE <input type="radio"/> OTHER (SPECIFY) _____# <input type="radio"/> REFUSED} <input type="radio"/> <DON'T KNOW> 	<p>Response options collapsed/changed</p>	<p>Revised - Significant</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>3. Are you currently employed? <i>[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.”]</i></p> <ul style="list-style-type: none"> <input type="radio"/> EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN) <input type="radio"/> EMPLOYED, PART TIME <input type="radio"/> UNEMPLOYED, LOOKING FOR WORK <input type="radio"/> UNEMPLOYED, DISABLED <input type="radio"/> UNEMPLOYED, VOLUNTEER WORK <input type="radio"/> UNEMPLOYED, RETIRED <input type="radio"/> UNEMPLOYED, NOT LOOKING FOR WORK <input type="radio"/> OTHER (SPECIFY) _____ <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>3. Are you currently employed? <i>[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.]</i> IF CLIENT IS “ENROLLED, FULL TIME” IN D1 AND INDICATES “EMPLOYED, FULL TIME” IN D3, ASK FOR CLARIFICATION. <i>[IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS “NOT LOOKING FOR WORK.”]</i></p> <ul style="list-style-type: none"> <input type="radio"/> {EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN BE, IF NOT FOR LEAVE OR AN EXCUSED ABSENCE) <input type="radio"/> EMPLOYED, PART TIME <input type="radio"/> UNEMPLOYED+—BUT# LOOKING FOR WORK <input type="radio"/> NOT UNEMPLOYED, NOT LOOKING FOR WORK <input type="radio"/> +NOT WORKING DUE TO A DISABILITY# UNEMPLOYED, DISABLED <input type="radio"/> UNEMPLOYED, RETIRED+, NOT WORKING# <input type="radio"/> OTHER (SPECIFY) _____ <input type="radio"/> REFUSED} <input type="radio"/> DON'T KNOW 	<p>Question text changed</p> <p>Response options text changed</p> <p>Response options changed</p>	<p>Revised - Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category																								
<p>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.]</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">RF</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a. Wages \$ _ _ _ _ , _ _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b. Public assistance \$ _ _ _ _ , _ _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>c. Retirement \$ _ _ _ _ , _ _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>d. Disability \$ _ _ _ _ , _ _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>e. Non-legal income \$ _ _ _ _ , _ _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>f. Family and/or friends \$ _ _ _ _ , _ _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>g. Other (Specify) _____ \$ _ _ _ _ , _ _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>		RF	DK	a. Wages \$ _ _ _ _ , _ _ _ _	<input type="radio"/>	<input type="radio"/>	b. Public assistance \$ _ _ _ _ , _ _ _ _	<input type="radio"/>	<input type="radio"/>	c. Retirement \$ _ _ _ _ , _ _ _ _	<input type="radio"/>	<input type="radio"/>	d. Disability \$ _ _ _ _ , _ _ _ _	<input type="radio"/>	<input type="radio"/>	e. Non-legal income \$ _ _ _ _ , _ _ _ _	<input type="radio"/>	<input type="radio"/>	f. Family and/or friends \$ _ _ _ _ , _ _ _ _	<input type="radio"/>	<input type="radio"/>	g. Other (Specify) _____ \$ _ _ _ _ , _ _ _ _	<input type="radio"/>	<input type="radio"/>	<p><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.]</p> <hr style="border: 1px solid red;"/> <p style="text-align: center;">RF DK</p> <p>a. Wages — \$ _ _ _ _ , _ _ _ _ —○—○</p> <p>b. Public assistance — \$ _ _ _ _ , _ _ _ _ —○—○</p> <p>c. Retirement — \$ _ _ _ _ , _ _ _ _ —○—○</p> <p>d. Disability — \$ _ _ _ _ , _ _ _ _ —○—○</p> <p>e. Non-legal income — \$ _ _ _ _ , _ _ _ _ —○—○</p> <p>f. Family and/or friends — \$ _ _ _ _ , _ _ _ _ —○—○</p> <p>g. Other (Specify) _____ — \$ _ _ _ _ , _ _ _ _ —>—○—○</p>		Dropped
	RF	DK																									
a. Wages \$ _ _ _ _ , _ _ _ _	<input type="radio"/>	<input type="radio"/>																									
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f. Family and/or friends \$ _ _ _ _ , _ _ _ _	<input type="radio"/>	<input type="radio"/>																									
g. Other (Specify) _____ \$ _ _ _ _ , _ _ _ _	<input type="radio"/>	<input type="radio"/>																									

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>5. Have you enough money to meet your needs?</p> <ul style="list-style-type: none"> <input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Moderately <input type="radio"/> Mostly <input type="radio"/> Completely <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><5. Have you enough money to meet your needs?</p> <ul style="list-style-type: none"> <input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Moderately <input type="radio"/> Mostly <input type="radio"/> Completely <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 		Dropped
	<p>+4. Do you, individually, have enough money to pay for the following living expenses? Choose all that apply.</p> <ul style="list-style-type: none"> <input type="radio"/> Food <input type="radio"/> Clothing <input type="radio"/> Transportation <input type="radio"/> Rent/Housing <input type="radio"/> Utilities (Gas/Water/Electric) <input type="radio"/> Telephone Connection (Cell or Landline) <input type="radio"/> Childcare <input type="radio"/> Health Insurance <input type="radio"/> {REFUSED}# 	Added new question	Added
	<p>+5. What is your personal annual income, meaning the total pre-tax income from all sources, earned in the past year?</p> <ul style="list-style-type: none"> <input type="radio"/> \$0 to \$9,999 <input type="radio"/> \$10,000 to \$14,999 <input type="radio"/> \$15,000 to \$19,999 <input type="radio"/> \$20,000 to \$34,999 <input type="radio"/> \$35,000 to \$49,999 <input type="radio"/> \$50,000 to \$74,999 <input type="radio"/> \$75,000 to \$99,999 <input type="radio"/> \$100,000 to \$199,999 <input type="radio"/> \$200,000 or more <input type="radio"/> {REFUSED}# 	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
E. LEGAL			
<p>E. CRIME AND CRIMINAL JUSTICE STATUS (expiring tool) is now E. LEGAL (new tool).</p> <p>Questions 2, 3, and 4 in E. CRIME AND CRIMINAL JUSTICE STATUS (expiring tool) are dropped in new tool.</p>			
<p>1. In the past 30 days, how many times have you been arrested?</p> <p><input type="text"/> <input type="text"/> TIMES <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p>1. In the past 30 days, how many times have you been arrested? <i>+IF THE CLIENT INDICATES NO ARRESTS IN THE PAST 30 DAYS, BUT IS INCARCERATED AT THE TIME OF THE INTERVIEW, MARK CURRENTLY INCARCERATED)#</i></p> <p><input type="text"/> <input type="text"/> TIMES <input type="radio"/> {REFUSED} <input type="radio"/> +Currently Incarcerated# <input type="radio"/> <DON'T KNOW></p>	<p>Instruction text added</p> <p>Response options changed</p>	<p>Revised - Significant</p>
<p>2. In the past 30 days, how many times have you been arrested for drug-related offenses? <i>[THE VALUE IN E2 CANNOT BE GREATER THAN THE VALUE IN E1.]</i></p> <p><input type="text"/> <input type="text"/> TIMES <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p><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.]</p> <p><input type="text"/> <input type="text"/> TIMES <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>		<p>Dropped</p>
<p>3. In the past 30 days, how many nights have you spent in jail/prison? <i>[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.]</i></p> <p><input type="text"/> <input type="text"/> NIGHTS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p><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.]</p> <p><input type="text"/> <input type="text"/> NIGHTS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>		<p>Dropped</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>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.]</p> <p> <input type="text"/> <input type="text"/> TIMES <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW </p>	<p><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.]</p> <p> <input type="text"/> <input type="text"/> TIMES <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW </p>		Dropped
<p>5. Are you currently awaiting charges, trial, or sentencing?</p> <p> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW </p>	<p>+2#<5>. Are you currently awaiting charges, trial, or sentencing?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW> </p>	<p>Response options changed</p> <p>Renumbered question</p>	Revised - Minor
<p>6. Are you currently on parole or probation?</p> <p> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW </p>	<p>+3#<6>. Are you currently on parole or probation +or intensive pretrial supervision# ?</p> <p> <input type="radio"/> <YES> <input type="radio"/> +Probation <input type="radio"/> Parole <input type="radio"/> Intensive Pretrial Supervision# <input type="radio"/> No <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW> </p>	<p>Question text changed</p> <p>Response options added/changed</p> <p>Renumbered question</p>	Revised - Significant
	<p>+4. Do you currently participate in a drug court program or are you in a deferred prosecution agreement?</p> <p> <input type="radio"/> Drug court program <input type="radio"/> Deferred prosecution agreement <input type="radio"/> No, neither of these <input type="radio"/> {REFUSED}# </p>	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY			
<p>Questions 1, 2,4, 4a, 6, 7, 8, and 9 in F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT RECOVERY (expiring tool) are dropped in new tool.</p> <p>Questions 3, 3a, 3b, 3c in F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT RECOVERY (expiring tool) are moved to Questions 1, 1a, 1b, and 1c, respectively, in H7. PROGRAM SPECIFIC QUESTIONS (new tool).</p>			
<p>1. How would you rate your overall health right now?</p> <ul style="list-style-type: none"> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><1. How would you rate your overall health right now?</p> <ul style="list-style-type: none"> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>2. During the past 30 days, did you receive:</p> <p>a. Inpatient treatment for: <i>[IF YES]</i> Altogether r for how many nights N R D O F K</p> <p>Y E S</p> <p>i. Physical complaint <input type="radio"/> ___ nights <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>ii. Mental or emotional difficulties <input type="radio"/> ___ nights <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>iii. Alcohol or substance abuse <input type="radio"/> ___ nights <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>b. Outpatient treatment for: <i>[IF YES]</i> Altogether r for how many times N R D O F K</p> <p>Y E S</p> <p>i. Physical complaint <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>ii. Mental or emotional difficulties <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>iii. Alcohol or substance abuse <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>2. During the past 30 days, did you receive:</p> <p>a. Inpatient treatment for: <i>[IF YES]</i> Altogether r for how many nights N R D O F K</p> <p>Y E S</p> <p>i. Physical complaint <input type="radio"/> ___ nights <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>ii. Mental or emotional difficulties <input type="radio"/> ___ nights <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>iii. Alcohol or substance abuse <input type="radio"/> ___ nights <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>b. Outpatient treatment for: <i>[IF YES]</i> Altogether r for how many times N R D O F K</p> <p>Y E S</p> <p>i. Physical complaint <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>ii. Mental or emotional difficulties <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>iii. Alcohol or substance abuse <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>></p>		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Question 2 (Continued)</p> <p>2. During the past 30 days, did you receive:</p> <p>c. Emergency room treatment for: <i>[IF YES] Altogether her</i></p> <p>Y for how many times N R D E S O F K</p> <p>i. Physical complaint <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>ii. Mental or emotional difficulties <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>iii. Alcohol or substance abuse <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p><2. During the past 30 days, did you receive:</p> <p>e. Emergency room treatment for: <i>[IF YES] Altogether</i></p> <p>Y for how many times N R D E S O F K</p> <p>i. Physical complaint <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>ii. Mental or emotional difficulties <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>iii. Alcohol or substance abuse <input type="radio"/> ___ times <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>></p>		Dropped
<p>4. Have you ever been tested for HIV?</p> <p><input type="radio"/> Yes <i>[GO TO F4a.]</i></p> <p><input type="radio"/> No <i>[SKIP TO F5.]</i></p> <p><input type="radio"/> REFUSED <i>[SKIP TO F5.]</i></p> <p><input type="radio"/> DON'T KNOW <i>[SKIP TO F5.]</i></p>	<p><4. Have you ever been tested for HIV?</p> <p><input type="radio"/> Yes <i>[GO TO F4a.]</i></p> <p><input type="radio"/> No <i>[SKIP TO F5.]</i></p> <p><input type="radio"/> REFUSED <i>[SKIP TO F5.]</i></p> <p><input type="radio"/> DON'T KNOW <i>[SKIP TO F5.]</i></p>		Dropped
<p>4a. Do you know the results of your HIV testing?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><4a. Do you know the results of your HIV testing?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>5. How would you rate your quality of life?</p> <ul style="list-style-type: none"> <input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Neither poor nor good <input type="radio"/> Good <input type="radio"/> Very good <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>+1#<5>. How would you rate your quality of life +over the past 30 days#?</p> <ul style="list-style-type: none"> <input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Neither poor nor good <input type="radio"/> Good <input type="radio"/> Very good <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW> 	<p>Question text changed</p> <p>Response options changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>
<p>6. How satisfied are you with your health?</p> <ul style="list-style-type: none"> <input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><6. How satisfied are you with your health?</p> <ul style="list-style-type: none"> <input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 		<p>Dropped</p>
<p>7. Do you have enough energy for everyday life?</p> <ul style="list-style-type: none"> <input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Moderately <input type="radio"/> Mostly <input type="radio"/> Completely <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><7. Do you have enough energy for everyday life?</p> <ul style="list-style-type: none"> <input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Moderately <input type="radio"/> Mostly <input type="radio"/> Completely <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 		<p>Dropped</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>8. How satisfied are you with your ability to perform your daily activities?</p> <ul style="list-style-type: none"> <input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><8. How satisfied are you with your ability to perform your daily activities?></p> <ul style="list-style-type: none"> <input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW> 		Dropped
<p>9. How satisfied are you with yourself?</p> <ul style="list-style-type: none"> <input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><9. How satisfied are you with yourself?></p> <ul style="list-style-type: none"> <input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW> 		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category																																																																
<p>10. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Days</th> <th style="width: 10%; text-align: center;">RF</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a. Experienced serious depression</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b. Experienced serious anxiety or tension</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>c. Experienced hallucinations</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>d. Experienced trouble understanding, concentrating, or remembering</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>e. Experienced trouble controlling violent behavior</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>f. Attempted suicide</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>g. Been prescribed medication for psychological/emotional problem</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table> <p><i>[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION F10, SKIP TO ITEM F12.]</i></p>		Days	RF	DK	a. Experienced serious depression	_ _ _	<input type="radio"/>	<input type="radio"/>	b. Experienced serious anxiety or tension	_ _ _	<input type="radio"/>	<input type="radio"/>	c. Experienced hallucinations	_ _ _	<input type="radio"/>	<input type="radio"/>	d. Experienced trouble understanding, concentrating, or remembering	_ _ _	<input type="radio"/>	<input type="radio"/>	e. Experienced trouble controlling violent behavior	_ _ _	<input type="radio"/>	<input type="radio"/>	f. Attempted suicide	_ _ _	<input type="radio"/>	<input type="radio"/>	g. Been prescribed medication for psychological/emotional problem	_ _ _	<input type="radio"/>	<input type="radio"/>	<p>+2#<10>. In the past 30 days, <not due to your use of alcohol or drugs,> how many days have you +[ENTER '0' IN DAYS IF THE CLIENT REPORTS THAT THEY HAVE NOT EXPERIENCED THE CONDITIN. SELECT REFUSED FOR NO RESPONSE]#:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Days</th> <th style="width: 10%; text-align: center;">{RF}</th> <th style="width: 20%; text-align: center;"><DK></th> </tr> </thead> <tbody> <tr> <td>+2#a. Experienced serious depression</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>+2#b. Experienced serious anxiety or tension</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>+2#c. Experienced hallucinations</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>+2#d. Experienced trouble understanding, concentrating, or remembering</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>+2#e. Experienced trouble controlling violent behavior</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>+2#f. Attempted suicide</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>+2#g. Been prescribed medication for psychological/emotional problem</td> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table> <p><i><[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION F10, SKIP TO ITEM F12.]></i></p> <p><i>+ [IF CLIENT REPORTS 1 OR MORE DAYS TO ANY QUESTION IN #2, PLEASE ENSURE THAT THEY ARE SEEN BY A LICENSED PROFESSIONAL AS SOON AS POSSIBLE]#</i></p>		Days	{RF}	<DK>	+2#a. Experienced serious depression	_ _ _	<input type="radio"/>	<input type="radio"/>	+2#b. Experienced serious anxiety or tension	_ _ _	<input type="radio"/>	<input type="radio"/>	+2#c. Experienced hallucinations	_ _ _	<input type="radio"/>	<input type="radio"/>	+2#d. Experienced trouble understanding, concentrating, or remembering	_ _ _	<input type="radio"/>	<input type="radio"/>	+2#e. Experienced trouble controlling violent behavior	_ _ _	<input type="radio"/>	<input type="radio"/>	+2#f. Attempted suicide	_ _ _	<input type="radio"/>	<input type="radio"/>	+2#g. Been prescribed medication for psychological/emotional problem	_ _ _	<input type="radio"/>	<input type="radio"/>	<p>Question text and instructions changed</p> <p>Response options changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>
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Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>11. How much have you been bothered by these psychological or emotional problems in the past 30 days?</p> <ul style="list-style-type: none"> <input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Moderately <input type="radio"/> Considerably <input type="radio"/> Extremely <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>+3#11. How much have you been bothered by these psychological or emotional problems in the past 30 days?</p> <ul style="list-style-type: none"> <input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Moderately <input type="radio"/> Considerably <input type="radio"/> Extremely <input type="radio"/> +{NO REPORTED MENTAL HEALTH COMPLAINTS IN THE PAST 30 DAYS}# <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW> 	<p>Response options added/changed</p> <p>Renumbered question</p>	<p>Revised - Significant</p>
	<p>+4. In the past 30 days, where have you gone to receive medical care? You may select more than one response.</p> <ul style="list-style-type: none"> <input type="radio"/> Primary Care Provider <input type="radio"/> Urgent Care <input type="radio"/> The Emergency Department <input type="radio"/> A specialist doctor <input type="radio"/> No care was sought <input type="radio"/> Other {(SPECIFY)} _____# 	<p>Added new question</p>	<p>Added</p>
	<p>+5. Do you currently have medical/health insurance?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[GO TO NEXT SECTION]</i> <input type="radio"/> {REFUSED} <i>[GO TO NEXT SECTION]#</i> 	<p>Added new question</p>	<p>Added</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+5a. What type of insurance do you have [CHECK ALL THAT APPLY]?</p> <ul style="list-style-type: none"> <input type="radio"/> Medicare <input type="radio"/> Medicaid <input type="radio"/> Private Insurance or Employer Provided <input type="radio"/> TRICARE or other military health care <input type="radio"/> An assistance program [for example, a medication assistance program] <input type="radio"/> Any other type of health insurance or health coverage plan {(SPECIFY)} _____ <input type="radio"/> {REFUSED} # 	Added new question	Added

F. VIOLENCE AND TRAUMA

F. VIOLENCE AND TRAUMA (expiring tool) is dropped from the new tool

Questions 12, 12a, 12b, 12c, 12d, and 13 in F. VIOLENCE AN TRAUMA (expiring tool) are dropped from the new tool.

<p>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)?</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <p>[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F13.]</p>	<p><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)?</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <p>[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F13.]></p>		Dropped
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Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:</p> <p>12a. Have had nightmares about it or thought about it when you did not want to?</p> <p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p><Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:</p> <p>12a. Have had nightmares about it or thought about it when you did not want to?</p> <p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW></p>		Dropped
<p>Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:</p> <p>12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?</p> <p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p><Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:</p> <p>12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?</p> <p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW></p>		Dropped
<p>Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:</p> <p>12c. Were constantly on guard, watchful, or easily startled?</p> <p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p><Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:</p> <p>12c. Were constantly on guard, watchful, or easily startled?</p> <p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW></p>		Dropped

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:</p> <p>12d. Felt numb and detached from others, activities, or your surroundings?</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:</p> <p>12d. Felt numb and detached from others, activities, or your surroundings?</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 		Dropped
<p>13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?</p> <ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> A few times <input type="radio"/> More than a few times <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?</p> <ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> A few times <input type="radio"/> More than a few times <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 		Dropped

G. SOCIAL CONNECTEDNESS

Questions 2, 3, and 5 in G. SOCIAL CONNECTEDNESS (expiring tool) are dropped in new tool.

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>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.?</p> <p><input type="radio"/> YES <i>[IF YES]</i> SPECIFY HOW MANY TIMES <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p> <p><input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p>1. In the past 30 days, did you attend any voluntary <self-help> +mutual support# 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> +assists# individuals who have addiction-related problems, such as Alcoholics Anonymous, Narcotics Anonymous, <Oxford House,> Secular Organization for Sobriety, <or> Women for Sobriety, +religious/faith-affiliated recovery mutual support groups,# etc.? +Attendance could have been in person or virtual.#</p> <p><input type="radio"/> YES <i>[IF YES]</i> Specify how many times <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW></p> <p><input type="radio"/> NO <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW></p>	<p>Question text changed</p> <p>Response options changed</p>	<p>Revised - Minor</p>
<p>2. In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?</p> <p><input type="radio"/> YES <i>[IF YES]</i> SPECIFY HOW MANY TIMES <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p> <p><input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p><2. In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?</p> <p><input type="radio"/> YES <i>[IF YES]</i> SPECIFY HOW MANY TIMES <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p>Incorporated into G. SOCIAL CONNECTEDNESS Question 1</p>	<p>Dropped</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?</p> <p><input type="radio"/> YES <i>[IF YES] SPECIFY HOW MANY TIMES</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p> <p><input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p><3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?</p> <p><input type="radio"/> YES <i>[IF YES] SPECIFY HOW MANY TIMES</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p> <p><input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p>Incorporated into G. SOCIAL CONNECTED NESS Question 1</p>	<p>Dropped</p>
<p>4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?</p> <p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW</p>	<p>+2#<4>. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW></p>	<p>Response options changed Renumbered question</p>	<p>Revised - Minor</p>
<p>5. To whom do you turn when you are having trouble? [SELECT ONLY ONE.]</p> <p><input type="radio"/> NO ONE <input type="radio"/> CLERGY MEMBER <input type="radio"/> FAMILY MEMBER <input type="radio"/> FRIENDS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> OTHER (SPECIFY)</p>	<p><5. To whom do you turn when you are having trouble? [SELECT ONLY ONE.]</p> <p><input type="radio"/> NO ONE <input type="radio"/> CLERGY MEMBER <input type="radio"/> FAMILY MEMBER <input type="radio"/> FRIENDS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> OTHER (SPECIFY)</p>		<p>Dropped</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>6. How satisfied are you with your personal relationships?</p> <ul style="list-style-type: none"> <input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>+3#<6>. How satisfied are you with your personal relationships?</p> <ul style="list-style-type: none"> <input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> {REFUSED} <input type="radio"/> ⊖ <DON'T KNOW> 	<p>Response options changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>
	<p>+4. In the past 30 days did you realize that you need to change those social connections or places that negatively impact your recovery?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED}# 	<p>Added new question</p>	<p>Added</p>
H. PROGRAM SPECIFIC QUESTIONS			
<p><i>YOU ARE NOT RESPONSIBLE FOR COLLECTING DATA ON ALL SECTION H QUESTIONS. YOUR GOVERNMENT PROJECT OFFICER (GPO) HAS PROVIDED GUIDANCE ON WHICH SPECIFIC SECTION H QUESTIONS YOU ARE TO COMPLETE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR GPO.</i></p>	<p>YOU ARE NOT RESPONSIBLE FOR COLLECTING DATA ON ALL SECTION H QUESTIONS. YOUR <GOVERNMENT PROJECT OFFICER (<GPO> HAS PROVIDED YOU WITH GUIDANCE ON WHICH SPECIFIC SECTION H QUESTIONS YOU ARE TO COMPLETE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR GPO.</p>	<p>Instruction text changed</p>	<p>Revised - Minor</p>
H1. PROGRAM SPECIFIC QUESTIONS			
<p>This section is to be completed by the following grant programs:</p> <ul style="list-style-type: none"> • Family Treatment Drug Courts (FTDC) 			

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p><i>[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP AND DISCHARGE.]</i></p> <p>1. Which of the following occurred for the client subsequent to receiving treatment? <i>[CHECK ALL THAT APPLY.]</i></p> <ul style="list-style-type: none"> <input type="radio"/> Client was reunited with child (or children) <input type="radio"/> Client avoided out-of-home placement for child (or children) <input type="radio"/> None of the above <input type="radio"/> Don't know 	<p>[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP AND DISCHARGE.]</p> <p>1. Which of the following occurred for the client, subsequent to receiving treatment? <i>[CHECK ALL THAT APPLY.]</i></p> <ul style="list-style-type: none"> <input type="radio"/> Client was reunited with child (or children) <ul style="list-style-type: none"> +1a. With Agency Supervision <input type="radio"/> 1b. Without Agency Supervision# <input type="radio"/> <input type="radio"/> Client avoided out-of-home placement for child (or children) <input type="radio"/> None of the above <input checked="" type="radio"/> Don't know 	<p>Response options changed</p> <p>Numbered question 1a and 1b</p>	<p>Revised - Minor</p>

H2. PROGRAM SPECIFIC QUESTIONS

This section is to be completed by the following grant programs:

- Grants for the Benefit of Homeless Individuals (incl. GBHI – Services in Supportive Housing) (GBHI)

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p><i>[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP AND DISCHARGE.]</i></p> <p>1. Did the <i>[INSERT GRANTEE NAME]</i> help you obtain any of the following benefits? <i>[CHECK ALL THAT APPLY.]</i></p> <ul style="list-style-type: none"> <input type="radio"/> Private health insurance <input type="radio"/> Medicaid <input type="radio"/> Supplemental Security Income (SSI)/Social Security disability insurance (SSDI) <input type="radio"/> Temporary Assistance for Needy Families (TANF) <input type="radio"/> Supplemental Nutrition Assistance Program (SNAP) <input type="radio"/> Other (Specify) _____ <input type="radio"/> NONE OF THE ABOVE <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE]</p> <p>1. Did the <i>[INSERT GRANTEE NAME]</i> help you obtain any of the following benefits? <i>[CHECK ALL THAT APPLY]</i></p> <ul style="list-style-type: none"> <input type="radio"/> Private Health Insurance <input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> SSI/SSDI <input type="radio"/> TANF <input type="radio"/> SNAP <input type="radio"/> Other (SPECIFY) <input type="radio"/> {NONE OF THE ABOVE} <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW> 	<p>Response options changed</p>	<p>Revised - Minor</p>

H3. PROGRAM SPECIFIC QUESTIONS

This section is to be completed by the following grant programs:

- Comprehensive Opioid Recovery Centers (CORC)
- Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (Youth and Family TREE) (TREE)

Expiring Tool (2019)	New Tool (2022)	Notes	Category																																	
<p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]</i></p> <p>1. Have you achieved any of the following since you began receiving services or supports from <i>[INSERT GRANTEE NAME]</i>? If yes, do you believe that the services you received from <i>[INSERT GRANTEE NAME]</i> helped you with this achievement?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 25%;"></td> <td style="width: 60%; text-align: center;">If yes, do you believe that the services you received from <i>[INSERT GRANTEE NAME]</i> helped you with this achievement?</td> </tr> <tr> <td>Status</td> <td>Achieved?</td> <td></td> </tr> <tr> <td>1a. Enrolled in school</td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> </tr> <tr> <td>1b. Enrolled in vocational training</td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> </tr> <tr> <td>1c. Currently employed</td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> </tr> <tr> <td>1d. Living in stable housing</td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> </tr> </table>			If yes, do you believe that the services you received from <i>[INSERT GRANTEE NAME]</i> helped you with this achievement?	Status	Achieved?		1a. Enrolled in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	1b. Enrolled in vocational training	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	1c. Currently employed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	1d. Living in stable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]</i></p> <p>1. Have you achieved any of the following since you began receiving services or supports from <i>[INSERT GRANTEE NAME]</i>? IF YES, Do you believe that the services you received from <i>[INSERT GRANTEE NAME]</i> helped you with this achievement?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><Status></td> <td style="width: 25%; text-align: center;">Achieved?</td> <td style="width: 60%;"><i>[IF YES], Do you believe that the services you received from <i>[INSERT GRANTEE NAME]</i> helped you with this achievement?</i></td> </tr> <tr> <td>1a. Enrolled in school</td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> </tr> <tr> <td>1b. Enrolled in vocational training</td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> </tr> <tr> <td>1c. Currently employed</td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> </tr> <tr> <td>1d. Living in stable housing</td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> </tr> </table>	<Status>	Achieved?	<i>[IF YES], Do you believe that the services you received from <i>[INSERT GRANTEE NAME]</i> helped you with this achievement?</i>	1a. Enrolled in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	1b. Enrolled in vocational training	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	1c. Currently employed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	1d. Living in stable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	Response options changed	Revised - Minor
		If yes, do you believe that the services you received from <i>[INSERT GRANTEE NAME]</i> helped you with this achievement?																																		
Status	Achieved?																																			
1a. Enrolled in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED																																		
1b. Enrolled in vocational training	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED																																		
1c. Currently employed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED																																		
1d. Living in stable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED																																		
<Status>	Achieved?	<i>[IF YES], Do you believe that the services you received from <i>[INSERT GRANTEE NAME]</i> helped you with this achievement?</i>																																		
1a. Enrolled in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}																																		
1b. Enrolled in vocational training	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}																																		
1c. Currently employed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}																																		
1d. Living in stable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}																																		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
H4. PROGRAM SPECIFIC QUESTIONS			
<p>This section is to be completed by the following grant programs:</p> <ul style="list-style-type: none"> State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT) 			
<p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]</i></p> <p>1. Please indicate the degree to which you agree or disagree with the following statements:</p> <p>1a. Receiving treatment in a nonresidential setting has enabled me to maintain parenting and family responsibilities while receiving treatment.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]</p> <p>1. Please indicate the degree to which you agree or disagree with the following statements:</p> <p>1a. Receiving treatment in a nonresidential setting has enabled me to maintain parenting and family responsibilities while receiving treatment.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> {REFUSED} <input type="radio"/> ⊖ <DON'T KNOW> 	Response options changed	Revised - Minor
<p>1b. As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>1b. As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> {REFUSED} <input type="radio"/> ⊖ <DON'T KNOW> 	Response options changed	Revised - Minor

Expiring Tool (2019)	New Tool (2022)	Notes	Category
H5. PROGRAM SPECIFIC QUESTIONS			
<p>This section is to be completed by the following grant programs:</p> <ul style="list-style-type: none"> Pregnant and Postpartum Women (Services Grant Program for Residential Treatment) (PPW) 			
<p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]</i></p> <p>1. Please indicate the degree to which you agree or disagree with the following statements:</p> <p>1a. Receiving treatment in a residential setting with my child (or children) has enabled me to focus on my treatment without distractions of parenting and family responsibilities.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]</p> <p>1. Please indicate the degree to which you agree or disagree with the following statements:</p> <p>1a. Receiving treatment in a residential setting with^{+out#} my child (or children) has enabled me to focus on my treatment without distractions of parenting and family responsibilities.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> {REFUSED} <input type="radio"/> ⊖ <DON'T KNOW> 	<p>Response options changed</p>	<p>Revised - Minor</p>
<p>1b. As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>1b. As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> {REFUSED} <input type="radio"/> ⊖ <DON'T KNOW> 	<p>Response options changed</p>	<p>Revised - Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
H6. PROGRAM SPECIFIC QUESTIONS			
<p>This section is to be completed by the following grant programs:</p> <ul style="list-style-type: none"> Screening, Brief Intervention, and Referral to Treatment (SBIRT) 			
<p><i>[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE].</i></p> <p>1. Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. [CHECK ALL THAT APPLY.]</p> <ul style="list-style-type: none"> <input type="radio"/> Current SAMHSA grant funding <input type="radio"/> Other federal grant funding <input type="radio"/> State funding <input type="radio"/> Client's private insurance <input type="radio"/> Medicaid/Medicare <input type="radio"/> Other (Specify) _____ <input type="radio"/> Don't know <p><i>[IF FOLLOW-UP OR DISCHARGE INTERVIEW, SKIP TO H3.]</i></p>	<p>[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE].</p> <p>1. Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. [CHECK ALL THAT APPLY.]</p> <ul style="list-style-type: none"> <input type="radio"/> Current SAMHSA grant funding <input type="radio"/> Other federal grant funding <input type="radio"/> State funding <input type="radio"/> Client's private insurance <input type="radio"/> Medicaid/Medicare <input type="radio"/> TRICARE <input type="radio"/> Other {(SPECIFY)} _____ <input type="radio"/> Don't know <p><i>[IF FOLLOW-UP OR DISCHARGE INTERVIEW, SKIP TO +QUESTION 6#<H3>.]</i></p>	Response options changed	Revised - Minor
	<p>+ [QUESTIONS 2-5 SHOULD BE REPORTED BY GRANTEE STAFF ONLY AT INTAKE/BASELINE]#</p>	Added new instructions	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>4. How did the client screen for your SBIRT?</p> <p><input type="radio"/> NEGATIVE</p> <p><input type="radio"/> POSITIVE</p>	<p>+2#<4>. +When the SBIRT was administered,# <H>+h#ow did the client screen <for your SBIRT>?</p> <p><input type="radio"/> Negative</p> <p><input type="radio"/> Positive</p>	<p>Question 4 from A. BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to H6 PROGRAM SPECIFIC QUESTIONS Question 2 in new tool.</p> <p>Question text changed</p>	<p>Revised – Minor Moved</p>
<p>4a. What was his/her screening score?</p> <p>Alcohol Use Disorders Identification Test (AUDIT) = __ __ </p> <p>CAGE = __ __ </p> <p>Drug Abuse Screening Test (DAST) = __ __ </p> <p>DAST-10 = __ __ </p> <p>National Institute on Alcohol Abuse and Alcoholism (NIAAA) Guide = __ __ </p> <p>Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)/Alcohol Subscore = __ __ </p> <p>Other (Specify)_____ = __ __ </p>	<p>+3#<4a>. What was +their# <his/her> screening score?</p> <p>+3a.# Alcohol Use Disorders Identification Test (AUDIT) = __ __ </p> <p>+3b.# CAGE = __ __ </p> <p>+3c.# Drug Abuse Screening Test (DAST) = __ __ </p> <p>+3d.# DAST-10 = __ __ </p> <p>+3e.# National Institute on Alcohol Abuse and Alcoholism (NIAAA) Guide = __ __ </p> <p>+3f.# Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)/Alcohol Subscore = __ __ </p> <p>+3g.# Other {(SPECIFY)}_____ = __ __ </p>	<p>Question 4a from A. BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to H6 PROGRAM SPECIFIC QUESTIONS Question 3 in new tool.</p> <p>Question text changed</p>	<p>Revised – Minor Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category																																
<p>5. Was he/she willing to continue his/her participation in the SBIRT program?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>	<p>+4#<5>. <Was he/she> +Were they# willing to continue <his/her> +their# participation in <the> SBIRT +services# <program>?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Question 5 from A. BEHAVIORAL HEALTH DIAGNOSES in expiring tool moved to H6 PROGRAM SPECIFIC QUESTIONS Question 4 in new tool.</p> <p>Question text changed</p>	<p>Revised – Minor Moved</p>																																
<p><i>[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF ONLY AT INTAKE/BASELINE.]</i></p> <p>2. If the client screened positive for substance misuse or a substance use disorder, was the client assigned to the following types of services? <i>[IF CLIENT SCREENED NEGATIVE, SELECT “NO” FOR EACH SERVICE BELOW.]</i></p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don’t Know</th> </tr> </thead> <tbody> <tr> <td>Brief Intervention</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Brief Treatment</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Referral to Treatment</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		Yes	No	Don’t Know	Brief Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Brief Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Referral to Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p><i>[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF ONLY AT INTAKE/BASELINE.]</i></p> <p>+5#<2>. If the client screened positive for substance misuse or a substance use disorder, was the client assigned to the following types of services? <i>[IF CLIENT SCREENED NEGATIVE, SELECT “NO” FOR EACH SERVICE BELOW.]</i></p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th><Don’t Know></th> </tr> </thead> <tbody> <tr> <td>+5a.# Brief Intervention</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>+5b.# Brief Treatment</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>+5c.# Referral to Treatment</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		Yes	No	<Don’t Know>	+5a.# Brief Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	+5b.# Brief Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	+5c.# Referral to Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>Instructions changed</p> <p>Response options changed</p> <p>Renumbered questions</p>	<p>Revised - Minor</p>
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Expiring Tool (2019)	New Tool (2022)	Notes	Category
H7. PROGRAM SPECIFIC QUESTIONS			
<p>This section is to be completed by the following grant programs:</p> <ul style="list-style-type: none"> Targeted Capacity Expansion HIV: Substance Use Disorder Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS (TCE-HIV: Minority Women) <p>Questions 3, 3a, 3b, and 3c in F. MENTAL AND PHYSICL HEALTH PROBLEMS AND TREATMENT RECOVERY (expiring tool) are moved to Questions 1, 1a, 1b, and 1c, respectively, in H7. PROGRAM SPECIFIC QUESTIONS (new tool). The set of HCV questions are moved to come before the set of HBV questions.</p>			
<p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE.]</i></p>	<p>[+ALL H7 QUESTIONS# <QUESTION 1> SHOULD BE ANSWERED BY THE CLIENT AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE.]</p>	<p>Instruction text changed</p>	<p>Revised - Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>3. During the past 30 days, did you engage in sexual activity?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO F4.]</i> <input type="radio"/> NOT PERMITTED TO ASK <i>[SKIP TO F4.]</i> <input type="radio"/> REFUSED <i>[SKIP TO F4.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO F4.]</i> 	<p>+1#<3>. <During> +In# the past 30 days, +have you been sexually active?# <did you engage in sexual activity?></p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO +QUESTION 2# <F4>.]</i> <input type="radio"/> Not Permitted to Ask <i>[SKIP TO +QUESTION 2# <F4>.]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO +QUESTION 2# <F4>.]</i> <input type="radio"/> ←DON'T KNOW [SKIP TO F4.]> 	<p>Question 3 from F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY in expiring tool moved to H7 PROGRAM SPECIFIC QUESTIONS Question 1 in new tool.</p> <p>Question text changed</p> <p>Response options changed</p>	<p>Revised - Minor Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category																																			
<p><i>[IF YES]</i> Altogether, how many:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Contacts</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">RF</th> <th style="width: 5%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>3a. Sexual contacts (vaginal, oral, or anal) did you have?</td> <td style="text-align: center;"> _ _ _ </td> <td></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3b. Unprotected sexual contacts did you have? <i>[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]</i></td> <td style="text-align: center;"> _ _ _ </td> <td></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3c. Unprotected sexual contacts were with an individual who is or was <i>[NONE OF THE VALUES IN F3c1–F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1. HIV positive or has AIDS</td> <td style="text-align: center;"> _ _ _ </td> <td></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>2. An injection drug user</td> <td style="text-align: center;"> _ _ _ </td> <td></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>3. High on some substance</td> <td style="text-align: center;"> _ _ _ </td> <td></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>		Contacts		RF	DK	3a. Sexual contacts (vaginal, oral, or anal) did you have?	_ _ _		<input type="radio"/>	<input type="radio"/>	3b. Unprotected sexual contacts did you have? <i>[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]</i>	_ _ _		<input type="radio"/>	<input type="radio"/>	3c. Unprotected sexual contacts were with an individual who is or was <i>[NONE OF THE VALUES IN F3c1–F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]</i>					1. HIV positive or has AIDS	_ _ _		<input type="radio"/>	<input type="radio"/>	2. An injection drug user	_ _ _		<input type="radio"/>	<input type="radio"/>	3. High on some substance	_ _ _		<input type="radio"/>	<input type="radio"/>	<p><i>[IF YES]</i> Altogether, +in the past 30 days,# how many:</p> <p>+1#<3>a. Sexual +partners# <contacts (vaginal, oral, or anal)> did you have?</p> <p style="margin-left: 40px;">+Number# _ _ _ <input type="radio"/> +{REFUSED}# <input type="radio"/> <DK></p> <p>+1#<3>+b. Did you engage in# unprotected+/condomless sex?# <did you have? [THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]</p> <p style="margin-left: 40px;">— _ _ _ ></p> <p><input type="radio"/> +Yes <input type="radio"/> No <i>[SKIP TO QUESTION 2]#</i> <input type="radio"/> <RF> <input type="radio"/> <DK></p> <p>+1#<3>+c. Were any of your partners# <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.]></p> <p>+1. Living with# HIV <positive or has AIDS> +and not taking HIV medications# < _ _ _ ></p> <p style="margin-left: 40px;"><input type="radio"/> +Yes <input type="radio"/> No <input type="radio"/> Refused# <input type="radio"/> <DK></p> <p>+2. A person who injects drugs# <An injection drug user < _ _ _ ></p> <p style="margin-left: 40px;"><input type="radio"/> +Yes <input type="radio"/> No <input type="radio"/> Refused# <input type="radio"/> <DK></p> <p>+3.# High on <some> +one or more# substances < _ _ _ ></p> <p style="margin-left: 40px;"><input type="radio"/> +Yes <input type="radio"/> No <input type="radio"/> Refused# <input type="radio"/> <DK></p>	<p>Questions 3a, 3b, and 3c from F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY in expiring tool moved to H7 PROGRAM SPECIFIC QUESTIONS Questions 1a, 1b, and 1c in new tool.</p> <p>Question text changed</p> <p>Questions 1b and 1c changed from asking quantity to Yes/No.</p> <p>Response options changed</p>	<p>Moved</p>
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Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+2. Are you currently taking Pre-Exposure Prophylaxis (PrEP) for HIV prevention, or are you taking medication for the treatment of HIV?</p> <ul style="list-style-type: none"> <input type="radio"/> PrEP <input type="radio"/> Treatment for HIV <input type="radio"/> Neither <input type="radio"/> {REFUSED}# 	Added new question	Added
<p>1. Did the program provide the following?</p> <p>a. HIV test</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <i>[SKIP TO H1b.]</i> <input type="radio"/> REFUSED <i>[SKIP TO H1b.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO H1b.]</i> 	<p>+3#<1>. Did the program provide +access to# the following?</p> <p>+3#a+1. An# HIV test?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO QUESTION +3b1# <H1b>]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO QUESTION +3b1# <H1b>]</i> <input type="radio"/> DON'T KNOW [SKIP TO H1b.] 	<p>Question text changed</p> <p>Response option changes</p> <p>Renumbered question</p>	Revised - Minor
	<p>+3a2. Was this the first time that you had been tested for HIV?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO QUESTION 3a5]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO QUESTION 3a5]#</i> 		Added
	<p>+3a3. Was HIV testing performed on-site or were you referred out for testing?</p> <ul style="list-style-type: none"> <input type="radio"/> On-site <i>[SKIP TO QUESTION 3a5]</i> <input type="radio"/> Referred out <input type="radio"/> {REFUSED} <i>[SKIP TO QUESTION 3a5]#</i> 	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+3a4. Where was testing performed?</p> <ul style="list-style-type: none"> <input type="radio"/> Primary Care Provider’s office <input type="radio"/> Dedicated clinic <input type="radio"/> VA Medical Center <input type="radio"/> Health Center or Community Clinic <input type="radio"/> Local Health Department <input type="radio"/> Specialty Addiction Treatment Program <input type="radio"/> Sexual Health Center <input type="radio"/> A mobile testing service <input type="radio"/> Other {(SPECIFY)} _____ # 	Added new question	Added
<p>1. Did the program provide the following?</p> <p>a. HIV test</p> <p><i>[IF YES] What was the result?</i></p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO H1b.]</i> <input type="radio"/> Indeterminate <i>[SKIP TO H1b.]</i> <input type="radio"/> REFUSED <i>[SKIP TO H1b.]</i> <input type="radio"/> DON’T KNOW <i>[SKIP TO H1b.]</i> 	<p>+3a5#<4a>. What was the result?</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO +QUESTION 3a12# <H1b>]</i> <input type="radio"/> Indeterminate <i><[SKIP TO H1b]></i> <input type="radio"/> {REFUSED} <i>[SKIP TO +QUESTION 3b1# <H1b>]</i> <input type="radio"/> <DON’T KNOW [SKIP TO H1b]> 	<p>Response option changes</p> <p>Skip logic changes</p> <p>Renumbered question</p>	Revised - Minor
	<p>+3a6. Did you receive confirmatory testing?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO QUESTION 3a8]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO QUESTION 3a8]#</i> 	Added new question	Added
	<p>+3a7. What was the result?</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> {REFUSED}# 	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>1. Did the program provide the following?</p> <p>a. HIV test</p> <p><i>[IF CLIENT SCREENED POSITIVE]</i> Were you connected to HIV treatment services?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p>+3a8#<1a>. <[IF CLIENT SCREENED POSITIVE]> Were you connected to HIV treatment services +within 30 days of the positive test result?#</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No + [SKIP TO QUESTION 3a10]#</p> <p><input type="radio"/> {REFUSED} + [SKIP TO QUESTION 3a10]#</p> <p><input type="radio"/> ←DON'T KNOW→</p>	<p>Question text changed</p> <p>Response options changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>
	<p>+3a9. Where were you referred for ongoing treatment?</p> <p><input type="radio"/> Primary Care Provider's office</p> <p><input type="radio"/> Dedicated clinic</p> <p><input type="radio"/> VA Medical Center</p> <p><input type="radio"/> Health Center or Community Clinic</p> <p><input type="radio"/> Local Health Department</p> <p><input type="radio"/> Specialty Addiction Treatment Program</p> <p><input type="radio"/> Sexual Health Center</p> <p><input type="radio"/> Other {(SPECIFY)} _____#</p>	<p>Added new question</p>	<p>Added</p>
	<p>+3a10. Was rapid HIV testing offered to your substance-using and/or sexual partners?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No [SKIP TO QUESTION 3b1]</p> <p><input type="radio"/> {REFUSED} [SKIP TO QUESTION 3b1]#</p>	<p>Added new question</p>	<p>Added</p>
	<p>+3a11. What was the number of drug-using and/or sexual partners offered HIV testing?</p> <p><input type="radio"/> 1 [SKIP TO QUESTION 3b1]</p> <p><input type="radio"/> 2 [SKIP TO QUESTION 3b1]</p> <p><input type="radio"/> 3 [SKIP TO QUESTION 3b1]</p> <p><input type="radio"/> 4 or more [SKIP TO QUESTION 3b1]</p> <p><input type="radio"/> {REFUSED} [SKIP TO QUESTION 3b1]#</p>	<p>Added new question</p>	<p>Added</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+3a12. Were you referred for Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP), and/or were you referred for counseling about these interventions? [SELECT ALL THAT APPLY]</p> <ul style="list-style-type: none"> <input type="radio"/> PrEP <input type="radio"/> PEP <input type="radio"/> Received Counseling <input type="radio"/> Did not receive medications <input type="radio"/> Did not receive counseling <input type="radio"/> {REFUSED}# 	Added new question	Added
<p>1. Did the program provide the following?</p> <p>c. Hepatitis C (HCV) test</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO [SKIP TO SECTION I OR J/K.] <input type="radio"/> REFUSED [SKIP TO SECTION I OR J/K.] <input type="radio"/> DON'T KNOW [SKIP TO SECTION I OR J/K.] 	<p>+3b1#<1e>. +Did you receive a Rapid# Hepatitis C (HCV) test?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No [SKIP TO +QUESTION 3c1# <SECTION-I OR-J/K>] <input type="radio"/> {REFUSED} [SKIP TO +QUESTION 3c1# <SECTION-I OR-J/K>] <input type="radio"/> <DON'T KNOW [SKIP TO C1 SECTION I OR J/K]> 	<p>HCV questions moved to come before HBV questions</p> <p>Question text changed</p> <p>Response options changed</p> <p>Skip logic changed</p>	Revised – Minor Moved
	<p>+3b2. Was this test followed up with confirmatory Hepatitis C (HCV RNA) testing?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No# 	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>1. Did the program provide the following?</p> <p>c. Hepatitis C (HCV) test</p> <p><i>[IF YES] What was the result?</i></p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO SECTION I OR J/K.]</i> <input type="radio"/> Indeterminate <i>[SKIP TO SECTION I OR J/K.]</i> <input type="radio"/> REFUSED <i>[SKIP TO SECTION I OR J/K.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO SECTION I OR J/K.]</i> 	<p>+3b3#<1e>. What was the +of your HCV# result?</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO +QUESTION 3c1# <SECTION I OR J/K.>]</i> <input type="radio"/> Indeterminate <i><SKIP TO SECTION I OR J/K.></i> <input type="radio"/> {REFUSED} <i>[SKIP TO +QUESTION 3c1# <SECTION I OR J/K.>]</i> <input type="radio"/> <DON'T KNOW [SKIP TO CI SECTION I OR J/K.]> 	<p>HCV questions moved to come before HBV questions</p> <p>Question text changed</p> <p>Response options changed</p> <p>Skip logic changed</p>	<p>Revised – Minor Moved</p>
<p>1. Did the program provide the following?</p> <p>c. Hepatitis C (HCV) test</p> <p><i>[IF CLIENT SCREENED POSITIVE] Were you connected to HCV treatment services?</i></p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>+3b4#<1e>. <i>[IF <CLIENT> SCREENED POSITIVE +OR INDETERMINATE#]</i> Were you connected to +Hepatitis C# <HCV> treatment services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW> 	<p>HCV questions moved to come before HBV questions</p> <p>Question text changed</p> <p>Response options changed</p> <p>Skip logic changed</p>	<p>Revised – Minor Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>1. Did the program provide the following?</p> <p>b. Hepatitis B (HBV) test</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <i>[SKIP TO H1c.]</i> <input type="radio"/> REFUSED <i>[SKIP TO H1c.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO H1c.]</i> 	<p>+3c1#<4b>. +Did you receive a# Hepatitis B (HBV) test?</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <i>[SKIP TO +QUESTION 3d1# <H1e>.]</i> <input type="radio"/> {REFUSED}<i>[SKIP TO +QUESTION 3d1# <H1e>.]</i> <input type="radio"/> <DON'T KNOW [SKIP TO H1c.]> 	<p>HBV questions moved to come after HCV questions</p> <p>Question text changed</p> <p>Response options changed</p> <p>Skip logic changed</p>	<p>Revised – Minor</p> <p>Moved</p>
<p>1. Did the program provide the following?</p> <p>b. Hepatitis B (HBV) test</p> <p><i>[IF YES] What was the result?</i></p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO H1c.]</i> <input type="radio"/> Indeterminate <i>[SKIP TO H1c.]</i> <input type="radio"/> REFUSED <i>[SKIP TO H1c.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO H1c.]</i> 	<p>+3c2#<4b>. What was the result +of your HBV test#?</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO +QUESTION 3d1# <H1e>.]</i> <input type="radio"/> Indeterminate <i><[SKIP TO H1c.]></i> <input type="radio"/> {REFUSED}<i>[SKIP TO +QUESTION 3d1# <H1e>.]</i> <input type="radio"/> <DON'T KNOW [SKIP TO H1c.]> 	<p>HBV questions moved to come after HCV questions</p> <p>Question text changed</p> <p>Response options changed</p> <p>Skip logic changed</p>	<p>Revised – Minor</p> <p>Moved</p>
<p>1. Did the program provide the following?</p> <p>b. Hepatitis B (HBV) test</p> <p><i>[IF CLIENT SCREENED POSITIVE] Were you connected to HBV treatment services?</i></p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>+3c3.# <[IF CLIENT SCREENED POSITIVE]> Were you connected to +Hepatitis B# <HBV> treatment services?</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW> 	<p>HBV questions moved to come after HCV questions</p> <p>Question text changed</p> <p>Response options changed</p> <p>Skip logic changed</p>	<p>Revised – Minor</p> <p>Moved</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	+3d1. Was the client offered a Hepatitis A and B Vaccination? <input type="radio"/> Yes <i>[GO TO SECTION I OR J/K]</i> <input type="radio"/> No <input type="radio"/> {REFUSED} <i>[GO TO SECTION I OR J/K]#</i>	Added new question	Added
	+3d2. Was the client referred out for vaccination? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED}#	Added new question	Added

H8. PROGRAM SPECIFIC QUESTIONS

This section is to be completed by the following grant programs:

- Comprehensive Addiction and Recovery Act: Building Communities of Recovery (BCOR)
- Adult Treatment Drug Courts (DCT-AD)
- SAMHSA Treatment Drug Courts (DCT-FA)
- Offender Reentry Program (ORP)
- Treatment Recovery Workforce Support (TRWS)

<i>[QUESTIONS 1 AND 2 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]</i>	+PROGRAM SPECIFIC QUESTIONS# [QUESTIONS 1, +2, AND 3# SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE]	Instruction text changed	Revised - Minor
	+1. Is peer support available at this program? <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO QUESTION 3]#</i>	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category																														
<p>1. Have you achieved any of the following since you began receiving peer services through [INSERT GRANTEE NAME]? If yes, do you believe that the peer services you received from [INSERT GRANTEE NAME] helped you with this achievement?</p> <table border="1" data-bbox="71 371 793 1318"> <thead> <tr> <th data-bbox="71 371 281 643">Status</th> <th data-bbox="281 371 522 643">Achieved?</th> <th data-bbox="522 371 793 643">If yes, do you believe that the peer services you received from [INSERT GRANTEE NAME] helped you with this achievement?</th> </tr> </thead> <tbody> <tr> <td data-bbox="71 643 281 813">1a. Enrolled in school</td> <td data-bbox="281 643 522 813"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> <td data-bbox="522 643 793 813"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> </tr> <tr> <td data-bbox="71 813 281 984">1b. Enrolled in vocational training</td> <td data-bbox="281 813 522 984"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> <td data-bbox="522 813 793 984"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> </tr> <tr> <td data-bbox="71 984 281 1154">1c. Currently employed</td> <td data-bbox="281 984 522 1154"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> <td data-bbox="522 984 793 1154"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> </tr> <tr> <td data-bbox="71 1154 281 1318">1d. Living in stable housing</td> <td data-bbox="281 1154 522 1318"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> <td data-bbox="522 1154 793 1318"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED </td> </tr> </tbody> </table>	Status	Achieved?	If yes, do you believe that the peer services you received from [INSERT GRANTEE NAME] helped you with this achievement?	1a. Enrolled in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	1b. Enrolled in vocational training	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	1c. Currently employed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	1d. Living in stable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<p>+2#<1>. Have you achieved any of the following since you began receiving peer services from [INSERT GRANTEE NAME]? [IF YES], +D#<d>o you believe that the <peer> services you received from [INSERT GRANTEE NAME] helped you with this achievement?</p> <table border="1" data-bbox="823 409 1612 1390"> <thead> <tr> <th data-bbox="823 409 1052 712"><Status></th> <th data-bbox="1052 409 1325 712">Achieved?</th> <th data-bbox="1325 409 1612 712"><If yes,>+[IF YES], Do# you believe that the services you received from +[INSERT GRANTEE NAME]# helped you with this achievement?</th> </tr> </thead> <tbody> <tr> <td data-bbox="823 712 1052 883">+2a#<1a>. Enrolled in school</td> <td data-bbox="1052 712 1325 883"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> <td data-bbox="1325 712 1612 883"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> </tr> <tr> <td data-bbox="823 883 1052 1053">+2b#<1b>. Enrolled in vocational training</td> <td data-bbox="1052 883 1325 1053"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> <td data-bbox="1325 883 1612 1053"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> </tr> <tr> <td data-bbox="823 1053 1052 1224">+2c#<1c>. Currently employed</td> <td data-bbox="1052 1053 1325 1224"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> <td data-bbox="1325 1053 1612 1224"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> </tr> <tr> <td data-bbox="823 1224 1052 1390">+2d#<1d>. Living in stable housing</td> <td data-bbox="1052 1224 1325 1390"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> <td data-bbox="1325 1224 1612 1390"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED} </td> </tr> </tbody> </table>	<Status>	Achieved?	<If yes,>+[IF YES], Do# you believe that the services you received from +[INSERT GRANTEE NAME]# helped you with this achievement?	+2a#<1a>. Enrolled in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	+2b#<1b>. Enrolled in vocational training	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	+2c#<1c>. Currently employed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	+2d#<1d>. Living in stable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<p>Question text changed</p> <p>Response options changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>
Status	Achieved?	If yes, do you believe that the peer services you received from [INSERT GRANTEE NAME] helped you with this achievement?																															
1a. Enrolled in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED																															
1b. Enrolled in vocational training	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED																															
1c. Currently employed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED																															
1d. Living in stable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED																															
<Status>	Achieved?	<If yes,>+[IF YES], Do# you believe that the services you received from +[INSERT GRANTEE NAME]# helped you with this achievement?																															
+2a#<1a>. Enrolled in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}																															
+2b#<1b>. Enrolled in vocational training	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}																															
+2c#<1c>. Currently employed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}																															
+2d#<1d>. Living in stable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> {REFUSED}																															

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>2. To what extent has this program improved your quality of life?</p> <ul style="list-style-type: none"> <input type="radio"/> To a great extent <input type="radio"/> Somewhat <input type="radio"/> Very little <input type="radio"/> Not at all <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>+3#<2>. To what extent has this program improved your quality of life?</p> <ul style="list-style-type: none"> <input type="radio"/> To a great extent <input type="radio"/> Somewhat <input type="radio"/> Very little <input type="radio"/> Not at all <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW> 	<p>Response options changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>

H9. PROGRAM SPECIFIC QUESTIONS

This section is to be completed by the following grant programs:

- There are no active programs that require this section.

<p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]</i></p>	<p>[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE]</p>		<p>Unchanged</p>
<p>1. Please indicate the degree to which you agree or disagree with the following statements:</p> <p>i. The use of technology accessed through <i>[INSERT GRANTEE NAME]</i> has helped me communicate with my provider.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> NOT APPLICABLE <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>1. Please indicate the degree to which you agree or disagree with the following statements:</p> <p>+1a#<i>. The use of technology accessed through <i>[INSERT GRANTEE NAME]</i> has helped me communicate with my provider.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> {NOT APPLICABLE} <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW> 	<p>Response options changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>ii. The use of technology accessed through [INSERT GRANTEE NAME] has helped me reduce my substance use.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> NOT APPLICABLE <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>+1b# <ii>. The use of technology accessed through [INSERT GRANTEE NAME] has helped me reduce my substance use.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> {NOT APPLICABLE} <input type="radio"/> {REFUSED} <input type="radio"/> DON'T KNOW 	<p>Response options changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>
<p>iii. The use of technology accessed through [INSERT GRANTEE NAME] has helped me manage my mental health symptoms.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> NOT APPLICABLE <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>+1c# <iii>. The use of technology accessed through [INSERT GRANTEE NAME] has helped me manage my mental health symptoms.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> {NOT APPLICABLE} <input type="radio"/> {REFUSED} <input type="radio"/> DON'T KNOW 	<p>Response options changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>
<p>iv. The use of technology accessed through [INSERT GRANTEE NAME] has helped me support my recovery.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> NOT APPLICABLE <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>+1d# <iv>. The use of technology accessed through [INSERT GRANTEE NAME] has helped me support my recovery.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> {NOT APPLICABLE} <input type="radio"/> {REFUSED} <input type="radio"/> DON'T KNOW 	<p>Response options changed</p> <p>Renumbered question</p>	<p>Revised - Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
H10. PROGRAM SPECIFIC QUESTIONS			
<p>This section is to be completed by the following grant programs:</p> <ul style="list-style-type: none"> There are no active programs that require this section. 			
<p><i>[QUESTIONS 1 AND 1a SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE. QUESTION 1b SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP/DISCHARGE IF THE CLIENT HAS BEEN REFERRED FOR SERVICES.]</i></p>	<p>[QUESTIONS 1 AND 1a SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE]</p> <p>[QUESTION 1b SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP/DISCHARGE IF THE CLIENT HAS BEEN REFERRED FOR SERVICES]</p>		Unchanged
<p>1. Did the client screen positive for a mental health disorder?</p> <ul style="list-style-type: none"> <input type="radio"/> Client screened positive <input type="radio"/> Client screened negative <i>[SKIP TO H2.]</i> <input type="radio"/> Client was not screened <i>[SKIP TO H2.]</i> <input type="radio"/> Don't know <i>[SKIP TO H2.]</i> 	<p>1. Did the client screen positive for+, or have a history of,# a mental health disorder?</p> <ul style="list-style-type: none"> <input type="radio"/> Client screened positive <input type="radio"/> Client screened negative <i>[SKIP TO +QUESTION 2# <H2>.]</i> <input type="radio"/> Client was not screened <i>[SKIP TO +QUESTION 2# <H2>.]</i> <input type="radio"/> +Client has a positive history# <input type="radio"/> Don't know [SKIP TO H2.] 	<p>Question text changed</p> <p>Response options added/changed</p> <p>Skip logic changed</p>	Revised - Significant
<p>1a. <i>[IF POSITIVE]</i> Was the client referred to mental health services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO H2.]</i> <input type="radio"/> Don't know <i>[SKIP TO H2.]</i> 	<p>1a. [IF POSITIVE] Was the client referred to mental health services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <i>+[QUESTION IF INTAKE/BASELINE; ANSWER 1b IF FOLLOW-UP/DISCHARGE]#</i> <input type="radio"/> No <i>[SKIP TO +QUESTION 2# <H2.>]</i> <input type="radio"/> Don't know [SKIP TO H2.] 	<p>Question text changed</p> <p>Response options changed</p> <p>Skip logic changed</p>	Revised - Minor

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>1b. <i>[IF YES]</i> Did the client receive mental health services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know 	<p>1b. <i>[IF YES]</i> Did the client receive mental health services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <i><Don't know></i> 	<p>Question text changed</p> <p>Response options changed</p>	<p>Revised - Minor</p>
<p><i>[QUESTIONS 2 AND 2a SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE. QUESTION 2b SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP/DISCHARGE IF THE CLIENT HAS BEEN REFERRED FOR SERVICES.]</i></p>	<p>[QUESTIONS 2 AND 2a SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE]</p> <p>[QUESTION 2b SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP/DISCHARGE IF THE CLIENT HAS BEEN REFERRED FOR SERVICES]</p>		<p>Unchanged</p>
<p>2. Did the client screen positive for a substance use disorder?</p> <ul style="list-style-type: none"> <input type="radio"/> Client screened positive <input type="radio"/> Client screened negative <input type="radio"/> Client was not screened <input type="radio"/> Don't know 	<p>2. Did the client screen positive for+, or have a history of,# a substance use disorder+(s)#?</p> <ul style="list-style-type: none"> <input type="radio"/> Client screened positive <input type="radio"/> Client screened negative <i>+[SKIP TO QUESTION 3 IF FOLLOW-UP/DISCHARGE]#</i> <input type="radio"/> Client was not screened <i>+[SKIP TO QUESTION 3 IF FOLLOW-UP/DISCHARGE]#</i> <input type="radio"/> +Client has a positive history# <input type="radio"/> <i><Don't know></i> 	<p>Question text changed</p> <p>Response option added/changed</p> <p>Skip logic changed</p>	<p>Revised - Significant</p>
<p><i>[IF THIS IS AT INTAKE/BASELINE AND THE RESPONSE IS NEGATIVE, NOT SCREENED, OR DON'T KNOW, SECTION H IS DONE. IF THIS IS AT FOLLOW-UP OR DISCHARGE AND THE RESPONSE IS NEGATIVE, NOT SCREENED, OR DON'T KNOW, SKIP TO QUESTION 3.]</i></p>	<p><i><[IF THIS IS AT INTAKE/BASELINE AND THE RESPONSE IS NEGATIVE, NOT SCREENED, OR DON'T KNOW, SECTION H IS DONE. IF THIS IS AT FOLLOW-UP OR DISCHARGE AND THE RESPONSE IS NEGATIVE, NOT SCREENED, OR DON'T KNOW, SKIP TO QUESTION 3.]></i></p>		<p>Dropped</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>2a. <i>[IF POSITIVE]</i> Was the client referred to substance use disorder services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know 	<p>2a. <i>[IF POSITIVE]</i> Was the client referred to substance use disorder services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <i>+ [ANSWER 2b IF FOLLOW-UP/DISCHARGE#]</i> <input type="radio"/> No <i>+ [SKIP TO QUESTION 3 IF FOLLOW-UP/DISCHARGE#]</i> <input type="radio"/> <i><Don't know></i> 	<p>Question text changed</p> <p>Response options changed</p>	<p>Revised - Minor</p>
<p><i>[IF THIS IS AT INTAKE/BASELINE, SECTION H IS DONE. IF THIS IS AT FOLLOW-UP OR DISCHARGE AND THE RESPONSE IS NO OR DON'T KNOW, SKIP TO QUESTION 3.]</i></p>	<p><i>[IF THIS IS AN INTAKE/BASELINE, SECTION H+10# IS DONE. <IF THIS IS A FOLLOW-UP OR DISCHARGE AND THE RESPONSE IS NO OR DON'T KNOW, SKIP TO QUESTION 3>]</i></p>	<p>Instruction text changed</p>	<p>Revised - Minor</p>
<p>2b. <i>[IF YES]</i> Did the client receive substance use disorder services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know 	<p>2b. <i>[IF YES]</i> Did the client receive substance use disorder services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <i><Don't know></i> 	<p>Question text changed</p> <p>Response options changed</p>	<p>Revised - Minor</p>
<p><i>[QUESTION 3 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]</i></p>	<p>[QUESTION 3 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]</p>		<p>Unchanged</p>
<p>3. Please indicate the degree to which you agree or disagree with the following statement: Receiving community-based services through <i>[INSERT GRANTEE NAME]</i> has helped me to avoid further contact with the police and the criminal justice system.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>3. Please indicate the degree to which you agree or disagree with the following statement: Receiving community-based services through <i>[INSERT GRANTEE NAME]</i> has helped me to avoid further contact with the police and the criminal justice system.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> {REFUSED} <input type="radio"/> <i><DON'T KNOW></i> 	<p>Response options changed</p>	<p>Revised - Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
I. FOLLOW-UP STATUS			
I. FOLLOW-UP STATUS (expiring tool) is retained with minor revisions and one additional question as I. FOLLOW-UP STATUS (new tool).			
<i>[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]</i>	<i>[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]</i>		Unchanged
	+1. Was the client able to be contacted for follow-up? <input type="radio"/> Yes <input type="radio"/> No#	Added new question	Added
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.] <input type="radio"/> 01 = Deceased at time of due date <input type="radio"/> 11 = Completed interview within specified window <input type="radio"/> 12 = Completed interview outside specified window <input type="radio"/> 21 = Located, but refused, unspecified <input type="radio"/> 22 = Located, but unable to gain institutional access <input type="radio"/> 23 = Located, but otherwise unable to gain access <input type="radio"/> 24 = Located, but withdrawn from project <input type="radio"/> 31 = Unable to locate, moved <input type="radio"/> 32 = Unable to locate, other (Specify) _____	+2#<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.] <input type="radio"/> 01 = Deceased at time of due date <input type="radio"/> 11 = Completed interview within specified window <input type="radio"/> 12 = Completed interview outside specified window <input type="radio"/> 21 = Located, but REFUSED, unspecified <input type="radio"/> 22 = Located, but unable to gain institutional access <input type="radio"/> 23 = Located, but otherwise unable to gain access <input type="radio"/> 24 = Located, but withdrawn from project <input type="radio"/> 31 = Unable to locate, moved <input type="radio"/> 32 = Unable to locate, other (Specify)	Renumbered question	Revised - Minor
2. Is the client still receiving services from your program? <input type="radio"/> Yes <input type="radio"/> No	+3#<2>. Is the client still receiving services from your program? <input type="radio"/> Yes <input type="radio"/> No	Renumbered question	Revised - Minor
	+Please complete Sections B, C, D, E, F, G and those sections of Section H assigned to your program.#	Added new instructions	Added
<i>[IF THIS IS A FOLLOW-UP INTERVIEW, STOP NOW; THE INTERVIEW IS COMPLETE.]</i>	<i>[IF THIS IS A FOLLOW-UP INTERVIEW, STOP NOW; THE INTERVIEW IS COMPLETE.]</i>		Unchanged

Expiring Tool (2019)	New Tool (2022)	Notes	Category
J. DISCHARGE STATUS			
J. DISCHARGE STATUS (expiring tool) is retained with minor revisions and two additional questions as J. DISCHARGE STATUS (new tool).			
<i>[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]</i>	<i>[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]</i>		Unchanged
1. On what date was the client discharged? _ _ / _ _ / _ _ _ _ MONTH DAY YEAR	1. On what date was the client discharged? _ _ / _ _ / _ _ _ _ MONTH DAY YEAR		Unchanged
2. What is the client's discharge status? <input type="radio"/> 01 = Completion/Graduate <input type="radio"/> 02 = Termination	2. What is the client's discharge status? <input type="radio"/> 01 = Completion/Graduate <i>+[SKIP TO QUESTION 3]#</i> <input type="radio"/> 02 = Termination	Skip logic clarified	Revised - Minor

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>If the client was terminated, what was the reason for termination? [SELECT ONE RESPONSE.]</p> <ul style="list-style-type: none"> <input type="radio"/> 01 = Left on own against staff advice with satisfactory progress <input type="radio"/> 02 = Left on own against staff advice without satisfactory progress <input type="radio"/> 03 = Involuntarily discharged due to nonparticipation <input type="radio"/> 04 = Involuntarily discharged due to violation of rules <input type="radio"/> 05 = Referred to another program or other services with satisfactory progress <input type="radio"/> 06 = Referred to another program or other services with unsatisfactory progress <input type="radio"/> 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress <input type="radio"/> 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress <input type="radio"/> 09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress <input type="radio"/> 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress <input type="radio"/> 11 = Transferred to another facility for health reasons <input type="radio"/> 12 = Death <input type="radio"/> 13 = Other (Specify) _____ 	<p>+2a.# If the client was terminated, what was the reason for termination? [SELECT ONE RESPONSE.]</p> <ul style="list-style-type: none"> <input type="radio"/> 01 = Left on own against staff advice with satisfactory progress <input type="radio"/> 02 = Left on own against staff advice without satisfactory progress <input type="radio"/> 03 = Involuntarily discharged due to nonparticipation <input type="radio"/> 04 = Involuntarily discharged due to violation of rules <input type="radio"/> 05 = Referred to another program or other services with satisfactory progress <input type="radio"/> 06 = Referred to another program or other services with unsatisfactory progress <input type="radio"/> 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress <input type="radio"/> 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress <input type="radio"/> 09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress <input type="radio"/> 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress <input type="radio"/> 11 = Transferred to another facility for health reasons <input type="radio"/> 12 = Death <input type="radio"/> 13 = Other (Specify) _____ 	<p>Numbered question</p>	<p>Revised - Minor</p>
<p>3. Did the program test this client for HIV?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes [SKIP TO SECTION K.] <input type="radio"/> No [GO TO J4.] 	<p>3. Did the program +order an HIV# test +for# this client <for HIV>?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes [SKIP TO +QUESTION 5# <SECTION K.>] <input type="radio"/> No <GO TO J4.> 	<p>Question text changed</p> <p>Skip logic changed</p>	<p>Revised - Minor</p>
<p>4. [IF NO] Did the program refer this client for testing?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	<p>4. <IF NO> Did the program refer this client for +HIV# testing +with another provider#?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	<p>Question text changed</p>	<p>Revised - Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+5. Did the program provide Naloxone and/or Fentanyl Test Strips to this client at any time during their involvement in grant funded services?</p> <ul style="list-style-type: none"> <input type="radio"/> Naloxone <input type="radio"/> Fentanyl Test Strips <input type="radio"/> Both Naloxone and Fentanyl Test Strips <input type="radio"/> Neither# 	Added new question	Added
	<p>+6. Is the client fully vaccinated against the virus that causes COVID-19?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No, partially vaccinated with plans to receive the subsequent vaccination on time <input type="radio"/> No, partially vaccinated with no plan to receive the subsequent vaccination <input type="radio"/> No, client REFUSED vaccination <input type="radio"/> REFUSED to answer# 	Added new question	Added
K. SERVICES RECEIVED UNDER GRANT FUNDING			
K. SERVICES RECEIVED (expiring tool) is now K. SERVICES RECEIVED UNDER GRANT FUNDING (new tool).			
<i>[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]</i>	<i>[REPORTED BY PROGRAM STAFF <ABOUT-CLIENT> ONLY AT DISCHARGE.]</i>	Instruction text changed	Revised - Minor

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>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.]</p> <p>Modality</p> <ol style="list-style-type: none"> 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): <ol style="list-style-type: none"> A. Hospital Inpatient B. Free-Standing Residential C. Ambulatory Detoxification 10. After Care 11. Recovery Support 12. Other (Specify)_____ 	<p>+1.# 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.]</p> <p>Modality</p> <ol style="list-style-type: none"> 1. Case Management 2. +Intensive Outpatient# <Day> Treatment 3. Inpatient/Hospital (Other Than <Detox> +Withdrawal Management#) 4. Outpatient +Therapy# 5. Outreach 6. +Medication# <Intensive Outpatient> +A#<7>. Methadone +B. Buprenorphine C. Naltrexone – Short Acting D. Naltrexone – Long Acting (Report 28 days for each one injection) E. Disulfiram F. Acamprosate G. Nicotine Replacement H. Bupropion I. Varenicline 7#<8>. Residential/Rehabilitation +8#<9>. +Withdrawal Management# <Detoxification> (Select Only One) <ol style="list-style-type: none"> A. Hospital Inpatient B. Free-Standing Residential C. Ambulatory Detoxification +9#<10>. After Care +10#<11>. Recovery Support +11#<12>. Other (Specify)_____ 	<p>Instruction text changed</p> <p>Response options changed</p> <p>Response text changed</p> <p>Numbered question</p>	<p>Revised - Significant</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Services Provided question (Continued)</p> <p>Identify the number of SESSIONS provided to the client during the client’s course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]</p> <p>Treatment Services</p> <p><i>[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1–4.]</i></p> <ol style="list-style-type: none"> 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)_____ 	<p>Identify the number of SESSIONS provided to the client during the client’s course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. +YOU SHOULD HAVE AT LEAST ONE SESSION IN ONE SERVICE CATEGORY.#]</p> <p>Treatment Services</p> <p><i>[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1–4.]</i></p> <ol style="list-style-type: none"> 1. Screening 2. Brief Intervention 3. Brief Treatment 4. Referral to Treatment 5. Assessment 6. Treatment</Recovery>Planning 7. +Recovery Planning 8#<7>. Individual Counseling +9#<8>. Group Counseling +10. Contingency Management 11. Community Reinforcement 12. Cognitive Behavioral Therapy 13#<9>. Family/Marriage Counseling +14#<10>. Co-Occurring Treatment</Recovery> Services +15#<11>. Pharmacological Interventions +16#<12>. HIV/AIDS Counseling +17. Cultural Interventions/Activities 18#<13>. Other Clinical Services (Specify)_____ 		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Services Provided question (Continued)</p> <p>Case Management Services</p> <ol style="list-style-type: none"> 1. Family Services (Including Marriage Education, Parenting, Child Development Services) 2. Child Care 3. Employment Service <ol style="list-style-type: none"> 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) _____ 	<p>Case Management Services</p> <ol style="list-style-type: none"> 1. Family Services (+E.g.# Including Marriage Education, Parenting, Child Development Services) 2. Child Care 3. Employment Service <ol style="list-style-type: none"> A. Pre-Employment B. Employment Coaching 4. Individual Services Coordination 5. Transportation 6. HIV/AIDS Service+s & Counseling# 7. Supportive Transitional Drug-Free Housing Services +8. Housing Support 9. Health Insurance Enrollment 10#<8>. Other Case Management Services (Specify) _____ 		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Services Provided question (Continued)</p> <p>Medical Services</p> <ol style="list-style-type: none"> 1. Medical Care 2. Alcohol/Drug Testing 3. HIV/AIDS Medical Support and Testing 4. Other Medical Services (Specify)_____ <p>After Care Services</p> <ol style="list-style-type: none"> 1. Continuing Care 2. Relapse Prevention 3. Recovery Coaching 4. Self-Help and Support Groups 5. Spiritual Support 6. Other After Care Services (Specify)_____ 	<p>Medical Services</p> <ol style="list-style-type: none"> 1. Medical Care 2. Alcohol/Drug Testing +3. OB/GYN Services 4#<3>. HIV/AIDS Medical Support +&#<and> Testing +5. Hepatitis Medical Support & Testing 6. Other STI Support & Testing 7. Dental Care 8#<4>. Other Medical Services (Specify) _____ <p>After Care Services</p> <ol style="list-style-type: none"> 1. Continuing Care 2. Relapse Prevention 3. Recovery Coaching 4. Self-Help and +Mutual# Support Groups 5. Spiritual Support 6. Other After Care Services (Specify) _____ 		

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Services Provided question (Continued)</p> <p>Education Services</p> <ol style="list-style-type: none"> 1. Substance Abuse Education 2. HIV/AIDS Education 3. Other Education Services (Specify)_____ <p>Peer-to-Peer Recovery Support Services</p> <ol style="list-style-type: none"> 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)_____ 	<p>Education Services</p> <ol style="list-style-type: none"> 1. Substance <Abuse> +Misuse# Education 2. HIV/AIDS Education +3. Hepatitis Education 4. Other STI Education Services 5. Naloxone Training 6. Fentanyl Test Strip Training 7#<3>. Other Education Services (Specify)_____ <p><Peer-to-Peer> Recovery Support Services</p> <ol style="list-style-type: none"> 1. Peer Coaching or Mentoring +2. Vocational Services# <2. Housing Support> +3. Recovery Housing 4. Recovery Planning 5. Case Management Services to Specifically Support Recovery 6#<3>. Alcohol- and Drug-Free Social Activities +7#<4>. Information and Referral +8. Other Recovery Support Services (Specify)_____ 9#<5>. Other Peer-to-Peer Recovery Support Services (Specify)_____ 		
	<p>+2. Has this client attended 60% or more of their planned services?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No#</p>	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+3. Did this client receive any services via telehealth or a virtual platform?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No#</p>	Added new question	Added
	<p>+4. Has this client previously been diagnosed with an opioid use disorder?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No <i>[SKIP TO QUESTION 5]#</i></p>	Added new question	Added
	<p>+4a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder? [CHECK ALL THAT APPLY.]</p> <p><input type="radio"/> Methadone <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Buprenorphine <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Naltrexone <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Extended-release Naltrexone <i>[IF RECEIVED]</i> Specify how many doses received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Client did not receive an FDA-approved medication for a diagnosed opioid use disorder <i>[SKIP TO QUESTION 5]#</i></p>	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+4b. Has this client taken the medication as prescribed?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No#</p>	Added new question	Added
	<p>+5. Has this client previously been diagnosed with an alcohol use disorder?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No <i>[SKIP TO QUESTION 6]#</i></p>	Added new question	Added
	<p>+5a. <i>[IF YES]</i> In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? <i>[CHECK ALL THAT APPLY.]</i></p> <p><input type="radio"/> Naltrexone <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Extended-release Naltrexone <i>[IF RECEIVED]</i> Specify how many doses received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Disulfiram <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Acamprosate <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Client did not receive an FDA-approved medication for an alcohol use disorder <i>[SKIP TO QUESTION 6]#</i></p>	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+5b. Has this client taken the medication as prescribed?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No#</p>	Added new question	Added
	<p>+6. Has this client previously been diagnosed with a stimulant use disorder?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No <i>[SKIP TO QUESTION 7]#</i></p>	Added new question	Added
	<p>+6a. In the past 30 days, which evidence-based interventions did the client receive for the treatment of this stimulant use disorder? <i>[CHECK ALL THAT APPLY.]</i></p> <p><input type="radio"/> Contingency Management <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> Community Reinforcement <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> Cognitive Behavioral Therapy <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> Other treatment approach <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/></p> <p><input type="radio"/> Client did not receive any intervention for a stimulant use disorder <i>[SKIP TO QUESTION 7]#</i></p>	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p>+6b. Has this client attended and participated in evidence-based interventions for stimulant use disorder?</p> <p><input type="radio"/> Yes <input type="radio"/> No #</p>	Added new question	Added
	<p>+7. Has this client previously been diagnosed with a tobacco use disorder?</p> <p><input type="radio"/> Yes <input type="radio"/> No <i>[THE DISCHARGE INTERVIEW IS COMPLETE.]#</i></p>	Added new question	Added
	<p>+7a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this tobacco use disorder? [CHECK ALL THAT APPLY.]</p> <p><input type="radio"/> Nicotine Replacement <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Bupropion <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Varenicline <i>[IF RECEIVED]</i> Specify how many days received <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Client did not receive an FDA-approved medication for a tobacco use disorder <i>[THE DISCHARGE INTERVIEW IS COMPLETE.]#</i></p>	Added new question	Added

Expiring Tool (2019)	New Tool (2022)	Notes	Category
	<p data-bbox="842 191 1535 224">+7b. Has this client taken the medication as prescribed?</p> <ul style="list-style-type: none"> <li data-bbox="968 240 1062 272"><input type="radio"/> Yes <li data-bbox="968 277 1062 310"><input type="radio"/> No <p data-bbox="873 342 1524 375"><i>[THE DISCHARGE INTERVIEW IS COMPLETE.]#</i></p>	<p data-bbox="1640 191 1776 256">Added new question</p>	<p data-bbox="1875 191 1959 224">Added</p>