

ICPSR 2691

**SERVICES RESEARCH OUTCOMES STUDY,
1995-1996**

*United States Department of Health and Human
Services. Substance Abuse and Mental Health
Services Administration. Office of Applied Studies*

Part 2
DATA ABSTRACTION FORM

Summary

The Services Research Outcomes Study (SROS) was designed to provide (1) a 1990 cohort of clients to use as baseline for possible changes in treatment outcomes following increased funding to the national treatment system in the 1990s, (2) a before-to-after comparison to measure outcomes of treatment provided in 1990, (3) a follow-up of drug treatment clients five years after treatment to assess the level of sustained improvements in abstinence, and (4) a first look at multiple treatment episodes before and after treatment in a 1990 population. For the Client Records Abstraction Data (Part 2), client records of 2,222 individuals discharged during 1989-1990 were abstracted to provide information on demographic characteristics of clients, criminal justice involvement, medical conditions, drug history including intravenous drug use, urine test results, drug treatment history, treatment services, and discharge and billing information. Client Follow-Up Interviews (Part 3), conducted during 1995 and 1996, covered the clients' entire life span, with special attention to their behavior and circumstances during the five years before entry to the index (SROS) treatment in 1989-1990 and after leaving that treatment until the time of the interview. Additional questions were asked on patterns of alcohol and drug consumption, criminal activity, employment, health, social support, and other behavior relevant to treatment goals. Drugs included cocaine, crack, heroin, nontreatment methadone, other opiates/synthetics, barbiturates, benzodiazapine, other sedatives/hypnotics, methamphetamines, other amphetamines, marijuana/hash/THC, PCP/LSD, other hallucinogens, inhalants, over-the-counter medications, and alcohol. The Facility Director Interviews (Part 1) covered topics such as facility staff and organization, revenue and charges, staff hours and compensation, costs, and program characteristics.

Universe

(1) The 120 drug treatment facilities participating in Phase II of the Drug Services Research Study (DSRS), and (2) the clients discharged from those facilities in the 12 months ending August 31, 1990.

Data Type

survey data

Data Source

personal interviews, client records, and facility records

Additional Information for Study 2691

<http://webapp.icpsr.umich.edu/cocoon/SAMHDA-STUDY/02691.xml>

Study Citation

We appreciate the [appropriate citation](#) for study documentation obtained from SAMHDA. The study description for this study includes a [suggested bibliographic citation](#) for the data.

Section B. Data Abstraction Form

* Indicates that variable was altered to decrease disclosure risk

— (Strikethrough) Indicates that variable was removed from this file to decrease disclosure risk

I. ADMISSION AND DEMOGRAPHIC INFORMATION

1. | | | | | | | | | | | | | | **CLIENT RECORD NUMBER** RECNUM
 97. Not permitted to abstract
 98. Unknown/not mentioned
2. | | | | | | | | | | | | | | **DATE OF ADMISSION** Q2MONTH
Q2DAY
Q2YEAR
 Mo Da Yr
 98. Unknown/not mentioned
3. | | | | | | **WAITING TIME FOR ADMISSION INTO PROGRAM (# OF DAYS)** Q3_WAIT
 Days
 98. Unknown/not mentioned
4. | | | | | | **PLANNED LENGTH OF TREATMENT MENTIONED IN TREATMENT PLAN** Q4_PLAN
 Days
 98. Unknown/not mentioned
5. **PRIMARY REFERRAL SOURCE (CODE ONE)** Q5_PRIM
- | | |
|---|---|
| 01. Self
02. Family
03. Friend/acquaintance
04. Clergy
05. School
06. Social service agency
07. Employee Assistance Program (EAP)
08. Employer (other than EAP)
09. Criminal justice/legal system—court order
(judge, parole officer, legal advisor) | 10. Criminal justice/legal system-voluntary (judge,
parole officer, legal advisor)
11. Criminal justice/legal system-unspecified
(judge, parole officer, legal advisor)
12. Private physician
13. Community mental health center
14. Other health professional or provider/hospital
15. Another alcohol/drug abuse treatment program
16. Other (SPECIFY)_____ Q5VRB
98. Unknown/not mentioned |
|---|---|
6. **PRIMARY SOURCE OF PAYMENT FOR THIS TREATMENT (CODE ONE)** Q6_PRIM
- | | |
|---|---|
| 01. No payment; public subsidy
02. No payment; philanthropy
03. No payment; not otherwise specified
04. Self-pay
05. HMO or other pre-paid plan
06. Private health insurance
07. Medicaid
08. Medicare | 09. DOD
10. CHAMPUS
11. VA
12. Social services
13. Public housing/home relief
14. Other (SPECIFY):_____ Q6VRB
97. Not permitted to abstract
98. Unknown/not mentioned |
|---|---|

7. SECONDARY SOURCE OF PAYMENT FOR THIS TREATMENT (CODE ONE)

Q7_SECN

- 01. No payment; public subsidy
- 02. No payment; philanthropy
- 03. No payment; not otherwise specified
- 04. Self-pay
- 05. HMO or other pre-paid plan
- 06. Private health insurance
- 07. Medicaid
- 08. Medicare
- 09. DOD
- 10. CHAMPUS
- 11. VA
- 12. Social services
- 13. Public housing/home relief
- 14. Other (SPECIFY): _____ Q7VRB
- 97. Not permitted to abstract
- 98. Unknown/not mentioned

8. | | | | | | | | DATE TREATMENT BEGAN
Mo Da Yr

Q8MONTH
Q8DAY
Q8YEAR

- 98. Unknown/not mentioned

9. | | | | | | | | DATE OF BIRTH
Mo Da Yr

Q9MONTH
Q9DAY
Q9YEAR

- 98. Unknown/not mentioned

10. | | | | AGE AT ADMISSION (IN YEARS)

Q10_AGE*

- 98. Unknown/not mentioned

11. GENDER:

Q11GEND

- 1. Male
- 2. Female
- 8. Unknown/not mentioned

12. RACE:

Q12RACE*

- 1. Alaskan Native
- 2. American Indian
- 3. Asian or Pacific Islander
- 4. Black
- 5. White
- 6. Other (SPECIFY) _____ Q12VRB
- 8. Unknown/not mentioned

13. ETHNICITY:

Q13ETHN

- 1. Hispanic
- 2. Not of hispanic origin
- 8. Unknown/not mentioned

14. MARITAL STATUS AT ADMISSION (CODE ONE):

Q14MSTA

- 1. Never married
- 2. Married/common law
- 3. Widowed
- 4. Separated/divorced
- 5. Single
- 6. Other (SPECIFY) _____ Q14VRB
- 8. Unknown/not mentioned

- 15. HAVE CHILD/CHILDREN AT ADMISSION** Q15CHLD
1. Yes
 2. No (GO TO Q.17)
 8. Unknown/not mentioned (GO TO Q.17)
- 16. LIVING WITH OWN CHILD/CHILDREN AT ADMISSION** Q16CHLV
1. Yes
 2. No
 8. Unknown/not mentioned
- 17. LIVING ARRANGEMENT AT ADMISSION** Q17ARNG
- | | |
|--|---|
| <ol style="list-style-type: none"> 1. No stable arrangement (include homeless, shelters) 2. With partner/spouse 3. With parent(s) 4. With other family 5. With unrelated other(s) | <ol style="list-style-type: none"> 6. With children but no other adult 7. Alone 8. Controlled environment 9. Other (SPECIFY) _____ Q17VRB 98. Unknown/not mentioned |
|--|---|
- 18. EDUCATION AT ADMISSION (CODE HIGHEST LEVEL MENTIONED)** Q18EDU
- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Less than 8 years 2. 8-11 Years 3. Less than high school graduate, not otherwise specified 4. High school graduate/GED 5. Some college | <ol style="list-style-type: none"> 6. College graduate 7. Postgraduate 8. Other (SPECIFY) _____ Q18VRB 98. Unknown/not mentioned |
|---|---|
- 19. STUDENT AT ADMISSION?** Q19STU
1. Yes
 2. No
 8. Unknown/not mentioned
- 20. EMPLOYMENT AT ADMISSION (CODE ONE)** Q20EMPL
- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Full-time (35 hrs/wk or more) 2. Part-time (less than 35 hrs/wk) 3. Employed, not otherwise specified 4. Keeping house, not otherwise employed 5. Unemployed, retired | <ol style="list-style-type: none"> 6. Unemployed, disabled 7. Unemployed, not otherwise specified 8. Other (SPECIFY) _____ Q20VRB 98. Unknown/not mentioned |
|--|--|
- 21. USUAL (OR LAST) OCCUPATION:** Q21VRB
- SPECIFY _____
- 97 Never worked/none
 - 98 Unknown/not mentioned

II. CRIMINAL JUSTICE SYSTEM INFORMATION

- 22. DWI/DUI PRIOR TO ADMISSION?** Q22DWI
1. Yes 7. Not permitted to abstract
2. No 8. Unknown/not mentioned
- 23. OTHER ARRESTS PRIOR TO ADMISSION?** Q23OTHR
1. Yes 7. Not permitted to abstract
2. No 8. Unknown/not mentioned
- 24. PRISON OR JAIL RECORD PRIOR TO ADMISSION?** Q24JAIL
1. Yes 7. Not permitted to abstract
2. No 8. Unknown/not mentioned
- 25. RECEIVING DRUG TREATMENT AS A CONDITION OF PROBATION OR PAROLE?** Q25TRTMN
1. Yes 7. Not permitted to abstract
2. No 8. Unknown/not mentioned

III. MEDICAL INFORMATION

- 26. NUMBER OF ACUTE MEDICAL HOSPITALIZATIONS IN YEAR PRIOR TO ADMISSION** Q26HOSP
- ____ (ENTER 00 FOR NONE)
Number
98. Unknown/not mentioned
- 27. CHRONIC MEDICAL CONDITIONS AT ADMISSION?** Q27MED
1. Yes
2. No
8. Unknown/not mentioned
- 28. HISTORY OF PSYCHOLOGICAL DISORDERS AT ADMISSION (OTHER THAN DRUG/ALCOHOL RELATED PROBLEMS)?** Q28HIST
1. Yes
2. No (GO TO Q.30)
8. Unknown/not mentioned (GO TO Q.30)
- 29. SUBSTANCE ABUSE/MENTAL ILLNESS (DUAL DIAGNOSIS) CLIENT AT ADMISSION?** Q29ABUSE
1. Yes (SPECIFY): _____ Q29VRB
2. No
8. Unknown/not mentioned

30. PREGNANCY STATUS AT ADMISSION AS STATED IN RECORD

Q30PREG

- 1. Not applicable, client is male
- 2. Not pregnant
- 3. Pregnant
- 8. Unknown/not mentioned

31. PRESENTING PROBLEM AT ADMISSION

Q31PROB

- 1. Single drug abuse only (excluding alcohol)
- 2. Polydrug abuse only (excluding alcohol)
- 3. Alcohol abuse only
- 4. Alcohol abuse and abuse of one other drug combined
- 5. Alcohol abuse and abuse of two or more other drugs
- 6. Other (SPECIFY) _____
- 8. Unknown/not mentioned

Q31VRB

32. PRINCIPAL TREATMENT FOCUS

Q32PRIN

- 1. Single drug abuse only (excluding alcohol)
- 2. Polydrug abuse only (excluding alcohol)
- 3. Alcohol abuse only
- 4. Alcohol and other drug abuse combined
- 5. Other (SPECIFY) _____
- 8. Unknown/not mentioned

Q32VRB

33. PRIMARY DIAGNOSIS (DSM-III OR ICD-9) CODE AT ADMISSION

Q33CODE

98. Unknown/not mentioned

A. SPECIFY PRIMARY DIAGNOSIS (COPY VERBATIM):

Q33VRB

B. LIST OTHER DIAGNOSES (AND CODES IF AVAILABLE:)

Q33B1RCD
Q33B1VRB

Q33B2RCD
Q33B2VRB

98. Unknown/not mentioned

34. HIV STATUS AS STATED IN RECORD

Q34HIV

- 1. Negative
- 2. Positive (ANSWER A) 6
- 3. Suspected
- 4. Other (SPECIFY) _____
- 7. Not permitted to abstract
- 8. Unknown/not mentioned

Q34VRB

A. HAS AIDS? Q34AINF

- 1. Yes
- 2. No

IV. DRUG HISTORY

FOR EACH SUBSTANCE LISTED, CODE COL. A; IF "YES" TO A, COMPLETE B AND C.
 CODES FOR A & B: YES= 1 NO= 2 UNKNOWN/NOT MENTIONED= 8
 CODE FOR C: 98 = DK AGE; OTHERWISE, ROUND TO NEAREST YEAR

	A.			B.			C.
	EVER USED			USED IN LAST 30 DAYS			AGE (IN YRS.) AT FIRST USE
35. Cocaine (Exclude crack)	1	2	8	1	2	8	_____
			Q35A			Q35B	Q35C
36. Crack	1	2	8	1	2	8	_____
			Q36A			Q36B	Q36C
37. Heroin	1	2	8	1	2	8	_____
			Q37A			Q37B	Q37C
38. Non-treatment methadone	1	2	8	1	2	8	_____
			Q38A			Q38B	Q38C
39. Other opiates/synthetics	1	2	8	1	2	8	_____
			Q39A			Q39B	Q39C
40. Barbiturates	1	2	8	1	2	8	_____
			Q40A			Q40B	Q40C
41. Benzodiazepines	1	2	8	1	2	8	_____
			Q41A			Q41B	Q41C
42. Other sedatives/hypnotics	1	2	8	1	2	8	_____
			Q42A			Q42B	Q42C
43. Methamphetamines	1	2	8	1	2	8	_____
			Q43A			Q43B	Q43C
44. Other amphetamines	1	2	8	1	2	8	_____
			Q44A			Q44B	Q44C
45. Marijuana/hashish/THC	1	2	8	1	2	8	_____
			Q45A			Q45B	Q45C
46. PCP/LSD	1	2	8	1	2	8	_____
			Q46A			Q46B	Q46C
47. Other hallucinogens	1	2	8	1	2	8	_____
			Q47A			Q47B	Q47C
48. Inhalants	1	2	8	1	2	8	_____
			Q48A			Q48B	Q48C
49. Over-the-counter (SPECIFY) _____	1	2	8	1	2	8	_____
			Q49A			Q49B	Q49C
50. Alcohol	1	2	8	1	2	8	_____
			Q50A			Q50B	Q50C

51. Other (SPECIFY)_____ Q51AVRB	1 2 8 Q51A	1 2 8 Q51B	_____ Q51C
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52. **DRUG OF CHOICE SPECIFIED AT ADMISSION (ENTER QUESTION NUMBER OF DRUG OF CHOICE FROM TABLE ABOVE)** **Q52DRUG**

01. No drug of choice 98. Unknown/Not mentioned

53. **INTRAVENOUS DRUG USER EVER?** **Q53INT**

1. Yes (ANSWER A) 2. No (GO TO Q.54) 8. Unknown/not mentioned (GO TO Q.54)

A. INTRAVENOUS DRUG USER AT ADMISSION? **Q53ADUSE**

1. Yes (ANSWER B) 2. No (GO TO Q.54) 8. Unknown/not mentioned (GO TO Q.54)

B. FREQUENCY OF INTRAVENOUS DRUG USE AT ADMISSION: **Q53BFRE**

1. Daily
2. Regularly but not daily
3. Sporadically
8. Unknown/not mentioned

54. **SUBSTANCE ABUSE TESTING DURING TREATMENT**

1. Yes (SPECIFY TOTAL BELOW)
2. No (GO TO Q.56)
8. Unknown/not mentioned (GO TO Q.56)

TOTAL NUMBER OF TESTS WHILE IN TREATMENT ACCORDING TO RECORD **Q54NUM***

55. **TOTAL (OF Q.54 NUMBER) OF POSITIVE TESTS ACCORDING TO RECORD (POSITIVE TEST = POSITIVE RESULT FOR ONE OR MORE SUBSTANCES IN ONE SPECIMEN)** **Q55POSTV***

998. Unknown/not mentioned

56. SUBSTANCE ABUSE TESTING DURING SAMPLE EPISODE?

- 1. Yes (COMPLETE TABLE BELOW)
- 2. No (LEAVE TABLE BLANK; GO TO Q.57)
- 8. Unknown/not mentioned (LEAVE TABLE BLANK; GO TO Q.57)

SUBSTANCE ABUSE TESTING TABLE				
(1) Type of Test	A. CODE FIRST TEST Q56_T1		B. CODE LAST TEST Q56_T2	
	1 = Urine	3 = Other (SPECIFY) Q56VRB1 _____	1 = Urine	3 = Other (SPECIFY) Q56VRB2 _____
	2 = Serum/Blood _____	2 = Serum/Blood _____		
	8 = Unknown/not mentioned	8 = Unknown/not mentioned		
(2) Date of Results	Q56_MON1 Q56_DAY1 Q56_YR1 _ _ - _ _ - _ _ Mo Da Yr		Q56_MON2 Q56_DAY2 Q56_YR2 _ _ - _ _ - _ _ Mo Da Yr	
	TEST RESULTS (CHECK DRUGS THAT TESTED POSITIVE OR IF NEGATIVE/NOT APPLICABLE)			
56a. Cocaine (Including crack)	POS Q56A1	NEG/NA	POS Q56A2	NEG/NA
56b. Heroin	Q56B1		Q56B2	
56c. Non-treatment methadone	Q56C1		Q56C2	
56d. Other opiates/synthetics	Q56D1		Q56D2	
56e. Barbiturates	Q56E1		Q56E2	
56f. Benzodiazepines	Q56F1		Q56F2	
56g. Other sedatives/hypnotics	Q56G1		Q56G2	
56h. Methamphetamines	Q56H1		Q56H2	
56i. Other amphetamines	Q56I1		Q56I2	
56j. Marijuana/hashish/THC	Q56J1		Q56J2	
56k. PCP/LSD	Q56K1		Q56K2	
56l. Other hallucinogens	Q56L1		Q56L2	
56m. Inhalants	Q56M1		Q56M2	
56n. Alcohol	Q56N1		Q56N2	
56o. Other (SPECIFY) _____ Q56OVRB	Q56O1		Q56O2	

V. DRUG TREATMENT HISTORY

57. **TOTAL NUMBER OF TREATMENT EPISODES (FOR ANY SUBSTANCE ABUSE) PRIOR TO SAMPLE EPISODE**

Q57TOTN*

N/A. No prior treatment episodes (GO TO Q. 59) 98. Unknown/not mentioned (GO TO Q. 59)

A. **NUMBER OF YEARS OVER WHICH TREATMENT EPISODES WERE REPORTED**

Q57AYRN

N/A. Less than six months 55. Lifetime 98. Unknown/not mentioned

58. **PAST TREATMENT EPISODES (FOR ANY SUBSTANCE ABUSE) IN THE 12 MONTHS PRIOR TO SAMPLE EPISODE**

Q58PAST

1. Yes (COMPLETE TABLE BELOW; RECORD ADDITIONAL EPISODES IN COMMENTS.)
2. No (LEAVE TABLE BLANK; GO TO Q.59)
8. Unknown/not mentioned (LEAVE TABLE BLANK; GO TO Q.59)

PAST TREATMENT EPISODES: TWELVE MONTHS PRIOR TO ADMISSION			
REASON FOR TREATMENT (DRUG TYPE)		FACILITY	REASON FOR DISCHARGE
Primary	Secondary		
58a. <input type="text"/> Q58_PRA	<input type="text"/> Q58_SECA	<input type="text"/> Q58_FAA	<input type="text"/> Q58_REA
58b. <input type="text"/> Q58_PRB	<input type="text"/> Q58_SECB	<input type="text"/> Q58_FAB	<input type="text"/> Q58_REB
58c. <input type="text"/> Q58_PRC	<input type="text"/> Q58_SECC	<input type="text"/> Q58_FAC	<input type="text"/> Q58_REC
58d. <input type="text"/> Q58_PRD	<input type="text"/> Q58_SECD	<input type="text"/> Q58_FAD	<input type="text"/> Q58_RED
58e. <input type="text"/> Q58_PRE	<input type="text"/> Q58_SECE	<input type="text"/> Q58_FAE	<input type="text"/> Q58_REE
58f. <input type="text"/> Q58_PRF	<input type="text"/> Q58_SECF	<input type="text"/> Q58_FAF	<input type="text"/> Q58_REF
58g. <input type="text"/> Q58_PRG	<input type="text"/> Q58_SECG	<input type="text"/> Q58_FAG	<input type="text"/> Q58_REG
58h. <input type="text"/> Q58_PRH	<input type="text"/> Q58_SECH	<input type="text"/> Q58_FAH	<input type="text"/> Q58_REH
58i. <input type="text"/> Q58_PRI	<input type="text"/> Q58_SECI	<input type="text"/> Q58_FAI	<input type="text"/> Q58_REI
58j. <input type="text"/> Q58_PRJ	<input type="text"/> Q58_SECJ	<input type="text"/> Q58_FAJ	<input type="text"/> Q58_REJ

REASON FOR TREATMENT CODES

- 01. Cocaine (excluding crack)
- 02. Crack
- 03. Heroin
- 04. Non-treatment methadone
- 05. Other opiates/synthetics
- 06. Barbiturates
- 07. Benzodiazepines
- 08. Other sedatives/hypnotics
- 09. Methamphetamines
- 10. Other amphetamines
- 11. Marijuana/hashish/thc
- 12. PCP/LSD
- 13. Other hallucinogens
- 14. Inhalants
- 15. Alcohol
- 16. Polydrug (excluding alcohol)
- 17. Combination alcohol and other drug
- 18. Substance abuse/mental illness (dual diagnosis)
- 19. Record states no secondary drug use
- 97. Other (SPECIFY IN COMMENTS)
- 98. Unknown/not mentioned

FACILITY CODES

- 1. Here
- 2. Elsewhere
- 8. Unknown/not mentioned

REASON FOR DISCHARGE CODES

- 1. Completed planned treatment
- 2. Did not complete treatment, referred to another program
- 3. Did not complete treatment by administration choice
- 4. Did not complete treatment, by client choice
- 5. Did not complete treatment, not mentioned by whose choice
- 6. Incarcerated
- 7. Other (SPECIFY IN COMMENTS)
- 8. Unknown/not mentioned

Comments: _____

VI. TREATMENT SERVICES INFORMATION FOR SAMPLE EPISODE

**FOR EACH SERVICE, REFER TO CODES LISTED BELOW, AND CODE COLUMN A.
FOR CODES 2-5 AT A, CODE B AND C.**

	A.	B.	C.
	SERVICE GIVEN	FACILITY	NO. OF ENCOUNTERS (998=UNKNOWN)
59.	Individual counseling _____ Q59_SER	1 2 8Q59_FAC	_____ Q59_NO*
60.	Group counseling _____ Q60_SER	1 2 8Q60_FAC	_____ Q60_NO*
61.	Family counseling _____ Q61_SER	1 2 8Q61_FAC	_____ Q61_NO*
62.	Drug education counseling _____ Q62_SER	1 2 8Q62_FAC	_____ Q62_NO*
63.	Employment counseling _____ Q63_SER	1 2 8Q63_FAC	
64.	Job training _____ Q64_SER	1 2 8Q64_FAC	
65.	Educational classes _____ Q65_SER	1 2 8Q65_FAC	
66.	Detoxification _____ Q66_SER	1 2 8Q66_FAC	
67.	Activity groups _____ Q67_SER	1 2 8Q67_FAC	
68.	Self-help groups (include AA and NA) _____ Q68_SER	1 2 8Q68_FAC	
69.	Day care for children _____ Q69_SER	1 2 8Q69_FAC	

SERVICE GIVEN CODES

1. Not given
2. Actually given, completed
3. Actually given, not completed by administration choice
4. Actually given, not completed by client choice
5. Actually given, not completed, but not mentioned by whose choice
6. Planned or recommended, can't confirm if actually given
8. Unknown/not mentioned

FACILITY CODES

1. Here
2. Elsewhere
8. Unknown/not mentioned

70. ANY MEDICATIONS PRESCRIBED DURING TREATMENT (EXCLUDING METHADONE)

Q70MED

1. Yes (ANSWER A) 2. No (GO TO Q.71) 8. Unknown/not mentioned (GO TO Q.71)

A. SPECIFY MEDICATIONS: _____

Q70VRB

71. ANY PHYSICIAN NOTES AT ADMISSION

Q71ADM

1. Yes 2. No 8. Unknown/not mentioned

72. PHYSICIAN NOTES AT DISCHARGE

Q72DIS

1. Yes 2. No 8. Unknown/not mentioned

73. ANY PHYSICIAN NOTES AT ANY OTHER TIME

Q73OTHR

1. Yes 2. No 8. Unknown/not mentioned

74. METHADONE GIVEN DURING THIS TREATMENT

Q74_METH

1. Yes (COMPLETE TABLE BELOW AND ITEM 75)
2. No (LEAVE TABLE BLANK; GO TO Q.76)
8. Unknown/not mentioned (LEAVE TABLE BLANK; GO TO Q.76)

METHADONE TREATMENT

	DATE OF TREATMENT Mo Da Yr	TOTAL DAILY DOSE IN MGS. 998 = Unknown	GIVEN DOSE		PLACE 1 = Here 2 = At home 3 = Here/At Home 8 = Unknown
			IN MGS. 998 = Unknown	NO. OF TIMES/DAY 98 = Unknown	
74a. First Methadone Treatment	Q74A_MO Q74A_DA Q74A_YR ____-____-____	Q74ATOT _____	Q74AGIV _____	Q74ANUM _____	Q74APLC _____
74b. Discharge or Last Methadone Treatment	Q74B_MO Q74B_DA Q74B_YR ____-____-____	Q74BTOT _____	Q74BGIV _____	Q74BNUM _____	Q74BPLC _____

75. METHADONE SUPPLY TAKEN HOME DURING THIS TREATMENT

~~Q75_HOME~~

1. Yes
2. No
8. Unknown/not mentioned

VII. DISCHARGE INFORMATION

76. REASON FOR DISCHARGE

~~Q76_DIS~~

1. Client deceased (ENTER DATE IN A)

A. ____-____-____ DATE OF DEATH
 Mo Day Yr

98. Unknown/not mentioned

(GO TO SECTION VIII)

~~Q76_MON~~
~~Q76_DAY~~
~~Q76_YR~~

2. Completed planned treatment (GO TO Q.77)
3. Did not complete treatment; referred to another program (GO TO Q.77)
4. Did not complete treatment by administration choice (SPECIFY REASON IN B)
5. Did not complete treatment by client choice (SPECIFY REASON IN B)
6. Did not complete treatment, not mentioned by whose choice (SPECIFY REASON IN B)
7. Incarcerated (GO TO Q.77)
8. Other (SPECIFY REASON IN B)
98. Unknown/not mentioned (GO TO Q.77)

B. SPECIFY REASON: _____ ~~Q76VRB~~

77. | | | - | | - | | | DATE OF DISCHARGE

~~Q77_MO~~

Mo Day Yr

Q77-DA
Q77_YR

98. Unknown/not mentioned

78. | | | - | | | - | | | | DATE OF LAST TREATMENT BEFORE SAMPLE EPISODE DISCHARGE

Mo Day Yr

Q78-MO
Q78-DA
Q78_YR

98. Unknown/not mentioned

79. SUBSTANCE ABUSE/MENTAL ILLNESS (DUAL DIAGNOSIS) CLIENT AT DISCHARGE (E.G., DEPRESSION, SCHIZOPHRENIA)

Q79SUB

1. Yes (SPECIFY) _____

Q79VRB

2. No

8. Unknown/not mentioned

80. AFTER-CARE PLAN STATED IN RECORD

Q80_PLN

1. Yes

2. No (GO TO Q.82)

8. Unknown/not mentioned (GO TO Q.82)

81. SERVICES IN AFTER-CARE PLAN

Q81AFTR

1. Services specified (CODE LIST BELOW)

8. Unknown/not mentioned (LEAVE LIST BLANK; GO TO Q.82)

FOR EACH SERVICE LISTED, CIRCLE CODE: 1= YES, 2= NO, 8= UNKNOWN/NOT

Y N U

- | | | | | | |
|------|---|---|---|--------------------------------------|--------------|
| 81a. | 1 | 2 | 8 | Individual counseling | Q81A |
| 81b. | 1 | 2 | 8 | Group counseling | Q81B |
| 81c. | 1 | 2 | 8 | Family counseling | Q81C |
| 81d. | 1 | 2 | 8 | Educational classes | Q81D |
| 81e. | 1 | 2 | 8 | Employment counseling | Q81E |
| 81f. | 1 | 2 | 8 | Job training | Q81F |
| 81g. | 1 | 2 | 8 | Activity groups | Q81G |
| 81h. | 1 | 2 | 8 | Self-help groups (include AA and NA) | Q81H |
| 81i. | 1 | 2 | 8 | Alumni group/reunion | Q81I
Q81J |
| 81j. | 1 | 2 | 8 | Other (SPECIFY) _____ | Q81VRB |

82. FURTHER TREATMENT TO WHICH CLIENT WAS REFERRED AFTER DISCHARGE?

Q82AFTR

- 1. No treatment
- 2. Hospital inpatient
- 3. Residential
- 4. Outpatient/methadone maintenance
- 5. Other outpatient
- 6. Other (SPECIFY) _____
- 8. Unknown/not mentioned

Q82VRB

VIII. CHARGE DATA FOR SAMPLE EPISODE

83. BILLED CHARGES FOR THIS TREATMENT?

Q83BILL

- 1. Yes (SPECIFY DOLLAR AMOUNT AND CHARGE CODE IN A)
- 2. No (ANSWER B)
- 3. Other (SPECIFY) _____ (ANSWER B)
- 7. Not permitted to abstract (ANSWER B)
- 8. Unknown/not mentioned (ANSWER B)

Q83VRB

A. \$|_|_|_|_|_| DOLLAR AMOUNT

Q83A_DOL*

CHARGE CODE:

Q83CODE

- 1. Full amount billed
- 2. Sliding fee amount
- 3. Reduced amount: |_|_|% of full bill charged
- 4. Other (SPECIFY) _____
- 7. Not permitted to abstract
- 8. Unknown/not mentioned

Q83PCNT

Q83COVRB

B. WAS THIS A FUNDED SLOT?

Q83B

- 1. Yes (SPECIFY): Funded by? _____
- 2. No
- 8. Unknown/not mentioned

Q83_VRB

RECORD END TIME ON FRONT COVER. NOW COMPLETE CLIENT