GPRA Follow-up

Missouri ATR III version 1-18-2013

A. RECORD MANAGEMENT

Client ID |____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|

Interview Type ***[CIRCLE ONLY ONE TYPE.]***

Intake [GO TO INTERVIEW DATE]

6-month follow-up → → → Did you conduct a follow-up interview? ○ Yes ○ No
[IF NO, GO DIRECTLY TO SECTION I.]

Interview Date |____|____| / |____|____| / |____|____|____|____|
Month Day Year

B. DRUG AND ALCOHOL USE

IN SECTION B, ORP AND EADCSCT GRANTEES SHOULD USE THE 90 DAYS PRIOR TO INCARCERTAION FOR ALL INTAKE INTERVIEW AND 90 DAYS PRIOR FOR FOLLOW-UP AND DISCHARGE INTERVIEWS.

		Number of Days	REFUSED	DON'T KNOW
1.	**During the past 30 days, how many days have you used the following:**			
a.	Any alcohol ***[IF ZERO, SKIP TO ITEM B1c.]***	|____|____|	○	○
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 ***[IF B1a <u>OR</u> B1c = 0, RF, DK, THEN SKIP TO ITEM B2.]***	|____|____|	○	○
d.	Both alcohol and drugs (on the same day)	|____|____|	○	○

Route of Administration Types:
1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
*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).

		Number of Days	RF	DK	Route*	RF	DK
2.	**During the past 30 days, how many days have you used any of the following: *[IF THE VALUE IN ANY ITEM B2a THROUGH B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]***						
a.	Cocaine/Crack	|____|____|	○	○	|____|	○	○
b.	Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	|____|____|	○	○	|____|	○	○
c.	Opiates:						
	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	|____|____|	○	○	|____|	○	○
d.	Non-prescription methadone	|____|____|	○	○	|____|	○	○
e.	Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline	|____|____|	○	○	|____|	○	○
f.	Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	|____|____|	○	○	|____|	○	○

B. DRUG AND ALCOHOL USE (Continued)

Route of Administration Types:
1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
*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).

2. During the past 30 days, how many days have you used any of the following: ***[IF THE VALUE IN ANY ITEM B2a THROUGH B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]***

		Number of Days	RF	DK	Route*	RF	DK
g. 1.	Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estasolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	|____|____|	○	○	|____|	○	○
2.	Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	|____|____|	○	○	|____|	○	○
3.	Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	|____|____|	○	○	|____|	○	○
4.	Ketamine (known as Special K or Vitamin K)	|____|____|	○	○	|____|	○	○
5.	Other tranquilizers, downers, sedatives, or hypnotics	|____|____|	○	○	|____|	○	○
h.	Inhalants (poppers, snappers, rush, whippets)	|____|____|	○	○	|____|	○	○
i.	Other illegal drugs (Specify) _____	|____|____|	○	○	|____|	○	○

3. In the past 30 days, have you injected drugs? ***[IF ANY ROUTE OF A DMINISTRATION IN B2a THROUGH B2i = 4 or 5, THEN B3 MUST = YES.]***

○ YES
○ NO
○ REFUSED
○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION C.]

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?

○ Always
○ More than half the time
○ Half the time
○ Less than half the time
○ Never
○ REFUSED
○ DON'T KNOW

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time? ***[DO NOT READ RESPONSE OPTIONS TO CLIENT.]***

- ○ 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:]***
  - ○ 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

2. 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 > 0, THEN C2 CANNOT = "NOT APPLICABLE."]***

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely
- ○ NOT APPLICABLE ***[USE ONLY IF B1a <u>AND</u> B1c = 0.]***
- ○ REFUSED
- ○ DON'T KNOW

3. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? ***[IF B1a <u>OR</u> B1c > 0, THEN C3 CANNOT = "NOT APPLICABLE."]***

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely
- ○ NOT APPLICABLE ***[USE ONLY IF B1a <u>AND</u> B1c = 0.]***
- ○ REFUSED
- ○ DON'T KNOW

C. FAMILY AND LIVING CONDITIONS (Continued)

4. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems? ***[IF B1a OR B1c > 0, THEN C4 CANNOT = "NOT APPLICABLE."]***

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely
- ○ NOT APPLICABLE ***[USE ONLY IF B1a AND B1c = 0.]***
- ○ REFUSED
- ○ DON'T KNOW

5. ***[IF NOT MALE]*** **Are you currently pregnant?**

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

6. Do you have children?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION D.]

a. How many children do you have? ***[IF C6 = YES, THEN THE VALUE IN C6a MUST BE > 0.]***

|____|____| ○ REFUSED ○ DON'T KNOW

b. Are any of your children living with someone else due to a child protection court order?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM C6d.]

c. ***[IF YES]*** **How many of your children are living with someone else due to a child protection court order?** ***[THE VALUE IN C6c CANNOT EXCEED THE VALUE IN C6a.]***

|____|____| ○ REFUSED ○ DON'T KNOW

C. FAMILY AND LIVING CONDITIONS (Continued)

d. For how many of your children have you lost parental rights? ***[THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.] [THE VALUE IN ITEM C6d CANNOT EXCEED THE VALUE IN C6a.]***

|____|____| ○ REFUSED ○ DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? ***[IF ENROLLED]*** **Is that full time or part time?** ***[IF CLIENT IS INCARCERATED, CODE D1 AS "NOT ENROLLED."]***

○ NOT ENROLLED
○ ENROLLED, FULL TIME
○ ENROLLED, PART TIME
○ OTHER (SPECIFY) _____
○ REFUSED
○ DON'T KNOW

2. What is the highest level of education you have finished, whether or not you received a degree?

○ NEVER ATTENDED
○ 1ST GRADE
○ 2ND GRADE
○ 3RD GRADE
○ 4TH GRADE
○ 5TH GRADE
○ 6TH GRADE
○ 7TH GRADE
○ 8TH GRADE
○ 9TH GRADE
○ 10TH GRADE
○ 11TH GRADE
○ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
○ COLLEGE OR UNIVERSITY/1st YEAR COMPLETED
○ COLLEGE OR UNIVERSITY/2nd YEAR COMPLETED/ASSOCIATES DEGREE (AA, AS)
○ COLLEGE OR UNIVERSITY/3rd YEAR COMPLETED
○ BACHELOR'S DEGREE (BA, BS) OR HIGHER
○ VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA
○ VOC/TECH DIPLOMA AFTER HIGH SCHOOL
○ REFUSED
○ DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME (Continued)

3. Are you currently employed? ***[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.] [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."]***

- ○ EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)
- ○ EMPLOYED, PART TIME
- ○ UNEMPLOYED, LOOKING FOR WORK
- ○ UNEMPLOYED, DISABLED
- ○ UNEMPLOYED, VOLUNTEER WORK
- ○ UNEMPLOYED, RETIRED
- ○ UNEMPLOYED, NOT LOOKING FOR WORK
- ○ OTHER (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

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.]***

			RF	DK
a.	Wages	$ |__|__|__| , |__|__|__|	○	○
b.	Public assistance	$ |__|__|__| , |__|__|__|	○	○
c.	Retirement	$ |__|__|__| , |__|__|__|	○	○
d.	Disability	$ |__|__|__| , |__|__|__|	○	○
e.	Non-legal income	$ |__|__|__| , |__|__|__|	○	○
f.	Family and/or friends	$ |__|__|__| , |__|__|__|	○	○
g.	Other (Specify) _____	$ |__|__|__| , |__|__|__|	○	○

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

|____|____| TIMES ○ REFUSED ○ DON'T KNOW

[IF NO ARRESTS, SKIP TO ITEM E3.]

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.]***

|____|____| TIMES ○ REFUSED ○ DON'T KNOW

E. CRIME AND CRIMINAL JUSTICE STATUS (Continued)

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.]***

|____|____| NIGHTS ○ REFUSED ○ DON'T KNOW

4. In the past 30 days, how many times have you committed a crime? ***[CHECK NUMBER OF DAYS USED ILLEGAL DRUGS IN ITEM B1c ON PAGE 7. ANSWER HERE IN E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c BECAUSE USING ILLEGAL DRUGS IS A CRIME.]***

|____|____|____| TIMES ○ REFUSED ○ DON'T KNOW

5. Are you currently awaiting charges, trial, or sentencing?

○ YES
○ NO
○ REFUSED
○ DON'T KNOW

6. Are you currently on parole or probation?

○ YES
○ NO
○ REFUSED
○ DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

1. How would you rate your overall health right now?

○ Excellent
○ Very good
○ Good
○ Fair
○ Poor
○ REFUSED
○ DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (Continued)

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

a. Inpatient Treatment for:

	YES	*[IF YES]* Altogether for how many nights	NO	RF	DK
i. Physical complaint	○	_____ nights	○	○	○
ii. Mental or emotional difficulties	○	_____ nights	○	○	○
iii. Alcohol or substance abuse	○	_____ nights	○	○	○

b. Outpatient Treatment for:

	YES	*[IF YES]* Altogether for how many times	NO	RF	DK
i. Physical complaint	○	_____ times	○	○	○
ii. Mental or emotional difficulties	○	_____ times	○	○	○
iii. Alcohol or substance abuse	○	_____ times	○	○	○

c. Emergency Room Treatment for:

	YES	*[IF YES]* Altogether for how many times	NO	RF	DK
i. Physical complaint	○	_____ times	○	○	○
ii. Mental or emotional difficulties	○	_____ times	○	○	○
iii. Alcohol or substance abuse	○	_____ times	○	○	○

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (Continued)

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

- ○ Yes
- ○ No → ***[SKIP TO F4.]***
- ○ NOT PERMITTED TO ASK → ***[SKIP TO F4.]***
- ○ REFUSED → ***[SKIP TO F4.]***
- ○ DON'T KNOW → ***[SKIP TO F4.]***

[IF YES] **Altogether, how many:**

		Contacts	RF	DK
a.	Sexual contacts (vaginal, oral, or anal) did you have?	|____|____|____|	○	○
b.	Unprotected sexual contacts did you have? ***[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]***	|____|____|____|	○	○
c.	Unprotected sexual contacts were with an individual who is or was: ***[NONE OF THE VALUES IN F3c1 THROUGH F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]***			
	1. HIV positive or has AIDS	|____|____|____|	○	○
	2. An injection drug user	|____|____|____|	○	○
	3. High on some substance	|____|____|____|	○	○

4. Have you ever been tested for HIV?

- ○ Yes..... [GO TO F4a.]
- ○ No ..... [SKIP TO F5.]
- ○ REFUSED ..... [SKIP TO F5]
- ○ DON'T KNOW ..... [SKIP TO F5.]

4a. Do you know the results of your HIV testing?

- ○ Yes
- ○ No

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (Continued)

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

		Days	RF	DK
a.	Experienced serious depression	|____|____|	○	○
b.	Experienced serious anxiety or tension	|____|____|	○	○
c.	Experienced hallucinations	|____|____|	○	○
d.	Experienced trouble understanding, concentrating, or remembering	|____|____|	○	○
e.	Experienced trouble controlling violent behavior	|____|____|	○	○
f.	Attempted suicide	|____|____|	○	○
g.	Been prescribed medication for psychological/emotional problem	|____|____|	○	○

[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION 5, SKIP TO ITEM F7.]

6. How much have you been bothered by these psychological or emotional problems in the past 30 days?

○ Not at all
○ Slightly
○ Moderately
○ Considerably
○ Extremely
○ REFUSED
○ DON'T KNOW

VIOLENCE AND TRAUMA

7. 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?)

○ YES
○ NO ***[SKIP TO ITEM F8.]***
○ REFUSED
○ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F8.]

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (Continued)

Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:

7a. Have had nightmares about it or thought about it when you did not want to?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

7b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

7c. Were constantly on guard, watchful, or easily startled?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

7d. Felt numb and detached from others, activities, or your surroundings?

- ○ YES
- ○ NO
- ○ REFUSED
- ○ DON'T KNOW

8. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- ○ Never
- ○ A few times
- ○ More than a few times
- ○ REFUSED
- ○ DON'T KNOW

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?

○ YES ***[IF YES]*** SPECIFY HOW MANY TIMES _____ ○ REFUSED ○ DON'T KNOW
○ NO
○ REFUSED
○ DON'T KNOW

2. In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?

○ YES ***[IF YES]*** SPECIFY HOW MANY TIMES _____ ○ REFUSED ○ DON'T KNOW
○ NO
○ REFUSED
○ DON'T KNOW

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

○ YES ***[IF YES]*** SPECIFY HOW MANY TIMES _____ ○ REFUSED ○ DON'T KNOW
○ NO
○ REFUSED
○ DON'T KNOW

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

○ YES
○ NO
○ REFUSED
○ DON'T KNOW

5. To whom do you turn when you are having trouble? *[SELECT ONLY ONE.]*

○ NO ONE
○ CLERGY MEMBER
○ FAMILY MEMBER
○ FRIENDS
○ REFUSED
○ DON'T KNOW
○ OTHER (SPECIFY) _____

I. FOLLOW-UP STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]

1. What is the follow-up status of the client?

○ 11 = Completed interview within specified window

2. Is the client still receiving services from your program?

○ Yes
○ No

ATR # Client Satisfaction

How satisfied were you.... Not Applicable, Not Satisfied, Satisfied, Very Satisfied

With choice of providers?

With the program that created and managed your vouchers?

With the services received from clinical treatment programs?

With services from recoevry support providers?

Comments