

Yakama Nation Behavioral Health Intake Form

Adult Interview

For clients 16 years old or older

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2019

Use when the client is 16 years old or older.

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Table of Contents: ADULT Interview

RECORD MANAGEMENT	1
BEHAVIORAL HEALTH DIAGNOSES	2
SUBSTANCE USE DISORDERS DIAGNOSES	2
MENTAL HEALTH DIAGNOSES.....	4
BILLING INFORMATION.....	6
A. DEMOGRAPHIC DATA	7
B. SOCIAL CONNECTEDNESS	8
C. FUNCTIONING	10
FUNCTIONING: MENTAL HEALTH.....	11
FUNCTIONING: SUBSTANCE USE.....	13
FUNCTIONING: SUBSTANCE USE SUPPLEMENT.....	14
SUPPLEMENT: FAMILY & LIVING CONDITIONS.....	14
SUPPLEMENT: CRIME & CRIMINAL JUSTICE	15
SUPPLEMENT: MENTAL & PHYSICAL HEALTH & TX RECOVERY	15
SUPPLEMENT: SOCIAL CONNECTEDNESS.....	15
FUNCTIONING: MILITARY FAMILY AND DEPLOYMENT.....	17
FUNCTIONING: VIOLENCE AND TRAUMA	19
D. STABILITY IN HOUSING	20
E. EDUCATION AND EMPLOYMENT	22
F. CRIME AND CRIMINAL JUSTICE STATUS	24
G. PERCEPTION OF CARE.....	25
H. PROGRAM-SPECIFIC QUESTIONS: CLIENTS	27
H1. PROGRAM-SPECIFIC QUESTIONS: CLINIC / PROGRAM	29
I. REASSESSMENT STATUS	31
J. CLINICAL DISCHARGE STATUS	31
K. SERVICES RECEIVED	32

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General Instructions

1. Before starting the interview, use a calendar to mark off the past 30 calendar days since many of the questions refer to the past 30 days / 4 weeks.
2. At the beginning of each section, introduce the next set of questions, (e.g., “Now, I’m going to ask you some questions about...”).
3. Read each question as it is written. Instructions written in all CAPITALS and *italicized* should not be read to the client.
4. Read response categories that appear in sentence-case lettering, which is a normal mix of upper-case and lower-case (e.g., Central American or Strongly Disagree). Do NOT read response categories that are in ALL CAPITAL letters.
 - a. If all response categories are in ALL CAPITAL letters, ask the question open-ended; do NOT read any of the response categories listed.

Summary of Questions by Interview Type

- Record management & Behavioral Health Diagnoses is ALWAYS answered, whether or not there was an interview conducted and regardless of who is the respondent.

SECTION	RESPONDENT		
	Baseline / Intake	Reassessment (Every 6 months)	Clinical Discharge
Record management	Answered by interviewer at every time point		
Behavioral health diagnoses	Answered by interviewer at every time point		
Billing information	Answered by interviewer at every time point <i>(if an interview is conducted)</i>		
A. Demographic data	XX		
B. Social connectedness	XX	XX	XX
C. Functioning	XX	XX	XX
Mental Health	XX	XX	XX
Substance Use	XX	XX	XX
Substance Use Supplement	XX <i>(if applicable)</i>	XX <i>(if applicable)</i>	XX <i>(if applicable)</i>
Military	XX		
Violence & Trauma	XX	XX	XX
D. Stability in housing	XX	XX	XX
E. Education & Employment	XX	XX	XX
F. Crime & criminal justice	XX	XX	XX
G. Perception of care		XX	XX
H. Program-Specific: Clients	XX	XX	XX
Program-Specific: Clinic	Answered by interviewer at every time point		
I. Reassessment status		Answered by interviewer	
J. Clinical discharge status			Answered by interviewer
K. Services Received	Answered by interviewer at RA & CD		

Note. BL = Baseline / Intake; RA = Reassessment; CD = Clinical discharge

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RECORD MANAGEMENT

[RECORD MANAGEMENT IS REPORTED BY CLINIC / PROGRAM STAFF AT BASELINE, REASSESSMENT, AND DISCHARGE, REGARDLESS OF WHETHER AN INTERVIEW IS CONDUCTED.]

1. Client IHS Chart number

2. Grant ID (Grant/Contract/Cooperative Agreement)

a. Is this a HEALTHY TRANSITIONS client? YES NO

3. Site where the interview was conducted

- | | | |
|---|---|--|
| <input type="checkbox"/> YN Behavioral Health | <input type="checkbox"/> YN Adult Probation | <input type="checkbox"/> Work Force Development |
| <input type="checkbox"/> YNBH – White Swan | <input type="checkbox"/> YN Adult Vocational Rehabilitation Training (AVRT) | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Higher Education & AVT Programs | <input type="checkbox"/> YN Corrections & Rehabilitation Center | _____ |
| <input type="checkbox"/> Nak Nu Weesha Program | <input type="checkbox"/> YN Housing Authority | _____ |
| <input type="checkbox"/> Tiin?wit Program | <input type="checkbox"/> Youth Court Services | |
| <input type="checkbox"/> Tiin?wit Program - Youth Treatment | | |

4. Indicate Assessment Type:

<input type="radio"/> Baseline	<input type="radio"/> Reassessment Which 6-month reassessment? <input type="text"/> <input type="text"/> [ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.]	<input type="radio"/> Clinical Discharge
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5. Was the interview conducted?

<input type="radio"/> Yes 6. When? <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR 6a. Interviewer first & last name: _____ (Please print)	<input type="radio"/> No Why not? Choose only one. <input type="radio"/> Not able to obtain consent from proxy <input type="radio"/> Client was impaired or unable to provide consent <input type="radio"/> Client refused this interview only <input type="radio"/> Client was not reached for interview <input type="radio"/> Client refused all interviews [GO TO QUESTION 8: Diagnosis, page 2.]
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7. What is the month and year when the client first received services under the grant for *this* episode of care?

/
 MONTH YEAR

Episode of care begins when the client enters treatment or services as defined by the program & ends when the client is discharged & no longer receiving treatment or services. A NEW episode of care begins when a client returns for treatment after a lapse of services of 90 calendar days or more OR after being discharged.

BEHAVIORAL HEALTH DIAGNOSES

8. Behavioral Health Diagnoses [REPORTED BY CLINIC / PROGRAM STAFF AT EVERY TIMEPOINT.]

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 crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders (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.

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
<u>SUBSTANCE USE DISORDER DIAGNOSES</u>				
<u>Alcohol-related disorders</u>				
F10.10 – Alcohol use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.11 – Alcohol use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.20 – Alcohol use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.21 – Alcohol use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.9 – Alcohol use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Opioid-related disorders</u>				
F11.10 – Opioid use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.11 – Opioid use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.20 – Opioid use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.21 – Opioid use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.9 – Opioid use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Cannabis-related disorders</u>				
F12.10 – Cannabis use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.11 – Cannabis use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.20 – Cannabis use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.21 – Cannabis use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.9 – Cannabis use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Sedative-, hypnotic-, or anxiolytic-related disorders</u>				
F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Cocaine-related disorders</u>				
F14.10 – Cocaine use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.11 – Cocaine use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.20 – Cocaine use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.21 – Cocaine use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.9 – Cocaine use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Other stimulant-related disorders</u>				
F15.10 – Other stimulant use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.11 – Other stimulant use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.21 – Other stimulant use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.9 – Other stimulant use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Hallucinogen-related disorders</u>				
F16.10 – Hallucinogen use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.11 – Hallucinogen use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.21 – Hallucinogen use disorder moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.9 – Hallucinogen use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Inhalant-related disorders</u>				
F18.10 – Inhalant use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.11 – Inhalant use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.20 – Inhalant use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.21 – Inhalant use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.9 – Inhalant use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
<u>Other psychoactive substance-related disorders</u>				
F19.10 – Other psychoactive substance use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.11 – Other psychoactive substance use disorder, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.9 – Other psychoactive substance use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Nicotine dependence</u>				
F17.20 – Tobacco use disorder, mild/moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F17.21 – Tobacco use disorder, mild/moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>MENTAL HEALTH DIAGNOSES</u>				
F20 – Schizophrenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F21 – Schizotypal disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F22 – Delusional disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F23 – Brief psychotic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F24 – Shared psychotic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F25 – Schizoaffective disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F28 – Other psychotic disorder not due to a substance or known physiological condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F29 – Unspecified psychosis not due to a substance or known physiological condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F30 – Manic episode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F31 – Bipolar disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F32 – Major depressive disorder, single episode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F33 – Major depressive disorder, recurrent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F34 – Persistent mood [affective] disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F39 – Unspecified mood [affective] disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F50 – Eating disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F51 – Sleep disorders not due to a substance or known physiological condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F60.2 – Antisocial personality disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F60.3 – Borderline personality disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F60.0, F60.1, F60.4–F69 – Other personality disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F70–F79 – Intellectual disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F80–F89 – Pervasive and specific developmental disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F90 – Attention-deficit hyperactivity disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F91 – Conduct disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F93 – Emotional disorders with onset specific to childhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F94 – Disorders of social functioning with onset specific to childhood or adolescence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F95 – Tic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F99 – Unspecified mental disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Don't know
- None of the above

BILLING INFORMATION

9. Who is the clinical supervisor responsible for this case?

10. Which provider / counselor interviewed the client today?

11. Please enter the appropriate CPT Code(s) for this visit.

12. What is the client's date of birth?

MONTH DAY YEAR

13. What is the client's age?

*[IF THIS IS A **BASELINE**, GO TO SECTION A: Demographic data, page 7]*

*[FOR ALL **REASSESSMENTS**:*

IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B: Social Connectedness, page 8.

*IF AN INTERVIEW WAS **NOT** CONDUCTED, GO TO SECTION H: Program Specific Questions, page 27]*

*[FOR A **CLINICAL DISCHARGE**:*

IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B: Social Connectedness, page 8.

*IF AN INTERVIEW WAS **NOT** CONDUCTED, GO TO SECTION H: Program Specific Questions, page 27]*

A. DEMOGRAPHIC DATA

[SECTION A IS ONLY COLLECTED AT **BASELINE**. IF THIS IS NOT A BASELINE, GO TO SECTION B: *Social Connectedness, page 8.*]

SAY: Thank you for coming for today's interview. First, I will be asking you to answer some questions related to your demographics (e.g., gender, ethnicity, etc.).

1. What is your gender?

- MALE
- FEMALE
- TRANSGENDER
- OTHER (SPECIFY) _____
- REFUSED

2. What race do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	YES	NO	REFUSED
Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Indian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Are you Hispanic or Latino?

- YES
- NO [GO TO 4.]
- REFUSED [GO TO 4.]

[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.

	YES	NO	REFUSED
a. Central American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cuban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dominican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mexican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Puerto Rican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. South American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. OTHER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> [IF YES, SPECIFY BELOW.]

(SPECIFY) _____

4. Which one of the following do you consider yourself to be?

- Heterosexual; that is, straight
- [IF FEMALE, THEN "Lesbian"] or Gay
- Bisexual
- OTHER (SPECIFY) _____
- REFUSED
- DON'T KNOW

[IF AN INTERVIEW WAS CONDUCTED, CONTINUE TO SECTION B: *Social Connectedness, page 8.*]

[IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION H: *Program Specific questions, page 27.*]

B. SOCIAL CONNECTEDNESS

1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CLIENT.]

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
a. I am happy with the friendships I have.	<input type="radio"/>					
b. I have people with whom I can do enjoyable things.	<input type="radio"/>					
c. I feel I belong in my community.	<input type="radio"/>					
d. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>					
e. I have family or friends that are supportive of my recovery.	<input type="radio"/>					
f. I generally accomplish what I set out to do.	<input type="radio"/>					

QUESTION	RESPONSE OPTIONS	
	Yes	No
2. The following questions ask about being Native American and culture.		
a. I know my cultural / spiritual name	<input type="radio"/>	<input type="radio"/>
b. I can understand some of my Native language.	<input type="radio"/>	<input type="radio"/>
c. In certain situations, I believe things like animals and rocks have a spirit like Native people.	<input type="radio"/>	<input type="radio"/>
d. I use tobacco for guidance.	<input type="radio"/>	<input type="radio"/>
e. I have participated in a cultural ceremony (examples, Sweat lodge, Moon Ceremony, Sundance, Longhouse, Feast or Giveaway)	<input type="radio"/>	<input type="radio"/>
f. I have helped prepare for a cultural ceremony (examples, Sweat lodge, Moon Ceremony, Sundance, Longhouse, Feast or Giveaway)	<input type="radio"/>	<input type="radio"/>
g. I have offered food or feasted someone something for a cultural reason.	<input type="radio"/>	<input type="radio"/>
h. Someone in my family or someone I am close with attends cultural ceremonies.	<input type="radio"/>	<input type="radio"/>
i. I plan on attending a cultural ceremony in the future.	<input type="radio"/>	<input type="radio"/>
j. I plan on trying to find out more about my Native culture, such as its history, traditions, and customs.	<input type="radio"/>	<input type="radio"/>
k. I have a traditional person or Elder who I talk to.	<input type="radio"/>	<input type="radio"/>

B. SOCIAL CONNECTEDNESS (CONTINUED)

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
9. How much do you agree with the following statements						
a. I have spent time trying to find out more about being Native, such as its history, traditions and customs.	<input type="radio"/>					
b. I have a strong sense of belonging to my Native community or Nation.	<input type="radio"/>					
c. I have done things that help me understand my Native background better.	<input type="radio"/>					
d. I have talked to other people in order to learn more about being Native.	<input type="radio"/>					
e. When I learn something about my Native culture, I will ask someone more about it later.	<input type="radio"/>					
f. I feel a strong attachment towards my Native community or Nation.	<input type="radio"/>					
g. If a traditional person or elder spoke to me about being Native, I would listen to them carefully.	<input type="radio"/>					
h. I feel a strong connection to my ancestors.	<input type="radio"/>					
i. Being Native means I sometimes have a different way of looking at the world.	<input type="radio"/>					
j. The eagle feather has a lot of meaning to me.	<input type="radio"/>					
k. It is important to me that I know my Native language.	<input type="radio"/>					
l. When I am physically ill, I look to my Native culture for help.	<input type="radio"/>					
m. When I need to make a decision about something, I look to my Native culture for help.	<input type="radio"/>					
n. When I am feeling spiritually disconnected, I look to my Native culture for help.	<input type="radio"/>					

QUESTION	RESPONSE OPTIONS					
	Every day	Every week	Every month	Once / twice per year	Never	REFUSED
10. How often do you...						
a. Make tobacco offerings for cultural purposes?	<input type="radio"/>					
b. Use sage, sweet grass, or cedar in any way or form?	<input type="radio"/>					
c. Does someone in your family or someone you are close with use sage, sweet grass, or cedar in any way or form?	<input type="radio"/>					

C. FUNCTIONING

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

- Excellent
- Very Good
- Good
- Fair
- Poor
- REFUSED
- DON'T KNOW

2. Please select the one answer that most closely matches your situation. I feel capable of managing my health care needs:

- On my own most of the time
- On my own some of the time and with support from others some of the time
- With support from others most of the time
- Rarely or never
- REFUSED
- DON'T KNOW

C. FUNCTIONING (CONTINUED): Mental Health

3. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with your everyday life during the past 30 days. Please indicate your disagreement / agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CLIENT.]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED	N/A
a. I deal effectively with daily problems.	<input type="radio"/>						
b. I am able to control my life.	<input type="radio"/>						
c. I am able to deal with crisis.	<input type="radio"/>						
d. I am getting along with my family.	<input type="radio"/>						
e. I do well in social situations.	<input type="radio"/>						
f. I do well in school and/or work.	<input type="radio"/>						
g. My housing situation is satisfactory.	<input type="radio"/>						
h. My symptoms are not bothering me.	<input type="radio"/>						

4. The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CLIENT.]

QUESTION	RESPONSE OPTIONS						
During the past 30 days, about how often did you feel ...	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	REFUSED	DON'T KNOW
a. nervous?	<input type="radio"/>						
b. hopeless?	<input type="radio"/>						
c. restless or fidgety?	<input type="radio"/>						
d. so depressed that nothing could cheer you up?	<input type="radio"/>						
e. that everything was an effort?	<input type="radio"/>						
f. worthless?	<input type="radio"/>						

QUESTION	RESPONSE OPTIONS						
5. During the past 30 days...	Not at All	Slightly	Moderately	Considerably	Extremely	REFUSED	DON'T KNOW
a. how much have you been bothered by these psychological or emotional problems?	<input type="radio"/>						

C. FUNCTIONING (CONTINUED): Mental Health (cont.)

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CLIENT.]

QUESTION	RESPONSE OPTIONS						
6. In the last 4 weeks...	Very poor	Poor	Neither good nor bad	Good	Very good	REFUSED	DON'T KNOW
a. how would you rate your quality of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION	RESPONSE OPTIONS						
7. In the last 4 weeks...	Not at all	A little	Moderately	Mostly	Completely	REFUSED	DON'T KNOW
a. do you have enough energy for everyday life?	<input type="radio"/>						

QUESTION	RESPONSE OPTIONS						
8. In the last 4 weeks ...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	REFUSED	DON'T KNOW
a. how satisfied are you with your ability to perform your daily living activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. how satisfied are you with your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. how satisfied are you with yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. how satisfied are you with your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. FUNCTIONING (CONTINUED): Substance Use

9. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CLIENT.]

QUESTION	RESPONSE OPTIONS					
	Never	Once or Twice	Weekly	Daily or Almost Daily	REFUSED	DON'T KNOW
In the past 30 days, how often have you used ...						
a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="radio"/>					
b. alcoholic beverages (beer, wine, liquor, etc.)?	<input type="radio"/>					
b1. [IF B ≥ ONCE OR TWICE, AND RESPONDENT IS <u>MALE</u>] How many times in the past 30 days have you had five or more drinks in a day? [CLARIFY IF NEEDED: A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).]	<input type="radio"/>					
b2. [IF B ≥ ONCE OR TWICE, AND RESPONDENT IS <u>FEMALE</u>] How many times in the past 30 days have you had four or more drinks in a day? [CLARIFY IF NEEDED: A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).]	<input type="radio"/>					
c. cannabis (marijuana, pot, grass, hash, etc.)?	<input type="radio"/>					
d. cocaine (coke, crack, etc.)?	<input type="radio"/>					
e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	<input type="radio"/>					
f. methamphetamine (speed, crystal meth, ice, etc.)?	<input type="radio"/>					
g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?	<input type="radio"/>					
h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?	<input type="radio"/>					
i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?	<input type="radio"/>					
j. street opioids (heroin, opium, etc.)?	<input type="radio"/>					
k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?	<input type="radio"/>					
l. other – specify (e-cigarettes, etc.): _____	<input type="radio"/>					

[IF CLIENT USED ANY OF THE SUBSTANCES ABOVE, GO TO Substance Use Supplement, page 14]

[IF CLIENT SAYS DID NOT USE ANY OF THE SUBSTANCES ABOVE, GO TO SECTION B. FUNCTIONING: Military Family & Deployment, page 17]

C. FUNCTIONING (CONTINUED): Substance Use Supplement

S1. During the past 30 days, how many days have you used any of the following opiates (if unsure, make your best guess or estimate)

	# of Days	RF	DK
a. Heroin (Smack, H, Junk, Skag)	_ _ _	<input type="radio"/>	<input type="radio"/>
b. Morphine	_ _ _	<input type="radio"/>	<input type="radio"/>
c. Dilaudid	_ _ _	<input type="radio"/>	<input type="radio"/>
d. Demerol	_ _ _	<input type="radio"/>	<input type="radio"/>
e. Percocet	_ _ _	<input type="radio"/>	<input type="radio"/>
f. Darvon	_ _ _	<input type="radio"/>	<input type="radio"/>
g. Codeine	_ _ _	<input type="radio"/>	<input type="radio"/>
h. Tylenol 2, 3, 4	_ _ _	<input type="radio"/>	<input type="radio"/>
i. OxyContin/Oxycodone	_ _ _	<input type="radio"/>	<input type="radio"/>
j. Non-prescription methadone	_ _ _	<input type="radio"/>	<input type="radio"/>

S2. In the past 30 days, have you injected drugs?

- YES
- NO [SKIP TO S3]
- REFUSED [SKIP TO S3]
- DON'T KNOW [SKIP TO S3]

S2a. 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

Substance Use Supplement: Family & Living Conditions

S3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?

- Not at all
- Somewhat
- Considerably
- Extremely
- REFUSED
- DON'T KNOW

C. FUNCTIONING (CONTINUED): Substance Use Supplement (cont.)

S4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?

- Not at all
- Somewhat
- Considerably
- Extremely
- REFUSED
- DON'T KNOW

S5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?

- Not at all
- Somewhat
- Considerably
- Extremely
- REFUSED
- DON'T KNOW

Substance Use Supplement: Crime & Criminal Justice

S6. Are you currently on parole or probation?

- YES
- NO
- REFUSED

Substance Use Supplement: Mental & Physical Health & Treatment Recovery

S7. During the past 30 days, did you receive Emergency Room treatment for alcohol or substance use?

- YES **How many times: |____|____|, if unsure, make your best guess or estimate**
- NO
- REFUSED

S8. During the past 30 days, did you engage in sexual activity?

- YES
- NO **[SKIP TO S9]**
- REFUSED **[SKIP TO S9]**

Altogether, how many...[IF NECESSARY, prompt: if you aren't sure, please provide your best guess or estimate.]

S8a. Sexual contacts including vaginal, oral, or anal did you have? _____ RF DK

S8b. Unprotected sexual contacts did you have? [IF 0, SKIP to S9] _____ RF DK

S8c. Unprotected sexual contacts with an individual who was...

S8c1. HIV Positive or has AIDS? _____ RF DK

S8c2. An injection drug user? _____ RF DK

S8c3. High or drunk on some substance? _____ RF DK

C. FUNCTIONING (CONTINUED): Substance Use Supplement (cont.)

S9. Have you ever been tested for HIV?

- YES
- NO [SKIP TO S10]
- DON'T KNOW [SKIP TO S10]
- REFUSED [SKIP TO S10]

→ **S9a. Do you know the results of your HIV testing?** Yes No

Substance Use Supplement: Social Connectedness

S10. 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.?

- YES How many times: |____|____|, if unsure, make your best guess or estimate
- NO
- DON'T KNOW
- REFUSED

S11. In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?

- YES How many times: |____|____|, if unsure, make your best guess or estimate
- NO
- DON'T KNOW
- REFUSED

S12. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

- YES How many times: |____|____|, if unsure, make your best guess or estimate
- NO
- DON'T KNOW
- REFUSED

S13. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

- YES How many times: |____|____|, if unsure, make your best guess or estimate
- NO
- DON'T KNOW
- REFUSED

S14. To whom do you turn when you are having trouble? [SELECT ONLY ONE.]

- NO ONE
- CLERGY / SPIRITUAL LEADER
- FAMILY MEMBER
- FRIENDS
- REFUSED
- DON'T KNOW
- OTHER (SPECIFY) _____

C. FUNCTIONING (CONTINUED): Military Family and Deployment

[QUESTIONS 10 THROUGH 13 ARE ONLY ASKED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO Violence and Trauma, page 19.]

10. Have you ever served in the Armed Forces, the Reserves, or the National Guard?

- YES
- NO [GO TO 13.]
- REFUSED [GO TO 13.]
- DON'T KNOW [GO TO 13.]

[IF YES] In which of the following have you ever served? Please answer for each of the following. You may say yes to more than one.

Branch of Service	YES	NO	REFUSED	DON'T KNOW
a. Armed Forces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Reserves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. National Guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?

- YES
- NO [GO TO 13.]
- REFUSED [GO TO 13.]
- DON'T KNOW [GO TO 13.]

[IF YES] In which of the following are you currently serving? Please answer for each of the following. You may say yes to more than one.

Branch of Service	YES	NO	REFUSED	DON'T KNOW
a. Armed Forces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Reserves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. National Guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. MILITARY FAMILY AND DEPLOYMENT (CONTINUED)

12. Have you ever been deployed to a combat zone?

- YES
- NO *[GO TO 13.]*
- REFUSED *[GO TO 13.]*
- DON'T KNOW *[GO TO 13.]*

[IF YES] To which of the following combat zones have you been deployed? Please answer for each of the following. You may say yes to more than one.

Combat Zones	YES	NO	REFUSED	DON'T KNOW
a. Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Persian Gulf (Operation Desert Shield or Desert Storm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vietnam/Southeast Asia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Korea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. WWII	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Deployed to a combat zone not listed above (e.g., Somalia, Bosnia, Kosovo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Is anyone in your family or someone close to you currently serving on active duty in or retired / separated from the Armed Forces, the Reserves, or the National Guard?

- Yes, only one person
- Yes, more than one person
- No
- REFUSED
- DON'T KNOW

C. FUNCTIONING (CONTINUED): Violence and Trauma

14. 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 [GO TO 15.]
- REFUSED [GO TO 15.]
- DON'T KNOW [GO TO 15.]

→14a. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:

In the past and/or present you ...	YES	NO	REFUSED	DON'T KNOW
a. Have had nightmares about it or thought about it when you did not want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Were constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Felt numb and detached from others, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

D. STABILITY IN HOUSING

The following questions ask about your housing. If you are not sure of an exact number, you can make your best guess.

1. In the past 30 days, how many ...	Number of Nights/ Times	REFUSED	DON'T KNOW
a. nights have you been homeless?	__ __	<input type="radio"/>	<input type="radio"/>
b. nights have you spent in a hospital for mental health care?	__ __	<input type="radio"/>	<input type="radio"/>
c. nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?	__ __	<input type="radio"/>	<input type="radio"/>
d. nights have you spent in correctional facility including jail or prison?	__ __	<input type="radio"/>	<input type="radio"/>
<p><i>[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS 1A-1D, CANNOT EXCEED 30 NIGHTS.)]</i></p>		<p><i>[ADD ALL NIGHTS TOGETHER <u>BEFORE</u> MOVING ON TO Question C1e.]</i></p>	
e. times have you gone to an emergency room for a psychiatric or emotional problem?	__ __	<input type="radio"/>	<input type="radio"/>

[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION E: Education, page 22.]

[IF 15 NIGHTS OR LESS, GO TO QUESTION 2.]

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

[DO NOT READ RESPONSE OPTIONS TO THE CLIENT. SELECT ONLY ONE.]

- OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
- SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM
- HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- GROUP HOME
- ADULT FOSTER CARE
- TRANSITIONAL LIVING FACILITY
- HOSPITAL (MEDICAL)
- HOSPITAL (PSYCHIATRIC)
- DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- CORRECTIONAL FACILITY (JAIL/PRISON)
- NURSING HOME
- VA HOSPITAL
- VETERAN'S HOME
- MILITARY BASE
- OTHER HOUSED (SPECIFY) _____
- REFUSED
- DON'T KNOW

D. STABILITY IN HOUSING (CONTINUED)**3. In the last 4 weeks ...**

[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CLIENT.]

QUESTION	RESPONSE OPTIONS						
In the last 4 weeks ...	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	REFUSED	DON'T KNOW
a. how satisfied are you with the conditions of your living place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. EDUCATION AND EMPLOYMENT

1. Are you currently enrolled in school or a job training program?

[IF ENROLLED] Is that full time or part time?

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

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

- LESS THAN 12TH GRADE
- 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
- VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
- SOME COLLEGE OR UNIVERSITY
- BACHELOR'S DEGREE (BA, BS)
- GRADUATE WORK/GRADUATE DEGREE
- REFUSED
- DON'T KNOW

E. EDUCATION AND EMPLOYMENT (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.]

- 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

3a. *[IF EMPLOYED.]*

	Yes	No	REFUSED	DON'T KNOW
• Are you paid at or above the minimum wage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Are your wages paid directly to you by your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Could anyone have applied for this job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[FEDERAL minimum wage as of 8/1/2019 = \$7.25/ hr.

[for updated FEDERAL rates go to: <https://www.dol.gov/general/topic/wages/>]

Washington State minimum wage for 2019 = \$12.00 / hr.

Washington State minimum wage for 2020 = \$13.50 / hr.]

4. In the last 4 weeks ...

[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CLIENT.]

QUESTION	RESPONSE OPTIONS						
	Not at All	A Little	Moderately	Mostly	Completely	REFUSED	DON'T KNOW
In the last 4 weeks ...							
a. have you enough money to meet your needs?	<input type="radio"/>						

F. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? If unsure, please provide your best guess or estimate.

|_|_|_| TIMES

REFUSED

DON'T KNOW

*[IF THIS IS A **BASELINE**, GO TO SECTION H. Program Specific Questions, page 25. OTHERWISE, GO TO SECTION G. Perception of Care, page 25]*

G. PERCEPTION OF CARE

[SECTION G IS **NOT** COLLECTED AT BASELINE. FOR BASELINE INTERVIEWS, GO TO SECTION H: Program Specific Questions, page 27.]

- In order to provide the best possible mental health and related services, we need to know what you think about the services you received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CLIENT.]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED	NOT APPLICABLE
a. Staff here believe that I can grow, change, and recover.	<input type="radio"/>						
b. I felt free to complain.	<input type="radio"/>						
c. I was given information about my rights.	<input type="radio"/>						
d. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>						
e. Staff told me what side effects to watch out for.	<input type="radio"/>						
f. Staff respected my wishes about who is and who is not to be given information about my treatment.	<input type="radio"/>						
g. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>						
h. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>						
i. I was encouraged to use client-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>						
j. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>						
k. I, not staff, decided my treatment goals.	<input type="radio"/>						
l. I like the services I received here.	<input type="radio"/>						
m. If I had other choices, I would still get services from this agency.	<input type="radio"/>						
n. I would recommend this agency to a friend or family member.	<input type="radio"/>						

G. PERCEPTION OF CARE (CONTINUED)

2. *[INDICATE WHO ADMINISTERED SECTION G. Perception of Care, TO THE CLIENT FOR THIS INTERVIEW.]*

- ADMINISTRATIVE STAFF
- CARE COORDINATOR
- CASE MANAGER
- CLINICIAN PROVIDING DIRECT SERVICES
- CLINICIAN NOT PROVIDING SERVICES
- CLIENT PEER
- DATA COLLECTOR
- EVALUATOR
- FAMILY ADVOCATE
- RESEARCH ASSISTANT STAFF
- SELF-ADMINISTERED
- OTHER (SPECIFY) _____

H. PROGRAM-SPECIFIC QUESTIONS: Client Questions

[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]

1. In the past 30 days, how often have you taken all of your psychiatric medication(s) as prescribed to you?

- Always
- Usually
- Sometimes
- Rarely
- Never
- REFUSED
- DON'T KNOW

[QUESTION 2 SHOULD BE ANSWERED BY THE CLIENT AT REASSESSMENT AND CLINICAL DISCHARGE.]

2. Please indicate the degree to which you agree or disagree with the following statement:

Receiving community-based services through the *YAKAMA NATION BEHAVIORAL HEALTH* program has helped me to avoid further contact with the police and the criminal justice system.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree
- REFUSED
- DON'T KNOW

[QUESTION 3 SHOULD BE ANSWERED BY THE CLIENT AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]

3. In the past 30 days, how many times have you ...

Number of Times REFUSED DON'T KNOW

a. Been to the emergency room for a physical healthcare problem?

|_|_|_|

b. Been hospitalized overnight for a physical healthcare problem?

|_|_|_|

[REPORT NUMBER OF NIGHTS HOSPITALIZED.]

H. PROGRAM-SPECIFIC QUESTIONS (CONTINUED): Client Questions

[QUESTION 4 SHOULD BE ANSWERED BY THE CLIENT AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]

4. In the past 30 days:	Number of Times	REFUSED	DON'T KNOW
a. How many times have you thought about killing yourself?	_ _ _	<input type="radio"/>	<input type="radio"/>
b. How many times did you attempt to kill yourself?	_ _ _	<input type="radio"/>	<input type="radio"/>

[QUESTION 5 SHOULD BE ANSWERED BY THE CLIENT AT REASSESSMENT AND CLINICAL DISCHARGE.]

5. How often does a member of your team interact with you?

- Several times a day
- Almost every day
- A few times a week
- About once a week
- A few times a month
- About once a month
- Less than once per month
- REFUSED
- DON'T KNOW

[THIS IS THE END OF THE CLIENT QUESTIONS.]

THE NEXT SET OF QUESTIONS ARE TO BE ANSWERED BY THE CLINIC OR PROGRAM STAFF.]

H. PROGRAM-SPECIFIC QUESTIONS: Clinic / Program Questions

[QUESTIONS 6 – 9 SHOULD BE REPORTED BY CLINIC / PROGRAM STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]

6. Did the client screen positive for a MENTAL HEALTH disorder?

- Client screened positive
- Client screened negative
- Client was not screened

a. **[IF CLIENT SCREENED POSITIVE]** Was the client referred to the mental health services?
 YES NO

b. **[IF CLIENT WAS REFERRED TO SERVICES]** Did they receive mental health services? ?
 YES NO DON'T KNOW NOT APPLICABLE

7. Did the client screen positive for a SUBSTANCE USE disorder?

- Client screened positive
- Client screened negative
- Client was not screened

a. **[IF CLIENT SCREENED POSITIVE]** Was the client referred to the substance use disorder services? YES NO

b. **[IF CLIENT WAS REFERRED TO SERVICES]** Did they receive the substance use disorder services? YES NO DON'T KNOW NOT APPLICABLE

8. Please indicate which type of funding source(s) was (were)/will be used to pay for the services provided to this client since their last interview. (Check all that apply):

- Current SAMHSA grant funding
- Other federal grant funding
- State funding
- Client's private insurance
- Medicaid/Medicare
- Other (Specify): _____

9. Client's health measurements:

- | | | |
|-----------------------------|----------------------|------|
| a. Systolic blood pressure | <input type="text"/> | mmHg |
| b. Diastolic blood pressure | <input type="text"/> | mmHg |
| c. Weight | <input type="text"/> | kg |
| d. Height | <input type="text"/> | cm |

[IF THIS IS A BASELINE,  HERE.]

[IF THIS IS A REASSESSMENT OR CLINICAL DISCHARGE, GO TO Question 10, page 30.]

H. PROGRAM-SPECIFIC QUESTIONS (CONTINUED): Clinic / Program Questions

[QUESTION 10 and 11 SHOULD BE REPORTED BY CLINIC / PROGRAM STAFF ABOUT THE CLIENT AT REASSESSMENT AND CLINICAL DISCHARGE.]

10. Has the client experienced a first-episode of psychosis (FEP) since their last interview?

- Yes
- No
- DON'T KNOW

a. *[IF YES]* Please indicate the approximate date that the client initially experienced the FEP.

____/____/____
MONTH YEAR

b. *[IF YES]* Was the client referred to FEP services?

- Yes
- No
- DON'T KNOW

[IF CLIENT WAS REFERRED TO FEP SERVICES] Please indicate the date that the client first received FEP services/treatment.

____/____/____
MONTH YEAR

DON'T KNOW

11. In the past 30 days, how compliant has the client been with their treatment plan?

- Not compliant
- Minimally compliant
- Moderately compliant
- Highly compliant
- Fully compliant
- DON'T KNOW

*[IF THIS IS A **REASSESSMENT** INTERVIEW, PLEASE GO TO SECTION I: Reassessment Status, page 31 THEN TO SECTION K: Services Received, page 32.]*

*[IF THIS IS A **CLINICAL DISCHARGE** INTERVIEW, PLEASE GO TO SECTION J: Discharge Status, page 31 THEN TO SECTION K: Services Received, page 32.]*

I. REASSESSMENT STATUS

[SECTION I IS REPORTED BY CLINIC / PROGRAM STAFF AT REASSESSMENT.]

1. Have you or other grant staff had contact with the client within 90 days of the last encounter?

- Yes
- No

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

- Yes
- No

[GO TO SECTION K: Services Received, page 32.]

J. CLINICAL DISCHARGE STATUS

[SECTION J IS REPORTED BY CLINIC / PROGRAM STAFF ABOUT THE CLIENT AT CLINICAL DISCHARGE.]

1. On what date was the client discharged?

 |_|_|_| / |_|_|_|_|_|
 MONTH YEAR

2. What is the client's discharge status?

- Mutually agreed cessation of treatment
- Withdrew from/refused treatment
- No contact within 90 days of last encounter
- Clinically referred out
- Death
- Other (Specify) _____

[GO TO SECTION K: Services Received, page 32.]

Reassessment

Discharge

K. SERVICES RECEIVED

[SECTION K IS REPORTED BY CLINIC / PROGRAM STAFF AT REASSESSMENT AND DISCHARGE UNLESS THE CLIENT REFUSED THIS INTERVIEW OR ALL INTERVIEWS, IN WHICH CASE THE SECTION IS OPTIONAL.]

1. On what date did the client last receive services?

/
 MONTH YEAR

[IDENTIFY ALL OF THE SERVICES YOUR PROJECT PROVIDED TO THE CLIENT SINCE HIS/HER LAST INTERVIEW; THIS INCLUDES CMHS-FUNDED AND NON-CMHS-FUNDED SERVICES.]

Core Services	Provided		UNKNOWN	SERVICE NOT AVAILABLE
	Yes	No		
1. Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Treatment Planning or Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Psychopharmacological Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF THE ANSWER TO QUESTION 5, "MENTAL HEALTH SERVICES," IS YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]

Number of times ____ per
 Day
 Week
 Month
 Year
 UNKNOWN

Core Services (Continued)	Provided		UNKNOWN	SERVICE NOT AVAILABLE
	Yes	No		
6. Co-occurring Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Trauma-specific Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Was the client referred to another provider for any of the above core services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Support Services	Provided		UNKNOWN	SERVICE NOT AVAILABLE
	Yes	No		
1. Medical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Family Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Education Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Housing Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Social Recreational Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Client-Operated Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. HIV Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Was the client referred to another provider for any of the above support services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Services