

14 Day TSR

Interview Date ____/____/____ TSR# _____

Last TSR Date ____/____/____

Client Name: _____

ID# _____

Client SSN _____-_____-_____

Client Date of Birth ____ / ____ / ____

Interviewer Name _____

ID# _____

1) Have you been in treatment during the past 14 days? **0 = no, 1 = yes** _____
(Note: This means treatment at a program - do not count AA/NA or other self help groups)

2) Was your treatment at _____? **0=no,1=yes** _____

**INTERVIEWER - If "No" ask Question #3.
If "Yes", go to Question #4.
If client not in treatment, go to Question #8.**

3) If in treatment, **BUT not at the treatment program of record**, what was the name of your treatment program?

Tx. Program Name: _____

Questions #4-7 refer to the treatment program that the client is attending.

4) How many days in the past 14 have you attended this treatment program? ____|____

5) Which of the following best describes the kind of program it was?
(Note: If client attended two programs, choose major one) **Use numbers below.**
1 = Detox 2 = Abst-oriented rehab. 3 = "Dual Disorder" prog. 4 = Methadone Maint. _____

6) Did you stay overnight at the program? **If NO (not inpatient program), place "N".**
If "Yes", which of the following best describes that program? **Use numbers below.**
1 = Inpatient Hospital 2 = Non-hospital residential 3 = Recovery home/Halfway house _____

7) **If that program was an outpatient program, what were the recommended number**
of hours per week for that program? Place "N" if not outpatient prg. Use numbers below. _____
1 = More than 20 hrs/wk 2 = 9-20 hrs/wk 3 = 2-9 hrs/wk 4 = Less than 2 hrs/wk

8) What is your treatment status now? (Place "X" in **only one space**)
1 = Out of Tx. _____ 3 = In "Tx Prog of Record" (Item #2) _____
2 = On Wait List _____ 4 = In a different Tx. Prog (Item #3) _____

COMMENTS:

General Instructions for Interviewers:

There are two sections in each of the problem areas with special definitions and instructions for each section. Review the manual for special circumstances.

Specialized Services Section -

Specialized: group or individual sessions/services that focus upon a particular problem. More often than not, these services are provided by a specialist (e.g., vocational counselor, family therapist, psychiatrist). They are NOT general counseling sessions. **We count only those services that the client actually received.**

For each question on the TSR, the interviewer asks whether the client received a particular service. If yes, the interviewer asks if the client received this service **at the treatment program s/he currently attends**. (At Prog) or whether the client was referred to another program for this service (Out Prog).

Note: Many programs operate satellite sites. If the client received a service at a satellite site of the treatment program s/he currently attends, this is counted as "At Program".

General Counseling Section -

General counseling: group or individual sessions that focus on a range of problems or topics. Typically, these are the counseling sessions that the client receives at the treatment program s/he currently attends. **Again, we count only those sessions that the client actually attended.**

NOTE: Sessions/services should be coded EITHER in the Specialized Services Section or the General Counseling Section. Do not double-count services/sessions.

ALCOHOL AND DRUG PROBLEM AREA:

How many **days** in the past 14 have you:

- 1. had at least one drink of alcohol? __|__
- 2. had at least five drinks of alcohol? __|__
- 3. used any illegal drug or prescribed drug in a non-prescribed manner? __|__
- 4. been in inpatient treatment for an alcohol or drug problem? __|__

Specialized Services - Answers should reflect the number of times sessions/services were provided.

How many **times** in the past 14 DAYS have you :

- | | # At Prog | # Out Prog |
|---|-----------|------------|
| 5. actually taken medication to help you to detoxify from alcohol or drugs? | __ __ | __ __ |
| 6. actually taken medication to prevent you from drinking or using drugs? | __ __ | __ __ |
| 7. received acupuncture to stop or reduce your drinking or drug use? | __ __ | __ __ |
| 8. received a session devoted to relapse "triggers" or methods of relapse prevention? | __ __ | __ __ |
| 9. attended an AA/NA/CA or any other 12 step meeting? | __ __ | __ __ |

General Counseling Section -

How many **times** in the past 14 DAYS have you had a general group or individual counseling session where there was a significant discussion regarding your:

- 10. alcohol/drug problems? __|__

Comments:

ALCOHOL AND DRUG TESTING

At Prog # Out Prog

- 11. How many **times** have you had alcohol testing (e.g., breathalyzer) in **past 14 DAYS** ? __|__
 How many of these tests said you had been drinking? __|__
- 12. How many **times** have you had drug testing (e.g., urine screen) in the **past 14 DAYS**? __|__
 How many of these tests said you had been using any drug? __|__

Comments:

LEGAL PROBLEM AREA:

How many **days** in the past 14 have you :

- 1. been incarcerated? __|__
- 2. engaged in any type of illegal activity for profit? __|__

Specialized Services - group or individual, session/services provided that focused only on **legal problem(s)**.

How many **times** in the past 14 DAYS have you had a :

- | | # At Prog | # Out Prog |
|---|-----------|------------|
| 3. meeting focused on your criminal charges or criminal problems? | __ __ | __ __ |
| 4. meeting focused on your civil charges or civil legal problems? | __ __ | __ __ |

General Counseling Section -

How many **times** in the past 14 DAYS have you had a **general group or individual counseling** session where there was a significant discussion regarding your:

- 5. criminal or civil legal problems? __|__

Comments:

FAMILY RELATIONSHIPS PROBLEM AREA:

How many **days** in the past 14 have you:

- 1. had a significant argument with any adult member of your family? _____
- 2. had a significant argument with a child/adolescent in your family? _____
- 3. had any type of physical conflict or fight with any family member? _____

Specialized Services - group or individual, sessions/services that focused only on family problem(s).

How many **times** in the past 14 DAYS have you had a:

- | | # At Prog | # Out Prog |
|--|-----------|------------|
| 4. meeting focused on helping you with any problems <u>getting along with</u> your spouse/SO and/or other members of your family? | _____ | _____ |
| 5. meeting focused on helping you with any problems <u>regaining contact with</u> your spouse/SO and/or other member of your family? | _____ | _____ |
| 6. meeting focused on helping with any <u>child care or parenting</u> problems? | _____ | _____ |

General Counseling Section -

How many **times** in past 14 DAYS have you had a general group or individual counseling session where there was a significant discussion regarding your:

- 7. adult family problems? _____
- 8. child care or parenting problems? _____

Comments:

PSYCHOLOGICAL PROBLEM AREA:

How many **days** in the past 14 have you:

- 1. experienced significant emotional problems (e.g. dep, anx, etc.)? _____
- 2. been hospitalized for an emotional or psychological problem? _____

Specialized Services - group or individual, sessions/services that focused only on psychological problem(s).

How many **times** in the past 14 DAYS have you had:

- | | # At Prog | # Out Prog |
|---|-----------|------------|
| 3. evaluation or testing for psychological or emotional problems ? | _____ | _____ |
| 4. a medication prescription or refill for any psych/emotional problems? | _____ | _____ |
| 5. a session of relaxation training, biofeedback or meditation? | _____ | _____ |
| 6. an <u>individual</u> psychotherapy session for any psych/emotional problems? | _____ | _____ |
| 7. a <u>group</u> psychotherapy session for any psych/emotional problems? | _____ | _____ |

General Counseling Section -

- 8. How many **times** in past 14 DAYS have you had a general counseling session where there was a significant discussion regarding your psychological/emotional problems? _____

Comments:

