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? Use numbers below.
(Note: If client attended two programs, choose major one) 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 prog. 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.
**MEDICAL PROBLEM AREA:**

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

1. experienced significant **physical medical** problems? | ___ | ___

2. been hospitalized for **physical medical** problems? | ___ | ___

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

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

3. physical examination or a follow-up medical care visit? | ___ | ___

4. medication prescription or refill for your **physical medical** problems? | ___ | ___

5. session where you had your blood drawn for testing?
   a) If yes, were you tested for HIV? (0 = no, 1 = yes, X = don’t know/won’t say) | ___ | ___

6. session devoted to medical education - (AIDS or other disease prevention, etc.)? | ___ | ___

**General Counseling Section** - can be group or individual sessions focused on a range of problems or topics - typically sessions that do not have a special agenda or title.

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

7. **medical problems**? | ___

**Comments:**

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

**EMPLOYMENT AND SUPPORT PROBLEM AREA:**

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

1. been paid for working? | ___

2. been in school or a training program? | ___

**Specialized Services** - group or individual sessions/services that focused only on **employment/support problem(s)**.

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

3. meeting focused on helping you get housing, food, clothing or shelter? | ___ | ___

4. meeting focused on helping you get SSI, welfare, disability/other benefits? | ___ | ___

5. reading class, literacy testing or GED testing? | ___ | ___

6. meeting focused on helping you get schooling or training? | ___ | ___

7. meeting focused on helping you get employment? | ___ | ___

**General Counseling Section** - can be group or individual sessions focused on a range of problems or topics - typically sessions that do not have a special agenda or title.

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**:

8. **food, clothing or shelter problems**? | ___ | ___

9. **schooling, training or unemployment problems**? | ___ | ___

**Comments:**

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_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________
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.

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

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? # At Prog # Out Prog

Comments:

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ALCOHOL AND DRUG TESTING

11. How many times have you had alcohol testing (e.g., breathalyzer) in past 14 DAYS? # At Prog # Out Prog
   How many of these tests said you had been drinking? # At Prog # Out Prog

12. How many times have you had drug testing (e.g., urine screen) in the past 14 DAYS? # At Prog # Out Prog
   How many of these tests said you had been using any drug? # At Prog # Out Prog

Comments:

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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).

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

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? # At Prog # Out Prog

Comments:

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### 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:

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

#### 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:**
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
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### 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:

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

#### 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:**
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
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# At Prog # Out Prog
___ ___ ___ ___
___ ___ ___ ___
___ ___ ___ ___
___ ___ ___ ___