

## Questionnaire: Substance Use Treatment Discharge

### Client Profile (Atrezzo)

First Name			Last Name			For Office Use		
Date of Birth			Social Security Number			MaineCare Number		
MM	DD	YYYY	### - ## - ####					

### WITS Information (if Admission was input in WITS)

Primary Presenting Problem on Admission						Admission Date		
Substance Abuse Only	Affected Other/Co-Dependent	Evaluation Only	Unknown	Admission Date		MM	DD	YYYY
Was this an (Initial) Admission or Evaluation (only)?						Admission / Evaluation only		

### Type of Treatment / Treatment Setting at Admission

Non-Intensive Outpatient					Halfway House (Short-term <=30 days)	
Intensive Outpatient					Shelter (Short-term 30 days or fewer)	
Detoxification (Outpatient)					Consumer Run Residence (Short-term)	
24-Hour Detoxification (Inpatient)					Halfway house (Long-term > 30 days)	
Inpatient					Shelter (Long-term more than 30 days)	
Methadone (Inpatient)					Consumer Run Residence (Long-term)	
24-hour Detox, free standing residential						

Gender	Race	Ethnicity
Male	White	Not Hispanic or Latino
Female	Black/African American	Puerto Rican
Transgender - Male	American Indian/Alaskan Native	Mexican
Transgender - Female	Asian	Cuban
Unknown	Native Hawaiian/Pacific Islander	Other Specific Hispanic
	Other Unknown	Hispanic - Not Specified

### Client Information

Primary Presenting Problem on Admission					
Substance Abuse Only	Affected Other/Co-Dependent	Evaluation Only	Unknown	Admission Date	
Adult	Adolescent				

### Type of Treatment / Treatment Setting at Discharge

Non-Intensive Outpatient					Halfway House (Short-term <=30 days)	
Intensive Outpatient					Shelter (Short-term 30 days or fewer)	
Detoxification (Outpatient)					Consumer Run Residence (Short-term)	
24-Hour Detoxification (Inpatient)					Halfway house (Long-term > 30 days)	
Inpatient					Shelter (Long-term more than 30 days)	
Methadone (Inpatient)					Consumer Run Residence (Long-term)	
24-hour Detox, free standing residential						

Discharge Dates							
Date of Last Contact				Date of Discharge			
MM	DD	YYYY		MM	DD	YYYY	
<b>Reason for Discharge</b>							
Treatment is complete							
Client dropped due to Barriers to Accessing Care							
Inability to Pay / Loss of Health insurance							
Client Incarcerated							
Client Moved							
Logistical Issues (Hours, Transportation etc.)							
Client Refused Service/Treatment (unrelated to barriers)							
Client Terminated w/o Clinic Agreement (unrelated to barriers)							
Parents/Legal Guardians w/d client (unrelated to barriers)							
Lost Contact with Client (Terminated by Facility)							
Client needs Different Level of Care							
Client Discharged for medical/Psychological Treatment							
Client Transferred to a Different Program/Facility (same level of care)							
Client Deceased							
Unknown							
<b>Financial/Household at Discharge</b>							
Living Arrangements at Discharge		Employment Status at Discharge		Detailed not in Labor force			
Independent Living - Alone		Full Time (35 hours or more)		Homemaker			
Independent Living - With Others		Irregular / Part Time		Student			
Dependent Living - With Others		Unemployed has sought work		Retired			
Homeless		Unemployed has not sought work		Disabled			
Not Collected		Not in Labor Force		Inmate of an Institution			
		Full Time Volunteer		Sheltered employment settings			
		Part Time Volunteer		Not applicable			
		Irregular Volunteer		Other			
		Unknown		Unknown			
		Not Collected		Not Collected			
<b>Financial/Household continued</b>							
<b>Arrests in 30 Days Prior to Discharge</b>							
Number of Arrests		Unknown		Not Collected			
<b>Attendance at Self-Help Groups in the Past 30 days</b>							
No attendance in the past month							
1-3 times in past month (less than 1 per week)							
4-7 times in past month (about 1 per week)							
8-15 times in past month (2-3 times a week)							
16-30 times in past month (4+ times a week)							
Some attendance but frequency unknown							
Unknown							
Not Collected							

Treatment Data						
Substance Use at Discharge						
Primary Substance	Code:			Freq.		
Secondary Substance	Code:			Freq.		
Tertiary Substance	Code:			Freq.		
Outcome Measures						
Number of Units/Sessions Attended:				Has the degree of dependence on substance(s) improved at discharge? Y/N		
Discharge Referral						
None				Intensive Outpatient		
Detoxification				Res Rehab (Short Term)		
Diagnosis & Evaluation				Half and Quarterway House		
In-Home Family Support				Adolescent Res Rehab Treatment		
Extended Care				Substance Abuse Professional		
Shelter				Consumer run Residence		
Otupatient Counseling (General)				Other		
Disposition Type (Other than SA Tx)						
Mental Health Provider				HIV Antibody Counseling and Testing		
Other Health Care Provider				School Counselor		
Voc Rehab/Job Replacement				Other		
County of Residence at Discharge						
Androscoggin				Picataquis		
Aroostook				Penobscot		
Cumberland				Sagadahoc		
Franklin				Somerset		
Hancock				Washington		
Kennebec				Waldo		
Knox				York		
Lincoln				Out of State		
Oxford				Out of Country		