

Questionnaire: Substance Use Treatment Discharge

Submission Information

1. *Was the first admission to SA treatment submitted in Kepro Atrezzo or the former system WITS?*

(Please select one.)

- ☐ Atrezzo
- ☐ WITS

If you answered "WITS" on question 1

- 1.3.1. *DIS13_Primary Presenting Problem on Admission*

(Please select one.)

- ☐ Substance Abuse Only
- ☐ Affected/Co-Dependent
- ☐ Evaluation Only
- ☐ Unknown

- 1.3.2. *DIS14_Client Transaction Type*

(Please select one.)

- ☐ Initial Admission
- ☐ Evaluation

- 1.3.3. *DIS15_Admission Date*

- 1.3.4. *DIS16_Type of Treatment Service/Treatment Setting*

(Please select one.)

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

- ☐ Shelter (Long-term more than 30 days)
- ☐ Consumer Run Residence (Long-term more than 30 days)

1.3.5. *DIS18_Gender*

(Please select one.)

- ☐ Male
- ☐ Female
- ☐ Transgender-Male
- ☐ Transgender-Female
- ☐ Unknown

1.3.6. *DIS19_Race*

(Please select between 1 and 7 items.)

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other
- ☐ Unknown

1.3.7. *DIS20_Ethnicity*

(Please select one.)

- ☐ Not Hispanic or Latino
- ☐ Puerto Rican
- ☐ Mexican
- ☐ Cuban
- ☐ Other Specific Hispanic
- ☐ Hispanic - Not Specified

Client Information

1. *DIS6_Primary Presenting Problem on Admission*

(Please select one.)

- ☐ Substance Abuse Only
- ☐ Affected/Co-Dependent
- ☐ Evaluation Only
- ☐ Unknown

2. *MDS18_Treatment – Age Group*

(Please select one.)

- ☐ Adult ☐ Adolescent

3. *MDS18_Treatment – CMI*

(Please select one.)

- ☐ Yes
☐ No

4. *DIS7_Type of Treatment Service/Setting (at Discharge)*

(Please select one.)

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

5. *DIS8_Date of Last Contact or Data Update*

6. *DIS9_Date of Discharge*

7. *DIS10_Reason for Discharge*

(Please select one.)

- ☐ 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

8. *DIS23_Living Arrangements at Discharge*
(Please select one.)

- ☐ Independent Living – Alone
- ☐ Independent Living – With Others
- ☐ Dependent Living – With Others
- ☐ Homeless
- ☐ Not Collected

9. *DIS24_Employment Status at Discharge*
(Please select one.)

- ☐ Full Time (35 Hours or more)
- ☐ Irregular / Part Time
- ☐ Unemployed has sought work
- ☐ Unemployed has not sought work
- ☐ Not In Labor Force
- ☐ Full Time Volunteer
- ☐ Part Time Volunteer
- ☐ Irregular Volunteer
- ☐ Unknown
- ☐ Not Collected

10. *DIS25_Detailed Not in Labor force at Discharge*
(Please select one.)

- ☐ Homemaker
- ☐ Student
- ☐ Retired
- ☐ Disabled
- ☐ Inmate of Institution
- ☐ Not in Labor Force: Sheltered employment settings
- ☐ Not applicable (all records with Employment Status not "04" Disabled)
- ☐ Other
- ☐ Unknown
- ☐ Not Collected

11. *DIS26_Arrests in 30 Days Prior to Discharge*
(Please select one.)

- ☐ None
- ☐ One or more
- ☐ Unknown

- ☐ Not Collected

If you answered "One or more" on question 11

11.3.1. *Number of Arrests in 30 Days Prior to Discharge*

Min/Max - 1/96; No decimal places allowed

12. *DIS27_Attendance at Substance Use Self Help – at Discharge*

(Please select one.)

- ☐ 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 per week)
 - ☐ 16-30 times in past month (4+ times per week)
 - ☐ Some attendance but frequency unknown
 - ☐ Unknown
 - ☐ Not Collected
-

Treatment Data

1. *DIS21A_Substance Use at Discharge - Primary*

(Please select one.)

- ☐ None
- ☐ Alcohol
- ☐ Cocaine/Crack
- ☐ Marijuana/Hashish
- ☐ Heroin
- ☐ Non-Prescription Methadone
- ☐ Other Opiates and Synthetics
- ☐ PCP-phencyclidine
- ☐ Other Hallucinogens
- ☐ Methamphetamine
- ☐ Other Amphetamines
- ☐ Other Stimulants
- ☐ Benzodiazepine
- ☐ Other Tranquilizers
- ☐ Barbiturates
- ☐ Other Sedatives or Hypnotics
- ☐ Inhalants
- ☐ Over-The-Counter

- ☐ Over-The-Counter
- ☐ Other
- ☐ Unknown
- ☐ Not Collected

2. *DIS22A_Frequency of Use at Discharge - Primary*
(Please select one.)

- ☐ No Use in the Past Month
- ☐ 1-3 Times in the Past Month
- ☐ 1-2 Times in the Past Week
- ☐ 3-5 Times in the Past Week
- ☐ Daily
- ☐ Not applicable
- ☐ Unknown
- ☐ Not Collected

3. *DIS21B_Substance Use at Discharge - Secondary*
(Please select one.)

- ☐ None
- ☐ Alcohol
- ☐ Cocaine/Crack
- ☐ Marijuana/Hashish
- ☐ Heroin
- ☐ Non-Prescription Methadone
- ☐ Other Opiates and Synthetics
- ☐ PCP-phencyclidine
- ☐ Other Hallucinogens
- ☐ Methamphetamine
- ☐ Other Amphetamines
- ☐ Other Stimulants
- ☐ Benzodiazepine
- ☐ Other Tranquilizers
- ☐ Barbiturates
- ☐ Other Sedatives or Hypnotics
- ☐ Inhalants
- ☐ Over-The-Counter
- ☐ Other
- ☐ Unknown
- ☐ Not Collected

4. *DIS22B_Frequency of Use at Discharge - Secondary*
(Please select one.)

- ☐ No Use in the Past Month

- ☐ 1-3 Times in the Past Month
- ☐ 1-2 Times in the Past Week
- ☐ 3-5 Times in the Past Week
- ☐ Daily
- ☐ Not applicable
- ☐ Unknown
- ☐ Not Collected

5. *DIS21C_Substance Use at Discharge - Tertiary*
(Please select one.)

- ☐ None
- ☐ Alcohol
- ☐ Cocaine/Crack
- ☐ Marijuana/Hashish
- ☐ Heroin
- ☐ Non-Prescription Methadone
- ☐ Other Opiates and Synthetics
- ☐ PCP-phencyclidine
- ☐ Other Hallucinogens
- ☐ Methamphetamine
- ☐ Other Amphetamines
- ☐ Other Stimulants
- ☐ Benzodiazepine
- ☐ Other Tranquilizers
- ☐ Barbiturates
- ☐ Other Sedatives or Hypnotics
- ☐ Inhalants
- ☐ Over-The-Counter
- ☐ Other
- ☐ Unknown
- ☐ Not Collected

6. *DIS22C_Frequency of Use at Discharge - Tertiary*
(Please select one.)

- ☐ No Use in the Past Month
- ☐ 1-3 Times in the Past Month
- ☐ 1-2 Times in the Past Week
- ☐ 3-5 Times in the Past Week
- ☐ Daily
- ☐ Not applicable
- ☐ Unknown
- ☐ Not Collected

Outcome Measures

1. *Number of Service Units/Sessions attended*

Min/Max - 0/999999999; No decimal places allowed

2. *Has the degree of dependence on substance(s) improved at discharge?*

(Please select one.)

- ☐ Yes
- ☐ No
- ☐ Affected Other

3. *Discharge Referral*

(Please select one.)

- ☐ None
- ☐ Detoxification
- ☐ Diagnosis & Evaluation
- ☐ In-Home Family Support
- ☐ Extended Care
- ☐ Shelter
- ☐ Outpatient Counseling (General)
- ☐ Intensive Outpatient
- ☐ Res Rehab (Short Term)
- ☐ Half and Quaterway House
- ☐ Adolescent Res Rehab Treatment
- ☐ Substance Abuse Professional
- ☐ Consumer run Residence
- ☐ Other

4. *Disposition Type (Other than SA Tx)*

(Please select one.)

- ☐ Mental Health Provider
- ☐ Other Health Care Provider
- ☐ Voc Rehab/Job Replacement
- ☐ HIV Antibody Counseling and Testing
- ☐ School Counselor
- ☐ Other

5. *County of Residence (at Discharge)*

(Please select one.)

- ☐ Androscoggin
 - ☐ Aroostook
 - ☐ Cumberland
 - ☐ Franklin
 - ☐ Hancock
 - ☐ Kennebec
 - ☐ Knox
 - ☐ Lincoln
 - ☐ Oxford
 - ☐ Piscataquis
 - ☐ Penobscot
 - ☐ Sagadahoc
 - ☐ Somerset
 - ☐ Washington
 - ☐ Waldo
 - ☐ York
 - ☐ Out of State
 - ☐ Out of Country
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