Alcohol and Drug Services Study (ADSS), 1996–1999: [United States]

Phase II, Client Record Abstraction Form (Parts 3–5)
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DATA DISCLAIMER

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SUMMARY: The Alcohol and Drug Services Study (ADSS) was a national study of substance abuse treatment facilities and clients. The study was designed to develop estimates of the duration and costs of treatment and to describe the post-treatment status of substance abuse clients. ADSS continues and extends upon data collected in the Drug Services Research Survey (DSRS) and the SERVICES RESEARCH OUTCOMES STUDY, 1995-1996: [UNITED STATES] (ICPSR 2691). The study was implemented in three phases. In Phase I a nationally representative sample of treatment facilities was surveyed to assess characteristics of treatment services and clients including treatment type, costs, program capacity, number of clients served, waiting lists, and services provided to special populations. In Phase II records were abstracted from a sample of clients in a subsample of Phase I facilities. This phase included four subcomponents: (1) the Main Study, an analysis of abstracted records to assess the treatment process and characteristics of discharged clients, (2) the Incentive Study, which assessed the impact of varying financial payments on follow-up interview participation among non-methadone outpatient clients, (3) the In-Treatment Methadone Client study (ITMC), which assessed the treatment process of methadone maintenance, and (4) the comparison study of Early Dropout clients (EDO), which provided a proxy comparison group of records from substance abusers that went untreated. Phase III involved follow-up personal interviews with Phase II clients who could be located. This interview sought to determine post-treatment status in terms of substance use, economic condition, criminal justice involvement, and further substance abuse treatment episodes. Urine testing was conducted to validate self-reported drug use. Drugs included in the survey were alcohol, marijuana, cocaine, crack cocaine, heroin, barbiturates, benzodiazepines, amphetamines, non-prescribed use of prescription medications, abuse of over-the-counter medications, and other drugs.

UNIVERSE: (1) Substance abuse treatment facilities in the United States registered in the Substance Abuse and Mental Health Services Administration's National Master Facility Inventory of known facilities. (2) Clients engaged in substance abuse treatment in these facilities.
SAMPLING: The Alcohol and Drug Services Study utilized a complex multistage sampling strategy. In Phase I, 2,395 substance abuse treatment facilities were selected from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Master Facility Inventory (NMFI) of known facilities. The sample was stratified to reflect the types of care offered within the nation's substance abuse treatment system. Selection strata included: (1) hospitals, (2) non-hospital residential treatment facilities, (3) outpatient-predominantly methadone treatment facilities, (4) outpatient-nonmethadone treatment facilities, (5) outpatient combined methadone and nonmethadone treatment, (6) facilities serving predominantly alcohol abusing clients, and (7) facilities whose type of care could not be determined based on existing information at the time of sampling. Excluded from the sampling frame were halfway houses lacking paid counselors, solo practitioners, treatment programs in jails and/or correctional facilities, Department of Defense and Indian Health Service facilities, and facilities that were prevention or intake and referral only. Selection was based on probability proportional to size (PPS), with a minimum of 300 facilities to be selected per stratum. Sampling in Phase II consisted of several stages. First, the country was partitioned into approximately 400 geographic primary sampling units (PSUs) from which a representative sample of 62 were selected on the basis of demographic and economic characteristics. Within these 62 PSUs, a stratified subsample of Phase I facilities (n=306) was selected using PPS. The subsample utilized exclusionary criteria that eliminated 12 facilities: (a) facilities that had ceased operation prior to March 1, 1997, (b) facilities designated as hospitals (i.e., stratum 1), and (c) facilities in which 100 percent of clients were treated for alcohol abuse only. To ensure adequate sample size, sampled facilities were matched with "shadow" facilities. Of the original 294 eligible facilities, 60 refused to participate, yielding a response rate of 79.6 percent. Shadow facilities were then used to replace 46 refusing facilities, producing a final sample size of 280. Shadows were not used for facilities found to be ineligible (e.g., closed). Following interviews with administrators in the participating facilities, two types of client records were randomly sampled: (1) clients who were discharged for any reason at least one day after their date of treatment initiation, and (2) clients still actively engaged in methadone treatment. Persons whose treatment episode was clearly limited to mental health, family counseling, or other non-substance abuse services were not considered substance abuse treatment clients and were excluded from the sampling frame, even if they had prior history of substance abuse treatment. The client must have been the substance abuser him- or herself and not a family member or other person receiving treatment in relation to the substance abuser. In addition to the random sample, a non-
probability convenience sample of early dropout discharges (EDO) from outpatient programs was drawn as the comparison group. Early dropout clients were defined as clients who had been through assessment or an intake battery but completed no more than one day or one session of treatment. The comparison group was selected from cooperating facilities, to serve as a proxy for untreated substance abusers. In Phase III, clients randomly selected in the previous phase were approached for interview. Discharged clients younger than 18 years old at the time of interview and clients in the main study discharged group who were classified as methadone patients were excluded from this phase.

NOTE: (1) The study was conducted by the Schneider Institute for Health Policy, Brandeis University. Westat, Inc. collected and prepared the data. (2) ADSS files underwent disclosure analysis by SAMHDA/ICPSR in order to ensure that the identities of facilities and clients were protected. This involved reviewing the data files for potential risks as well as examining any external threats to confidentiality, such as other data sources that could be linked to ADSS. Such external data sources were found. To address this problem while still creating a public use file of the greatest utility possible, micro-aggregation of certain variables was used. This involved identifying the problematic variables, sorting records by the first problematic variable, grouping records into three based on their value for this variable, averaging the values for each grouping, and applying the average to the records in each group. This was repeated for each of the problematic variables, which included client count and financial data. Geographic identifiers were also removed. The overall impact of these protection procedures was small and should not affect most analytic uses of the data. (3) The Phase I facility public use file includes 2,394 of the original 2,395 records. One facility's record was deleted due to the presence of outlying data. (4) Please note that the unit of time for some variables in the facility file is specified in a separate variable, and these units are distinctly different from each other. For example, to analyze length of treatment, the researcher needs to examine two variables: QUANTITY VAR NAME and UNIT VAR NAME. QUANTITY specifies the "quantity" of treatment length while UNIT specifies the unit of QUANTITY such as days, weeks, months, years, or sessions. (5) The Finite Population Correction Factor and the two Stratified Jackknife Factor data files are provided for use with the WesVar and SUDAAN statistical software, and are not intended for use with other statistical packages. WesVar was developed by Westat Incorporated and SUDAAN is a product of the Research Triangle Institute. These three files are being distributed as received from the principal investigator and have not been tested by ICPSR. (6) The data from the follow-up Incentive Study in Phase III are not released as part of this
public use file. (7) The codebook is provided by ICPSR as a Portable Document Format (PDF) file. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided on the ICPSR and SAMHDA Web sites.

RESTRICTIONS: Users are reminded by the United States Department of Health and Human Services that these data are to be used solely for statistical analysis and reporting of aggregated information and not for the investigation of specific individuals or organizations.

EXTENT OF COLLECTION: 11 data files + machine-readable documentation (PDF) + SAS data definition statements + SPSS data definition statements

EXTENT OF PROCESSING: CONCHK.PR/ CONCHK.ICPSR/ DDEF.ICPSR/ FREQ.ICPSR/ MDATA.PR/ REFORM.DOC/ REFORM.DATA/ UNDOCCHK.PR/ UNDOCCHK.ICPSR/ RECODE

DATA FORMAT: Logical Record Length with SAS and SPSS data definition statements

Part 1: Phase I Facility Interview
File Structure: rectangular
Cases: 2,394
Variables: 991
Record Length: 3,180
Records Per Case: 1

Part 2: Phase II Administrator Interview
File Structure: rectangular
Cases: 280
Variables: 545
Record Length: 1,942
Records Per Case: 1

Part 3: Phase II Main/Incentive Abstract
File Structure: rectangular
Cases: 5,005
Variables: 344
Record Length: 1,289
Records Per Case: 1

Part 4: Phase II In-Treatment Methadone Abstract
File Structure: rectangular
Cases: 925
Variables: 344
Record Length: 1,198
Records Per Case: 1

Part 5: Phase II Early Dropout Abstract
File Structure: rectangular
Cases: 790
Variables: 251
Record Length: 493
Records Per Case: 1

Part 6: Phase III Main Study Follow-Up
File Structure: rectangular
Cases: 1,184
Variables: 997
Record Length: 2,644
Records Per Case: 1
Part 7: Phase III In-Treatment
    Methadone Follow-Up
File Structure: rectangular
Cases: 618
Variables: 994
Record Length: 2,494
Records Per Case: 1

Part 8: Phase III Early
    Dropout Follow-Up
File Structure: rectangular
Cases: 345
Variables: 890
Record Length: 1,804
Records Per Case: 1

Part 9: Phase I Finite
    Population Correction Factors
File Structure: rectangular
Cases: 200
Record Length: 13
Records Per Case: 1

Part 10: Phase I Stratified
    Jackknife Factors
File Structure: rectangular
Cases: 1
Record Length: 1,799
Records Per Case: 1

Part 11: Phase II/III
    Stratified Jackknife Factors
File Structure: rectangular
Cases: 1
Record Length: 701
Records Per Case: 1
ALCOHOL AND DRUG SERVICES STUDY (ADSS)
CLIENT RECORD ABSTRACT

WESTAT, INC.
BRANDEIS UNIVERSITY
SAMHSA

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

NOTE: This form is completed by contractor staff and imposes no direct public burden.

Client type:
☐ Nonmethadone discharge (complete all items)
☐ Methadone discharge (For length of stay, complete: 1-6A;
   For demographics, complete 16 items: 9-12, 14, 15, 16, 23, 24, 27, 31, 36, 41, 42, 49, and 53.
   For treatment services, complete items 69-72.)
☐ In-treatment methadone (complete all items, follow skip instructions in Box B)

Date of discharge (from sampling frame) OR sample date (In-treatment methadone clients):

Abstractor: Date completed: Time to complete:

Abstract Status: Transmittal No.:
0 = Ineligible 2 = Partial complete
1 = Complete 3 = No record available

USE BOX BELOW ONLY FOR RECORDS THAT ARE RE-ABSTRACTED FOR QUALITY CONTROL

Re-abstracted: Quality control abstract (check here):
1 = Yes
(leave blank if not re-abstracted)

Notice: The information entered on this form will be handled in the strictest confidence and will not be released to unauthorized personnel. The confidentiality of this information is protected by Section 301(d) of the Public Health Service Act, (42 U.S.C. 241 (d)). This research is authorized under Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4).
DEMOGRAPHIC AND BACKGROUND INFORMATION

1. Client record number: ........................................................................................................
   (Right justify client record number)
   6-6 = Not permitted to abstract 9-9 = Unknown/not mentioned

2. Date of admission: (9-9 = Unknown/not mentioned) .................................................
   MO DA YR

3. Date treatment began: (9-9 = Unknown/not mentioned) ...........................................
   MO DA YR

4. Date of last treatment (9-9 = Unknown/not mentioned): ............................................
   MO DA YR

5. Date of discharge: ...........................................................................................................
   Should match date of discharge from sampling frame for discharged clients
   (clarify discrepancies before proceeding); record discharge date from client
   record for in-treatment methadone clients discharged since sample date;
   code "00" for in-treatment methadone clients still in treatment.

6. Type of care for this discharge:........................................................................................
   1 = Non-hospital residential
   2 = Outpatient
   3 = Other (If combinations, specify type and order) ________________________________
   9 = Unknown/not mentioned

6a. Treatment client received: (0 = No, 1 = Yes, 9 = Unknown/not mentioned)

   Detoxification ................................................................................................................
   Rehabilitation (drug-free)................................................................................................
   Methadone .....................................................................................................................

7. Client stayed overnight at this facility for this treatment: ...............................................
   0 = No
   1 = Yes
   9 = Unknown/not mentioned

8. Date of first treatment plan: ...........................................................................................
   MO DA YR
   0-0 = No treatment plan 9-9 = Unknown/not mentioned
9. **Primary source of referral for this treatment:** ................................................................. ||
   01 = Other treatment facility
   02 = Criminal justice system
   03 = Self-referred/voluntary
   04 = Family
   05 = Friend
   06 = Employer
   07 = Health care or mental health providers
   08 = Welfare office or other social service agencies
   09 = Other (Specify) ________________________
   99 = Unknown/not mentioned

10. **Primary source of payment for this treatment:** ............................................................... ||
    01 = No payment
    02 = Client self payment
    03 = Private health insurance, fee-for-service
    04 = Private health insurance, HMO/PPO/Managed Care
    05 = Criminal justice system
    06 = Medicaid
    07 = Medicare
    08 = Other (Specify) ________________________
    99 = Unknown

11. **Is client receiving SSI benefits?** ......................................................................................... ||
    0 = No
    1 = Yes
    9 = Unknown/not mentioned

12. **Date of birth:** (9-9 = Unknown/not mentioned) ......................................................... |||||
    MO DA YR

13. **Age at admission (in yrs):** (99 = Unknown/not mentioned) ....................................................... |||||
    YRS

14. **Sex:** .................................................................................................................. ||
    1 = Male
    2 = Female
    9 = Unknown/not mentioned

15. **Race:** .......................................................................................................................... ||
    1 = White
    2 = Black
    3 = American Indian or Alaskan Native
    4 = Asian or Pacific Islander
    8 = Other (Specify) ________________________
    9 = Unknown/not mentioned

16. **Ethnicity:** .................................................................................................................. ||
    1 = Hispanic
    2 = Not of Hispanic origin
    9 = Unknown/not mentioned
17. Marital status at admission: .................................................................

0 = Never married  
1 = Married/common law  
2 = Widowed  
3 = Separated/divorced  
4 = Single  
8 = Other (Specify)  
9 = Unknown/not mentioned

18. Have child/children at admission: ....................................................

0 = No  
1 = Yes  
9 = Unknown/not mentioned

19. Living with their child/children at admission: ....................................

0 = No  
1 = Yes  
9 = Unknown/not mentioned

20. Living arrangement at admission: ....................................................

00 = No stable arrangement  
01 = With spouse/partner  
02 = With parent(s)  
03 = With other family  
04 = With friends  
05 = Alone  
06 = With no other adult(s)/children only  
07 = Correctional facility  
08 = Other institution/closed facility  
88 = Other (Specify)  
99 = Unknown/not mentioned

21. Education at admission: .................................................................

1 = Less than 8 years  
2 = 8-11 years  
3 = Less than H.S. graduate, not otherwise specified  
4 = H.S. graduate/GED  
5 = Some college  
6 = College graduate  
7 = Postgraduate  
8 = Other (Specify)  
9 = Unknown/not mentioned

22. Student at admission: .................................................................

0 = No  
1 = Yes  
9 = Unknown/not mentioned

23. Employment at admission: ..........................................................

01 = Full-time (35 hrs/wk or more)  
02 = Part-time (Less than 35 hrs/wk)  
03 = Employed, not otherwise specified  
04 = Keeping house, not otherwise employed  
05 = Retired  
06 = Disabled  
07 = Inmate  
08 = Unemployed  
88 = Other (Specify)  
99 = Unknown/not mentioned

24. Usual (or last) occupation:

(Specify) ________________________________________________
CRIMINAL JUSTICE SYSTEM INFORMATION

25. DWI/DUI arrests prior to admission: ................................................................. [ ]
   0 = None 6 = Not permitted to abstract
   1 = Yes 9 = Unknown/not mentioned

26. Other arrests prior to admission: ................................................................. [ ]
   0 = None 6 = Not permitted to abstract
   1 = Yes 9 = Unknown/not mentioned

27. Prison or jail record prior to admission: ......................................................... [ ]
   0 = No 6 = Not permitted to abstract
   1 = Yes 9 = Unknown/not mentioned

28. Substance abuse treatment as a condition of probation or parole or court order: ................................ [ ]
   0 = No 6 = Not permitted to abstract
   1 = Yes 9 = Unknown/not mentioned

MEDICAL INFORMATION

29. Number of medical hospitalizations (during the 12 months prior to admission): .......................... [ ]
   00 = None 99 = Unknown/not mentioned

   NUMBER
30. Medical conditions prior to admission or during treatment:
(For each condition listed below, code: 0 = No, 1 = Yes, 6 = Not permitted to abstract, 9 = Unknown/not mentioned)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS or HIV seropositive</td>
<td></td>
</tr>
<tr>
<td>STD (other than AIDS)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis or jaundice</td>
<td></td>
</tr>
<tr>
<td>Positive TB test</td>
<td></td>
</tr>
<tr>
<td>Active TB</td>
<td></td>
</tr>
<tr>
<td>TB, not otherwise specified</td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
</tr>
<tr>
<td>Liver disease</td>
<td></td>
</tr>
<tr>
<td>Convulsions</td>
<td></td>
</tr>
</tbody>
</table>

31. History of psychological disorder(s) prior to admission (other than drug/alcohol related problems): ......   
0 = No 9 = Unknown/not mentioned  
1 = Yes

32. Client taking any antidepressant or antipsychotic prescription medications at admission: ..................   
0 = No 3 = Yes, both 9 = Unknown/not mentioned  
1 = Yes, antidepressant  
2 = Yes, antipsychotic

33. Psychological disorder(s) at admission or during treatment:
(For each condition listed below, code: 0 = No, 1 = Yes, 9 = Unknown/not mentioned)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td></td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td></td>
</tr>
<tr>
<td>Panic disorder</td>
<td></td>
</tr>
<tr>
<td>Manic depressive illness (bipolar)</td>
<td></td>
</tr>
<tr>
<td>Mental disorder, not otherwise specified</td>
<td></td>
</tr>
</tbody>
</table>

34. Total number of residential and/or inpatient mental health admissions prior to admission ..............   
00 = None 99 = Unknown/not mentioned

35. Total number of residential and/or hospital inpatient mental health admissions during the 12 months prior to admission ........................................................................................................   
00 = None 99 = Unknown/not mentioned
36. Pregnancy status at admission: ................................................................. □

+ = Not applicable, client is male 1 = Pregnant
0 = Not pregnant 9 = Unknown/not mentioned

37. Pregnancy status during treatment: ........................................................... □

+ = Not applicable, client is male 1 = Pregnant
0 = Not pregnant 9 = Unknown/not mentioned

38. Presenting substance abuse problem at admission: ........................................ □

1 = Drug abuse only (excluding alcohol) 8 = Other (Specify) ________________________
2 = Alcohol abuse only 9 = Unknown/not mentioned
3 = Alcohol and drug abuse

39. All diagnoses at admission (Specify each diagnosis verbatim, and enter diagnosis code and coding scheme):

<table>
<thead>
<tr>
<th></th>
<th>DIAGNOSTIC CODE</th>
<th>CODING SCHEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>39a. Primary diagnosis</td>
<td>__________________</td>
<td>□□□□□□□□□□□□</td>
</tr>
</tbody>
</table>

| 39b. Other diagnosis | __________________ | □□□□□□□□□□□□ |

| 39c. Other diagnosis | __________________ | □□□□□□□□□□□□ |

| 39d. Other diagnosis | __________________ | □□□□□□□□□□□□ |

| 39e. Other diagnosis | __________________ | □□□□□□□□□□□□ |

CODING SCHEMES
1 = DSM-III/IV
2 = ICD 9/10-CM
8 = Other (Specify) ___________
9 = Unknown/not mentioned
<table>
<thead>
<tr>
<th>EVER USED</th>
<th>USED IN LAST 30 DAYS</th>
<th>AGE AT FIRST USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>+ = Never used</td>
<td>++ = Never used</td>
</tr>
<tr>
<td>(Enter + for used in last 30 days and age at first use)</td>
<td>0 = Yes</td>
<td>1 = Yes</td>
</tr>
<tr>
<td>1 = Yes</td>
<td>9 = Unknown/not mentioned</td>
<td>99 = Unknown/not mentioned</td>
</tr>
<tr>
<td>(Complete rest of line)</td>
<td>(Enter 9 for used in last 30 days and age at first use)</td>
<td>not mentioned</td>
</tr>
</tbody>
</table>
57. Substance of choice specified at admission: .................................................................

++ = Not applicable - Substance(s) used not specified in record
40-56 = Substance of choice (enter line number of substance of choice from Substance Abuse History at Admission Table)
00 = No substance of choice
99 = Unknown/not mentioned

58. Injection drug user (intravenous use):

58a. Ever .........................................................................................................................

0 = No
1 = Yes

58b. At admission ............................................................................................................

+ = Not applicable (Item 58a coded "0" or "9")
0 = No
1 = Yes (Complete Item 58c)

58c. Frequency of injection drug use at admission .......................................................

+ = Not applicable (Item 58b coded "0" or "9")
1 = Daily
2 = Regularly but not daily
3 = Sporadically

SUBSTANCE ABUSE TESTING INFORMATION

59. Any substance abuse testing while in treatment: ....................................................

0 = No (Leave Items 60, 61, and 62 blank)
1 = Yes (Complete Items 60, 61, and 62)
9 = Unknown/not mentioned (Leave Items 60, 61, and 62 blank)

60. Type(s) of substance abuse tests conducted while in treatment:
(For each type of test listed below, code: 0 = No, 1 = Yes, 9 = Unknown/not mentioned)

60a. Urine ....................................................... [ ]

60b. Serum/Blood ........................................... [ ]

60c. Other (Specify) ______________________ [ ]
61. Frequency of substance abuse testing while in treatment: ..........................................................  
   1 = One time ONLY  
   2 = More than once, at regular intervals  
   3 = More than once, randomly (time unknown to client)  
   4 = More than once, both at regular intervals and randomly  
   8 = Other (Specify) ____________________________  
   9 = Unknown/not mentioned  

62. Test Results  

<table>
<thead>
<tr>
<th>TIME OF TEST</th>
<th>DATE OF TEST</th>
<th>POSITIVE RESULTS FOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Opiates</td>
</tr>
<tr>
<td>First test after admission</td>
<td>[<em><strong>] - [</strong></em>] - [___]</td>
<td>[___]</td>
</tr>
<tr>
<td>Last test before discharge</td>
<td>[<em><strong>] - [</strong></em>] - [___]</td>
<td>[___]</td>
</tr>
</tbody>
</table>

RESULT CODES  
1=Positive (leave blank if negative or not applicable)  

SUBSTANCE ABUSE TREATMENT HISTORY INFORMATION  

63. Total number of treatment episodes for any substance abuse prior to admission: ......................... [___]  
   00 = No prior treatment episodes  
   99 = Unknown/not mentioned  

64. Number of years over which treatment episodes were reported: ...................................................... [___]  
   ++ = Not applicable, Item 63 coded "00" or "99"  
   00 = Less than 6 months  
   99 = Unknown/not mentioned  
   55 = Lifetime
65. Past treatment episodes for any substance abuse in the twelve months prior to admission ....................................................................................................................  

+ = Not applicable, Item 63 coded "00" or "99"  
2 = Yes, table overflow (Enter overflow in Comments)  
(Leave table blank) 9 = Unknown/not mentioned (Leave table blank)  
0 = None (Leave table blank) 1 = Yes (Complete table below)

### Past Substance Abuse Treatment Episodes: Twelve Months Prior to Admission

<table>
<thead>
<tr>
<th>REASON FOR TREATMENT</th>
<th>FACILITY</th>
<th>TYPE OF CARE</th>
<th>DISCHARGE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>65a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65d.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65e.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65f.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REASON FOR TREATMENT CODES**  
1 = Alcohol abuse only  
2 = Drug abuse only  
3 = Combined alcohol and drug abuse  
9 = Unknown/not mentioned

**TYPE OF CARE CODES**  
1 = Inpatient or residential  
2 = Outpatient  
9 = Unknown/not mentioned

**FACILITY CODES**  
1 = Here  
2 = Elsewhere  
9 = Unknown/not mentioned

**DISCHARGE STATUS CODES**  
0 = Did not complete treatment  
1 = Completed treatment  
9 = Unknown/not mentioned
**TREATMENT SERVICES INFORMATION**

*66. Number of actual outpatient client visits: ............................................................

<table>
<thead>
<tr>
<th>NUMBER</th>
</tr>
</thead>
</table>
| 0000 = Client treatment type  
| 9999 = Unknown/unable  
| is not outpatient  
| to determine |

67. Services During This Current Treatment.  
For each service below, code SERVICE GIVEN.  
If service given, complete the rest of the line for 67a-67d in the table.

<table>
<thead>
<tr>
<th>SERVICE GIVEN</th>
<th>NO. OF ENCOUNTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9999 = Unknown)</td>
<td></td>
</tr>
<tr>
<td>67a. Methadone dosing</td>
<td></td>
</tr>
<tr>
<td>67b. Individual therapy</td>
<td></td>
</tr>
<tr>
<td>67c. Group therapy, including relapse prevention</td>
<td></td>
</tr>
<tr>
<td>67d. Family counseling</td>
<td></td>
</tr>
<tr>
<td>67e. Self-help or mutual help groups (AA, NA, etc.)</td>
<td></td>
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<tr>
<td>67f. HIV or AIDS counseling/support/education</td>
<td></td>
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<tr>
<td>67g. Employment counseling/training</td>
<td></td>
</tr>
<tr>
<td>67h. Academic education/GED classes</td>
<td></td>
</tr>
<tr>
<td>67i. Medical care</td>
<td></td>
</tr>
<tr>
<td>67j. Comprehensive assessment/diagnosis</td>
<td></td>
</tr>
<tr>
<td>67k. Detoxification from substance of abuse</td>
<td></td>
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<tr>
<td>67l. Combined substance abuse and mental health treatment</td>
<td></td>
</tr>
<tr>
<td>67m. TB screening</td>
<td></td>
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<tr>
<td>67n. TB treatment</td>
<td></td>
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<tr>
<td>67o. Prenatal care</td>
<td></td>
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<tr>
<td>67p. Psychological testing</td>
<td></td>
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<tr>
<td>67q. Smoking cessation</td>
<td></td>
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<tr>
<td>67r. Acupuncture</td>
<td></td>
</tr>
<tr>
<td>67s. Outcome followup</td>
<td></td>
</tr>
<tr>
<td>67t. Aftercare</td>
<td></td>
</tr>
</tbody>
</table>

SERVICE GIVEN CODES
0 = No  
1 = Yes, in this facility  
2 = Yes, sometimes here, sometimes elsewhere  
3 = Yes, not in this facility  
9 = Unknown/not mentioned
68. Any medications prescribed during treatment (excluding methadone): .................................................. □

0 = No 9 = Unknown/not mentioned
1 = Yes, list below

68a. __________________________________________________________________________

69. Methadone given during this treatment episode: ................................................................. □

0 = No (Leave table blank) (Skip to item 73) 9 = Unknown/not mentioned (Leave table blank)
1 = Yes (Complete table below)

**Methadone Treatment**

<table>
<thead>
<tr>
<th>DATE OF TREATMENT</th>
<th>TOTAL DAILY DOSE IN MGS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MO    DA   YR</td>
<td>(999 = Unknown)</td>
</tr>
</tbody>
</table>

<p>| 69a. First methadone treatment |</p>
<table>
<thead>
<tr>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
</tr>
</thead>
</table>

<p>| 69b. Two weeks after first methadone treatment |</p>
<table>
<thead>
<tr>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
</tr>
</thead>
</table>

<p>| 69c. One month before last methadone treatment |</p>
<table>
<thead>
<tr>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
</tr>
</thead>
</table>

<p>| 69d. Last methadone treatment |</p>
<table>
<thead>
<tr>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
</tr>
</thead>
</table>

70. Methadone supply taken home during this treatment: .......................................................... □

0 = No 9 = Unknown/not mentioned
1 = Yes

71. Date withdrawal from methadone began: .............................................................................. [ ] [ ] [ ]

0-0 = No withdrawal from methadone
9-9 = Unknown/not mentioned

72. Date withdrawal from methadone ended: .............................................................................. [ ] [ ] [ ]

0-0 = No withdrawal from methadone
9-9 = Unknown/not mentioned
BOX B

IF CLIENT TYPE ON FRONT COVER IS:

- NONMETHADONE DISCHARGE, COMPLETE ITEMS 73-81.
- IN-TREATMENT METHADONE, AND CLIENT STILL IN TREATMENT (ITEM 5 CODED "0"), SKIP TO ITEM 80.
- IN-TREATMENT METHADONE, AND CLIENT DISCHARGED SINCE SAMPLE DATE, COMPLETE ITEMS 73-81.

DISCHARGE INFORMATION

73. Reason for discharge: .................................................................................................................. [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]

00 = Client deceased (Enter date in Item 73a)
01 = Completed planned treatment
02 = Did not complete treatment, referred/transferred to another program
03 = Did not complete treatment, insurance benefits expired
04 = Did not complete treatment, no payment source
05 = Did not complete treatment by administration choice
06 = Did not complete treatment by client choice
07 = Did not complete treatment, incarcerated
08 = Did not complete treatment, not otherwise specified
88 = Other (Specify) _______________________________
99 = Unknown/not mentioned

73a. Date of death: (9-9 = Unknown/not mentioned) ................................................................. [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]

74. Diagnoses at discharge (specify each diagnosis verbatim, and enter diagnosis code and coding scheme):

<table>
<thead>
<tr>
<th>DIAGNOSTIC CODE</th>
<th>CODING SCHEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>74a. Primary diagnosis</td>
<td>[<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>]</td>
</tr>
<tr>
<td>74b. Other diagnosis</td>
<td>[<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>]</td>
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<tr>
<td>74c. Other diagnosis</td>
<td>[<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>]</td>
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<tr>
<td>74d. Other diagnosis</td>
<td>[<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>]</td>
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<tr>
<td>74e. Other diagnosis</td>
<td>[<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>] [<em><strong>] [</strong></em>]</td>
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</tbody>
</table>

CODING SCHEMES
1 = DSM-III/IV
2 = ICD9/10-CM
3 = Other (Specify) _________
9 = Unknown/not mentioned
75. Substance abuse/mental illness (dual diagnosis) client at discharge (e.g., depression, schizophrenia): .................................................................................................................. □

0 = No 9 = Unknown/not mentioned
1 = Yes, specify mental illness below

75a. __________________________________________________________________________ □

76. Aftercare plan stated in record: ........................................................................................................ □

0 = No 9 = Unable to determine
1 = Yes

77. Services in aftercare plan: ........................................................................................................... □

+ = Not applicable (Item 76 coded "0" or "9") (Leave table blank) 9 = Unknown/not mentioned
1 = Services specified (Complete table below) (Leave table blank)

Aftercare Plan Services
(For each service listed below, code: 0 = No, 1 = Yes, 9 = Unknown/not mentioned)

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual therapy</td>
<td>□</td>
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<tr>
<td>Group therapy, not including relapse prevention</td>
<td>□</td>
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<tr>
<td>Relapse prevention groups</td>
<td>□</td>
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<tr>
<td>Family counseling</td>
<td>□</td>
</tr>
<tr>
<td>Self-help or mutual-help groups (AA, NA, etc.)</td>
<td>□</td>
</tr>
<tr>
<td>Employment counseling/training</td>
<td>□</td>
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<tr>
<td>Legal/criminal justice system counseling/support</td>
<td>□</td>
</tr>
</tbody>
</table>

78. Further substance abuse treatment to which client was referred after discharge: .................. □

0 = No treatment
1 = Hospital inpatient
2 = Residential
3 = Outpatient methadone
4 = Outpatient non-methadone
5 = Substance abuse treatment, not otherwise specified
8 = Other (Specify) .......................................................... □
9 = Unknown/not mentioned
FINANCIAL INFORMATION

79. Number of treatment days/visits authorized: .................................................... |__| __|__| |__| NUMBER UNIT

9-9 = Unknown/not mentioned

UNIT CODES
1 = Days
2 = Weeks
3 = Months
4 = Years
5 = Visits

79a. Authorized by: .......................................................................................................... ................ |__|

+ = Item 79 coded “9-9”
1 = Managed care plan
2 = Other third party payer
3 = Other (Specify) ______________________________________
9 = Unknown/not mentioned

*80. Total billed charges for this treatment (thus far) (in dollars): ...............................................|__|__|__|__|__| DOLLARS

0-0 = No charges (complete Item 80a) 8-8 = Other (Specify) _______________________
6-6 = Not permitted to abstract 9-9 = Unknown/not mentioned

80a. Date of (last issued) bill: ............................................................................|__| __| - |__|__| - |__|__|

80b. If no billed charges for this treatment, was it a contract slot? ................................................... |__|

+ = Item 80 not coded “0-0” 1 = Yes
0 = No 9 = Unknown/not mentioned

81. The charges recorded in Item 80 refer to: ................................................................................. ............. |__|

0 = No charges
1 = Full amount billed
2 = Sliding fee amount
3 = Reduced amount (Specify percentage of full billed amount that was charged): |__|__| |
6 = Not permitted to abstract
8 = Other (Specify) ______________________________________
9 = Unknown/not mentioned
FACILITY ID LABEL: ____________

STUDY SUBJECT ID #: ____________

82. Comments .........................................................................................................................

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Comments</th>
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<tr>
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