

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

*United States Department of Health and  
Human Services. Substance Abuse and  
Mental Health Services Administration.  
Office of Applied Studies*

Questionnaire for Phase II Main/Incentive  
Abstract



## **Terms of Use**

The terms of use for this study can be found at:

<http://datafiles.samhsa.gov/terms-use-nid3422>



OMB #: 0930-180  
Exp. Date: 04/30/2000

FACILITY ID LABEL: \_\_\_\_\_

STUDY ID #: [ ][ ]

## 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): [ ][ ]-[ ][ ]-[ ][ ]  
MO DA YR

Abstractor: [ ][ ] Date completed: [ ][ ]-[ ][ ]-[ ][ ] Time to complete: [ ][ ][ ]  
MO DA YR MINUTES

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).





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
- 88 = 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
- 66 = Not permitted to abstract
- 88 = 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  
(Include homeless, shelters)
- 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) \_\_\_\_\_ | |

**BOX A**

IF CLIENT TYPE ON FRONT COVER IS METHADONE DISCHARGE, SKIP TO ITEM 27 AND COMPLETE ITEMS 31, 36, 41, 42, 49, 53, AND 69-72. THEN STOP ABSTRACTING. OTHERWISE CONTINUE.

**CRIMINAL JUSTICE SYSTEM INFORMATION**

25. DWI/DUI arrests prior to admission: .....

0 = None  
1 = Yes

6 = Not permitted to abstract  
9 = Unknown/not mentioned

26. Other arrests prior to admission: .....

0 = None  
1 = Yes

6 = Not permitted to abstract  
9 = Unknown/not mentioned

27. Prison or jail record prior to admission: .....

0 = No  
1 = Yes

6 = Not permitted to abstract  
9 = Unknown/not mentioned

28. Substance abuse treatment as a condition of probation or parole or court order: .....

0 = No  
1 = Yes

6 = Not permitted to abstract  
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)

|                                     |                          |  |                          |
|-------------------------------------|--------------------------|--|--------------------------|
| 30a. AIDS or HIV seropositive ..... | <input type="checkbox"/> | 30f. TB, not otherwise specified ..... | <input type="checkbox"/> |
| 30b. STD (other than AIDS).....     | <input type="checkbox"/> | 30g. Heart disease .....               | <input type="checkbox"/> |
| 30c. Hepatitis or jaundice .....    | <input type="checkbox"/> | 30h. High blood pressure .....         | <input type="checkbox"/> |
| 30d. Positive TB test .....         | <input type="checkbox"/> | 30i. Liver disease .....               | <input type="checkbox"/> |
| 30e. Active TB .....                | <input type="checkbox"/> | 30j. Convulsions .....                 | <input type="checkbox"/> |

31. History of psychological disorder(s) prior to admission (other than drug/alcohol related problems): .....

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

32. Client taking any antidepressant or antipsychotic prescription medications at admission: .....

0 = No  
 1 = Yes, antidepressant  
 2 = Yes, antipsychotic  
 3 = Yes, both  
 9 = Unknown/not mentioned

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

|                             |                          |  |                          |
|-----------------------------|--------------------------|--|--------------------------|
| 33a. Depression.....        | <input type="checkbox"/> | 33d. Panic disorder.....                               | <input type="checkbox"/> |
| 33b. Schizophrenia .....    | <input type="checkbox"/> | 33e. Manic depressive illness (bipolar) ...            | <input type="checkbox"/> |
| 33c. Anxiety disorder ..... | <input type="checkbox"/> | 33f. Mental disorder,<br>not otherwise specified ..... | <input type="checkbox"/> |

34. Total number of residential and/or inpatient mental health admissions prior to admission .....    
 NUMBER

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 .....    
 NUMBER

00 = None  
 99 = Unknown/not mentioned

36. Pregnancy status at admission: ..... |

+ = Not applicable, client is male  
0 = Not pregnant

1 = Pregnant  
9 = Unknown/not mentioned

37. Pregnancy status during treatment: ..... |

+ = Not applicable, client is male  
0 = Not pregnant

1 = Pregnant  
9 = Unknown/not mentioned

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

1 = Drug abuse only (excluding alcohol)  
2 = Alcohol abuse only  
3 = Alcohol and drug abuse

8 = Other (Specify) \_\_\_\_\_  
9 = Unknown/not mentioned

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

|                                 | DIAGNOSTIC<br>CODE | CODING<br>SCHEME |
|---------------------------------|--------------------|------------------|
| 39a. Primary diagnosis<br>_____ | _ _ _ . _ _        | _                |
| 39b. Other diagnosis<br>_____   | _ _ _ . _ _        | _                |
| 39c. Other diagnosis<br>_____   | _ _ _ . _ _        | _                |
| 39d. Other diagnosis<br>_____   | _ _ _ . _ _        | _                |
| 39e. Other diagnosis<br>_____   | _ _ _ . _ _        | _                |

CODING SCHEMES  
1 = DSM-III/IV  
2 = ICD 9/10-CM  
8 = Other (Specify) \_\_\_\_\_  
9 = Unknown/not mentioned

**SUBSTANCE ABUSE HISTORY INFORMATION**

**Substance Abuse History at Admission**  
**For each substance below, code EVER USED. If ever used, complete the "used in last 30 days" column.**

|  | EVER USED                | USED IN LAST 30 DAYS     | AGE AT FIRST USE (in years) |
|--|--------------------------|--------------------------|-----------------------------|
| 40. Crack (if unable to separate, combine with cocaine)                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 41. Cocaine  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 42. Heroin   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 43. Non-treatment methadone  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 44. Other opiates (morphine, codeine, dilaudid, demerol, percodan, or opium)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 45. Barbiturates (Nembutal, Seconal, Tuinal, downers, or reds)                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 46. Benzodiazepines (Librium, Valium)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 47. Other sedatives or hypnotics (Miltown, Equinal, Doriden, Noludar, Quaalude, or sopers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 48. Amphetamines (speed, methamphetamine, meth, stimulants, crank)                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 49. Marijuana, hashish, THC  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 50. Hallucinogens (LSD, PCP, psychedelics, mushrooms, mescaline, or MMDA)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 51. Inhalants (glue, spray cans, gasoline, or paint thinner)                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 52. Over-the-counter (Specify) _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 53. Alcohol  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 54. Tobacco  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 55. Any other drug (Specify) _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| 56. Any other drug (Specify) _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |

EVER USED

0 = No/Never Used  
 (Enter + for used in last 30 days and age at first use)  
 1 = Yes (Complete rest of line)  
 9 = Unknown/not mentioned  
 (Enter 9 for used in last 30 days and age at first use))

USED IN LAST 30 DAYS

+ = Never used  
 0 = No  
 1 = Yes  
 9 = Unknown/not mentioned

AGE AT FIRST USE

++ = Never used  
 99 = Unknown/  
 not mentioned

57. Substance of choice specified at admission: .....

++ = Not applicable - Substance(s) used  
not specified in record  
00 = No substance of choice

40-56 = Substance of choice (enter line number  
of substance of choice from Substance  
Abuse History at Admission Table)  
99 = Unknown/not mentioned

58. Injection drug user (intravenous use):

58a. Ever .....

0 = No  
1 = Yes

9 = Unknown/not mentioned

58b. At admission .....

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

9 = Unknown/not mentioned

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

9 = Unknown/not mentioned

**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

| TIME OF TEST               | DATE OF TEST   | POSITIVE RESULTS FOR: |                      |                      |   |
|----------------------------|--|-----------------------|----------------------|----------------------|---|
|                            |  | Opiates               | Cocaine              | THC/<br>Marijuana    | Any other<br>drugs,<br>including<br>alcohol |
| First test after admission | <input type="text"/> - <input type="text"/> - <input type="text"/><br>MO DA YR | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/>                        |
| Last test before discharge | <input type="text"/> - <input type="text"/> - <input type="text"/><br>MO DA YR | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/>                        |

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: .....   
NUMBER

- 00 = No prior treatment episodes
- 99 = Unknown/not mentioned

64. Number of years over which treatment episodes were reported: .....   
YRS

- ++ = Not applicable, Item 63 coded "00" or "99"
- 00 = Less than 6 months
- 55 = Lifetime
- 88 = Other (Specify) \_\_\_\_\_
- 99 = Unknown/not mentioned

65. Past treatment episodes for any substance abuse in the twelve months prior to admission .....  -

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

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

|      | REASON FOR TREATMENT | FACILITY             | TYPE OF CARE         | DISCHARGE STATUS     |
|------|----------------------|----------------------|----------------------|----------------------|
| 65a. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 65b. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 65c. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 65d. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 65e. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 65f. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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: .....       
NUMBER

0000 = Client treatment type  
 is not outpatient

9999 = Unknown/unable  
 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.

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

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  
1 = Yes, list below

9 = Unknown/not mentioned

68a. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

0 = No (Leave table blank) (Skip to item 73)  
1 = Yes (Complete table below)

9 = Unknown/not mentioned (Leave table blank)

**Methadone Treatment**

|      |   | DATE OF TREATMENT |        |        | TOTAL DAILY DOSE IN MGS. |
|------|---|-------------------|--------|--------|--------------------------|
|      |   | MO                | DA     | YR     | (999 = Unknown)          |
| 69a. | First methadone treatment                 | _ _               | -  _ _ | -  _ _ | _ _                      |
| 69b. | Two weeks after first methadone treatment | _ _               | -  _ _ | -  _ _ | _ _                      |
| 69c. | One month before last methadone treatment | _ _               | -  _ _ | -  _ _ | _ _                      |
| 69d. | Last methadone treatment                  | _ _               | -  _ _ | -  _ _ | _ _                      |

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

+ = Not applicable, Item 69 coded "0" or "9"  
0 = No

1 = Yes  
9 = Unknown/not mentioned

71. Date withdrawal from methadone began: .....    |    |

MO DA YR

+ - + = Not applicable, Item 69 coded "0" or "9"  
0-0 = No withdrawal from methadone  
9-9 = Unknown/not mentioned

72. Date withdrawal from methadone ended: .....    |    |

MO DA YR

+ - + = Not applicable, Item 69 coded "0" or "9"  
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)                            | 05 = Did not complete treatment by administration choice |
| 01 = Completed planned treatment   | 06 = Did not complete treatment by client choice         |
| 02 = Did not complete treatment, referred/transferred to another program | 07 = Did not complete treatment, incarcerated            |
| 03 = Did not complete treatment, insurance benefits expired              | 08 = Did not complete treatment, not otherwise specified |
| 04 = Did not complete treatment, no payment source                       | 88 = Other (Specify) _____                               |
|  | 99 = Unknown/not mentioned                               |

73a. Date of death: (9-9 = Unknown/not mentioned) ..... --  
MO DA YR

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

|                        |       | DIAGNOSTIC<br>CODE  | CODING<br>SCHEME         |
|------------------------|-------|---|--------------------------|
| 74a. Primary diagnosis | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 74b. Other diagnosis   | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 74c. Other diagnosis   | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 74d. Other diagnosis   | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 74e. Other diagnosis   | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |

- 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  
 1 = Yes, specify mental illness below  
 9 = Unknown/not mentioned

75a. \_\_\_\_\_

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

0 = No  
 1 = Yes  
 9 = Unable to determine

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

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

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

|      |  |                          |
|------|--|--------------------------|
| 77a. | Individual therapy                               | <input type="checkbox"/> |
| 77b. | Group therapy, not including relapse prevention  | <input type="checkbox"/> |
| 77c. | Relapse prevention groups                        | <input type="checkbox"/> |
| 77d. | Family counseling                                | <input type="checkbox"/> |
| 77e. | Self-help or mutual-help groups (AA, NA, etc.)   | <input type="checkbox"/> |
| 77f. | Employment counseling/training                   | <input type="checkbox"/> |
| 77g. | Legal/criminal justice system counseling/support | <input type="checkbox"/> |

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)
- 6-6 = Not permitted to abstract
- 8-8 = Other (Specify) \_\_\_\_\_
- 9-9 = Unknown/not mentioned

80a. Date of (last issued) bill: .....    -    -     
 MO DA YR

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

- + = Item 80 not coded "0-0"
- 0 = No
- 1 = Yes
- 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

