

New Recovery Services GPRA Form

Administrative Section

 244

Version 1.1

Created 01/24/2023

 3

1. Name of Recovery Coach filling out this form: *

 %s format expected

 88

2. Email address:

(example: acb@mail.com) *

Confirmation and a PDF copy of this form will be sent to the email below. Email may contain confidential information and PHI, please check the email address to be sure it is being sent to a secure address.

acb@mail.com

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3. Which Recovery Center are you reporting on: *

TPCR
JRCC
KRC
NCVRC
SWF
TPCA
TPCB
TPCCV
TPCCC
TPFC
TPCS
TPCW



4. Hospital - (optional) If reporting on RCED Program

- ☐ BMH
- ☐ CVMC
- ☐ MAH
- ☐ NVRH
- ☐ PMC
- ☐ RRMC
- ☐ SMCS
- ☐ Copley
- ☐ SVMC
- ☐ UVMMC
- ☐ NCH
- ☐ Gifford
- ☐ **OTHER HOSPITAL**, please specify:

Client Information and Interview Type

Page exit logic: Skip / Disqualify Logic

IF: #9 Question "Was the client able to be contacted for **Discharge Interview?**" is one of the following answers ("No") **THEN:** Jump to [page 11 - Section J: Discharge Status](#)

Page exit logic: Skip / Disqualify Logic

IF: #8 Question "Was the client able to be contacted for **Follow Up Interview?**" is one of the following answers ("No") **THEN:** Jump to [page 10 - Section I: 6 Month Follow Up Status](#)

Page exit logic: Skip / Disqualify Logic

IF: #10 Question "Was informed consent given for GPRA collection? *** If no, submit only the client Information and Interview Type Section. *** If yes, be prepared to upload the consent form. " is one of the following answers ("No") **THEN:** Jump to [page 13 - SUBMIT GPRA FORM BY CLICKING THE SUBMIT BUTTON BELOW](#)



5. Client ID *



FORMAT: %s format expected



6. Date of Interview: *

MM/DD/YYYY



 Show/hide trigger exists.

 14

7. Which GPRA Interview are you performing: *

- ☐ Intake/Baseline
- ☐ 6-month follow up
- ☐ Discharge

 Hidden unless: #7 Question "Which GPRA Interview are you performing:" is one of the following answers ("6-month follow up")

 217

8. Was the client able to be contacted for **Follow Up Interview**? *

- ☐ Yes
- ☐ No

 Hidden unless: #7 Question "Which GPRA Interview are you performing:" is one of the following answers ("Discharge")

 218

9. Was the client able to be contacted for **Discharge Interview**? *

- ☐ Yes
- ☐ No

 Show/hide trigger exists. Hidden unless: #7 Question "Which GPRA Interview are you performing:" is one of the following answers ("Intake/Baseline")

 15

10. Was informed consent given for GPRA collection? *** If no, submit only the client Information and Interview Type Section. ***If yes, be prepared to upload the consent form. *

If you choose yes, the next question will ask you to upload the consent form. Uploading the consent form is optional. Each provider is still required to keep a copy of the client's consent form on file for 3 years after the grant period ends.

- ☐ Yes
- ☐ No

 Accepts 1 file. **Allowed types:** png, gif, jpg, jpeg, doc, xls, docx, xlsx, pdf, txt, mov, mp3, mp4. Max file size: 50 MB

 Hidden unless: (#10 Question "Was informed consent given for GPRA collection? *** If no, submit only the client Information and Interview Type Section. ***If yes, be prepared to upload the consent form. " is one of the following answers ("Yes") AND #7Question "Which GPRA Interview are you performing:" is one of the following answers ("Intake/Baseline"))

 104

11. Upload the consent form for this client.

Uploading the consent form here is optional. Each provider is still required to keep a copy of the client's consent form on file for 3 years after the grant period ends.

Browse...

 %s format expected

 Hidden unless: #10 Question "Was informed consent given for GPRA collection? *** If no, submit only the client Information and Interview Type Section. ***If yes, be prepared to upload the consent form. " is one of the following answers ("Yes")

 17

12. Client Date of Birth *

MM/DD/YYYY

MM/DD/YYYY



13. Client Contact Information

[Participant's Name and Contact Information will **NOT** be shared or submitted to SAMHSA. This section is provided to record contact information needed for follow-up and discharge interview's with the client and for record management purposes **ONLY**.]

First Name *

First Initial of Last Name *

Street Address

City

State

Zip

Email Address

(example:

acb@mail.com)

acb@mail.com

Cell

Phone

(999) 999-9999

Home

Phone

(999) 999-9999

Other

Phone

(999) 999-9999

Section A: Record Management/Participant Demographics

Page entry logic:

This page will show when: #7 Question "Which GPRA Interview are you performing:" is one of the following answers ("Intake/Baseline")

Page description:

Section A is only asked during intake/baseline interviews.

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14. What do you consider yourself to be? [What is the client's gender?]*

- ☐ Male
- ☐ Female
- ☐ Transgender (Male to Female)
- ☐ Transgender (Female to Male)
- ☐ Gender non-conforming
- ☐ Other - Write In (required)

- ☐ REFUSED

Show/hide trigger exists.

38

15. Are you Hispanic, Latino/a, or of Spanish origin? *

- ☐ Yes
- ☐ No
- ☐ REFUSED

Hidden unless: #15 Question "Are you Hispanic, Latino/a, or of Spanish origin?" is one of the following answers ("Yes")

285

16. What ethnic group do you consider yourself? You may indicate more than one.

- ☐ Central American
- ☐ Cuban
- ☐ Dominican
- ☐ Mexican
- ☐ Puerto Rican
- ☐ South American
- ☐ Other - Write In

- ☐ REFUSED

*

192

17. What is your race? You may indicate more than one. *

- ☐ Black or African American
- ☐ White
- ☐ American Indian
- ☐ Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ Other (SPECIFY)
- ☐ REFUSED

*

Show/hide trigger exists.

41

18. Do you speak a language other than English at home? *

- ☐ Yes
- ☐ No
- ☐ REFUSED

Hidden unless: #18 Question "Do you speak a language other than English at home?" is one of the following answers ("Yes")

193

What is this language? *

- ☐ Spanish
- ☐ Other (SPECIFY)

111

19. Do you think of yourself as... [YOU MAY INDICATE MORE THAN ONE]

*

- ☐ Straight or Heterosexual
- ☐ Homosexual (Gay or Lesbian)
- ☐ Bisexual
- ☐ Queer, Pansexual, And/Or Questioning
- ☐ Asexual
- ☐ Other - Write In
- ☐ REFUSED

*

112

20. What is your relationship status? *

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ In a relationship
- ☐ In multiple relationships
- ☐ REFUSED

 Hidden unless: #10 Question "Was informed consent given for GPRA collection? *** If no, submit only the client Information and Interview Type Section. ***If yes, be prepared to upload the consent form. " is one of the following answers ("Yes")

50

21. Are you currently pregnant? *

- ☐ Yes
- ☐ No
- ☐ Do not know
- ☐ REFUSED

 Show/hide trigger exists.

51

22. Do you have children? [Refers to children both living and/ or who may have died]*

- ☐ Yes
- ☐ No
- ☐ REFUSED

 Must be numeric

 Hidden unless: #22 Question "Do you have children? [Refers to children both living and/ or who may have died] is one of the following answers ("Yes")

 113

How many children under the age of 18 do you have? *

☐ Enter Number of Children

☐ REFUSED

 Show/hide trigger exists. Hidden unless: #22 Question "Do you have children? [Refers to children both living and/ or who may have died] is one of the following answers ("Yes")

 195

Are any of your children, who are under the age of 18, living with someone else due to a court's intervention? [CANNOT EXCEED THE NUMBER OF CHILDREN UNDER 18 AS LISTED ABOVE] *

☐ Yes (Number of children removed from client's care)

☐ No

☐ REFUSED

 Hidden unless: Question "Are any of your children, who are under the age of 18, living with someone else due to a court's intervention? [CANNOT EXCEED THE NUMBER OF CHILDREN UNDER 18 AS LISTED ABOVE]" is one of the following answers ("Yes (Number of children removed from client's care)")

 114

Have you been reunited with any of your children, under the age of 18, who have been previously removed from your care? [CANNOT EXCEED THE NUMBER OF CHILDREN UNDER 18 AS LISTED ABOVE] *

☐ Yes - Number of children with whom the client has been reunited

☐ No

☐ REFUSED

 42

23. Have you ever served in the Armed Forces, in the Reserves, in the National Guard, or in other Uniformed Services? [IF SERVED] What area, the Armed Forces, Reserves, National Guard, or other did you serve? *

☐ No

☐ Yes, in the Armed Forces

☐ Yes, in the Reserves

☐ Yes, in the National Guard

☐ Yes, Other Uniformed Services [Includes NOAA, USPHS]

☐ REFUSED

115

24. How long does it take you, on average, to travel to the location where you receive services provided by this grant?*

- ☐ Half an hour or less
- ☐ Between half an hour and one hour
- ☐ Between one hour and one and a half hours
- ☐ Between one and a half hours and two hours
- ☐ Two hours or more
- ☐ REFUSED

Section B: Substance Use and Planned Services

Page description:

Section B is asked during Intake, successful Follow Up Interviews, and successful Discharge Interviews.

Definition of "successful Follow-Up Interview:" the client was successfully contacted and spoken to in order to complete the follow up interview.

Definition of "successful Discharge Interview:" the client was successfully contacted and spoken to in order to complete the discharge interview.

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1. USING THE TABLE BELOW, PLEASE INDICATE THE FOLLOWING:

A. THE NUMBER OF DAYS, IN THE PAST 30 DAYS, THAT THE CLIENT REPORTS USING A SUBSTANCE.

[DO NOT READ TO CLIENT] The client should be encouraged to list the substances on their own. If they are unsure, the list from the table below can be read to the client. Please note that not all substance use is considered harmful or illicit – it may be that a substance is prescribed by a licensed provider, or that the client uses the substance in accordance with official, national safety guidelines. In such instances, clarification from the client should be sought, but if the substance is only taken as prescribed or used on each occasion in accordance with official, national safety guidelines, then it is not considered misuse. If no use of a listed substance is reported, please enter a zero ('0') in the corresponding 'Number of Days Used' column. If the client refuses to answer the question, then select "REFUSED".

B. THE ROUTE BY WHICH THE SUBSTANCE IS USED.

[DO NOT READ TO CLIENT] Mark one route only for each substance used. But, if the client identifies more than one route, choose the corresponding route with the highest associated number value (numbers 1 – 6). **1-Oral, 2-Intranasal, 3-Vaping, 4-Smoking, 5-Non-IV Injection, 6-Intravenous (IV) Injection, or 0 Other.** Responses should capture the past 30 days of use.

259

During the past 30 days, how many days have you used any substance, and how do you take the substance?

Show/hide trigger exists.

258

25. REFUSE ALL? *

- ☐ Yes
- ☐ No

Hidden unless: #25 Question "REFUSE ALL?" is one of the following answers ("No")

118

26. During the past 30 days, how many days have you used any substance, and how do you take the substance?*

Number of Days
used

Route

Alcohol		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Heroin		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Morphine		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Fentanyl		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Dilaudid		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Demerol		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Percocet		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Codeine		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Tylenol 2, 3, 4		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED

		REFUSED
OxyContin/Oxycodone		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Non-prescription methadone		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Non-prescription buprenorphine		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Cannabis (Marijuana)		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Synthetic Cannabinoids		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Sedatives		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Hypnotics		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Barbiturates		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Anxiolytics/Benzodiazepines		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other

		REFUSED
Cocaine		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Crack		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Methamphetamine		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Stimulant Medications		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
PCP		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
MDMA		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
LSD		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Mushrooms		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Mescaline (Peyote)		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other

		Oral REFUSED
Salvia		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
DMT		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Inhalants		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Non-prescription GHB		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Ketamine		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
MDPV/Bath Salts		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Kratom		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Khat		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Other tranquilizers		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection

		Other REFUSED
Other downers		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Other sedatives		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Other hypnotics		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Tobacco		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Nicotine (Including Vape Products)		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED
Other Substances not listed above		Oral Intranasal Vaping Smoking Non-IV Injection Intravenous (IV) Injection Other REFUSED

 Hidden unless: #25 Question "REFUSE ALL?" is one of the following answers ("No")

 126

27. If you selected Other Substances above - please list below

127

28. Have you been diagnosed with an **alcohol use disorder**, if so which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? *(If received enter how many days received)* [Check All That Apply]

*

☐ Naltrexone

*

☐ Extended-release Naltrexone (Vivitrol)

*

☐ Disulfiram (Antabuse)

*

☐ Acamprosate (Campral)

*

☐ DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED ALCOHOL USE DISORDER

☐ CLIENT DOES NOT REPORT SUCH A DIAGNOSIS

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29. Have you been diagnosed with an **opioid use disorder**, if so which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? [CHECK ALL THAT APPLY.] *(If received enter how many days received)* [Check All That Apply]

☐ Methadone

*

☐ Buprenorphine (Suboxone)

*

☐ Naltrexone

*

☐ Extended-release Naltrexone (Vivitrol)

*

☐ DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED OPIOID USE DISORDER

☐ CLIENT DOES NOT REPORT SUCH A DIAGNOSIS

129

30. Have you been diagnosed with a **stimulant use disorder**, if so which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? [CHECK ALL THAT APPLY.](If received enter how many days received)[Check All That Apply] *

☐ Contingency Management

*

☐ Community Reinforcement

*

☐ Cognitive Behavioral Therapy

*

☐ Other evidence-based intervention

*

☐ DID NOT RECEIVE ANY INTERVENTION FOR A DIAGNOSED STIMULANT USE DISORDER

☐ CLIENT DOES NOT REPORT SUCH A DIAGNOSIS

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31. Have you been diagnosed with a **tobacco use disorder**, if so which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? [CHECK ALL THAT APPLY.](If received enter how many days received) [Check All That Apply] *

☐ Nicotine Replacement

*

☐ Bupropion (Wellbutrin)

*

☐ Varenicline (Chantix)

*

☐ DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED TOBACCO USE DISORDER

☐ CLIENT DOES NOT REPORT SUCH A DIAGNOSIS

Show/hide trigger exists.

131

32. In the past 30 days, did you experience an overdose or take too much of a substance that resulted in needing supervision or medical attention *

☐ Yes

☐ No

☐ REFUSED

 Hidden unless: #32 Question "In the past 30 days, did you experience an overdose or take too much of a substance that resulted in needing supervision or medical attention" is one of the following answers ("Yes")

 132

In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one.

- ☐ Naloxone (Narcan)
- ☐ Care in an Emergency Department
- ☐ Care from a Primary Care Provider
- ☐ Admission to a hospital
- ☐ Supervision by someone else
- ☐ Other (SPECIFY)
- ☐ REFUSED

*

 133

33. Not including this current episode, how many times in your life have you been treated at an inpatient or outpatient facility for a substance use disorder? *

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four times
- ☐ Five times
- ☐ Six or more times
- ☐ Never
- ☐ REFUSED

 134

34. Approximately when was the last time you received inpatient or outpatient treatment for a substance use disorder? *

- ☐ Not Applicable (based on response to previous question)
- ☐ Less than six months ago
- ☐ Between six months ago and one year ago
- ☐ One to two years ago
- ☐ Two to three years ago
- ☐ Three to four years ago
- ☐ Five or more years ago
- ☐ REFUSED

 Show/hide trigger exists.

 135

35. Have you ever been diagnosed with a mental health illness by a health care professional?

- ☐ Yes
- ☐ No
- ☐ REFUSED

 Hidden unless: #35 Question "Have you ever been diagnosed with a mental health illness by a health care professional?" is one of the following answers ("Yes")

 136

36. PLEASE ASK THE CLIENT TO SELF-REPORT THEIR MENTAL HEALTH ILLNESSES AS LISTED IN THE TABLE BELOW. THE CLIENT SHOULD BE ENCOURAGED TO REPORT THEIR OWN MENTAL HEALTH ILLNESSES BUT IF PREFERRED, THE LIST CAN BE READ TO THE CLIENT. PLEASE INDICATE ALL THAT APPLY. *

- ☐ Brief psychotic disorder
- ☐ Delusional disorder
- ☐ Schizoaffective disorders
- ☐ Schizophrenia
- ☐ Schizotypal disorder
- ☐ Shared psychotic disorder
- ☐ Unspecified psychosis
- ☐ Bipolar disorder
- ☐ Major depressive disorder, recurrent
- ☐ Major depressive disorder, single episode
- ☐ Manic episode
- ☐ Persistent mood [affective] disorders
- ☐ Unspecified mood [affective] disorder
- ☐ Agoraphobia without panic disorder
- ☐ Agoraphobia with panic disorder
- ☐ Agoraphobia, unspecified
- ☐ Generalized anxiety disorder
- ☐ Panic disorder
- ☐ Phobic anxiety disorders
- ☐ Social phobias (Social anxiety disorder)
- ☐ Specific (isolated) phobias
- ☐ Excoriation (skin-picking) disorder
- ☐ Hoarding disorder
- ☐ Obsessive-compulsive disorder
- ☐ Obsessive-compulsive disorder with mixed obsessional thoughts and acts
- ☐ Acute stress disorder; reaction to severe stress, and adjustment disorders
- ☐ Adjustment disorders
- ☐ Body dysmorphic disorder
- ☐ Dissociative and conversion disorders
- ☐ Dissociative identity disorder
- ☐ Post traumatic stress disorder

- ☐ Somatoform disorders
- ☐ Eating disorders
- ☐ Sleep disorders not due to a substance or known physiological condition
- ☐ Antisocial personality disorder
- ☐ Avoidant personality disorder
- ☐ Borderline personality disorder
- ☐ Dependent personality disorder
- ☐ Histrionic personality disorder
- ☐ Intellectual disabilities
- ☐ Obsessive-compulsive personality disorder
- ☐ Other specific personality disorders
- ☐ Paranoid personality disorder
- ☐ Personality disorder, unspecified
- ☐ Pervasive and specific developmental disorders
- ☐ Schizoid personality disorder
- ☐ NONE OF THE ABOVE

Section C: Living Conditions

 286

Section C is only asked during Intake and successful Follow Up Interviews.

Definition of "successful follow up interview." the client was successfully contacted and spoken to in order to complete the follow up interview.

 Show/hide trigger exists.

 149

37. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]*

- ☐ Shelter (Safe Haves, Transitional Living Center [TLC], Low-Demand Facilities, Reception Centers, Other Temporary Day or Evening Facility)
- ☐ Street/Outdoors (Sidewalk, Doorway, Park, Public Or Abandoned Building)
- ☐ Institution (Hospital, Nursing Home, Jail/Prison)
- ☐ Housed: [If housed, specify below. Question will appear when this option is selected.]
- ☐ REFUSED

 Hidden unless: #37 Question "In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]" is one of the following answers ("Housed: [If housed, specify below. Question will appear when this option is selected.]")

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Type of Housing. Select below. *

- ☐ Own/Rental Apartment, Room, Trailer, Or House
- ☐ Someone Else's Apartment, Room, Trailer, Or House (including couch surfing)
- ☐ Dormitory/College Residence
- ☐ Halfway House or Transitional Housing
- ☐ Residential Treatment
- ☐ Recovery Residence/Sober Living
- ☐ Other (SPECIFY)
- ☐ REFUSED

 150

38. Do you currently live with any person who, over the past 30 days, has regularly used alcohol or other substances?*

- ☐ Yes
- ☐ No
- ☐ No, lives alone
- ☐ REFUSED

Section D: Education, Employment, and Income

Page description:

Section D is only asked during Intake, successful Follow Up Interviews, and successful Discharge Interviews.

Definition of "successful Follow-Up Interview:" the client was successfully contacted and spoken to in order to complete the follow up interview.

Definition of "successful Discharge Interview:" the client was successfully contacted and spoken to in order to complete the discharge interview.

 151

39. Are you currently enrolled in school or a job training program? [IF ENROLLED] Is that full time or part time?*

- ☐ NOT ENROLLED
- ☐ ENROLLED, FULL TIME
- ☐ ENROLLED, PART TIME
- ☐ REFUSED

152

40. What is the highest level of education you have finished, whether or not you received a degree?*

- ☐ LESS THAN 12TH GRADE
- ☐ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
- ☐ VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
- ☐ SOME COLLEGE OR UNIVERSITY
- ☐ BACHELOR'S DEGREE (FOR EXAMPLE: BA, BS)
- ☐ GRADUATE WORK/GRADUATE DEGREE
- ☐ OTHER (SPECIFY)
- ☐ REFUSED

153

41. Are you currently employed? [CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.] [IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CHOOSE "NOT LOOKING FOR WORK."] *

- ☐ EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD BE, IF NOT FOR LEAVE OR AN EXCUSED ABSENCE)
- ☐ EMPLOYED, PART TIME
- ☐ UNEMPLOYED—BUT LOOKING FOR WORK
- ☐ NOT EMPLOYED, NOT LOOKING FOR WORK
- ☐ NOT WORKING DUE TO A DISABILITY
- ☐ RETIRED, NOT WORKING
- ☐ Other (SPECIFY)
- ☐ REFUSED

154

42. Do you, individually, have enough money to pay for the following living expenses? Choose all that apply.*

- ☐ FOOD
- ☐ CLOTHING
- ☐ TRANSPORTATION
- ☐ RENT/HOUSING
- ☐ UTILITIES (Gas/Water/Electric)
- ☐ TELEPHONE CONNECTION (Cell or Landline)
- ☐ CHILDCARE
- ☐ HEALTH INSURANCE
- ☐ REFUSED

155

43. What is your personal annual income, meaning the total pre-tax income from all sources, earned in the past year?*

- ☐ \$0 to \$9,999
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$19,999
- ☐ \$20,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$199,999
- ☐ \$200,000 or more
- ☐ REFUSED

Section E: LEGAL

Page description:

Section E is only asked during Intake, successful Follow Up Interviews, and successful Discharge Interviews.

Definition of "successful Follow-Up Interview:" the client was successfully contacted and spoken to in order to complete the follow up interview.

Definition of "successful Discharge Interview:" the client was successfully contacted and spoken to in order to complete the discharge interview.

156

44. In the past 30 days, how many times have you been arrested? [IF THE CLIENT INDICATES NO ARRESTS IN THE PAST 30 DAYS, BUT IS INCARCERATED AT THE TIME OF THE INTERVIEW, MARK CURRENTLY INCARCERATED] *

- ☐ Enter number
- ☐ REFUSED
- ☐ Currently Incarcerated

157

45. Are you currently awaiting charges, trial, or sentencing? *

- ☐ Yes
- ☐ No
- ☐ REFUSED

158

46. Are you currently on parole or probation or intensive pretrial supervision? *

- ☐ Probation
- ☐ Parole
- ☐ Intensive Pretrial Supervision
- ☐ No
- ☐ REFUSED

159

47. Do you currently participate in a drug court program or are you in a deferred prosecution agreement? *

- ☐ Drug court program
- ☐ Deferred prosecution agreement
- ☐ No, neither of these
- ☐ REFUSED

Section F: Physical Health

Page description:

Section F is only asked during Intake, successful Follow Up Interviews, and successful Discharge Interviews.

Definition of "successful Follow-Up Interview:" the client was successfully contacted and spoken to in order to complete the follow up interview.

Definition of "successful Discharge Interview:" the client was successfully contacted and spoken to in order to complete the discharge interview.

172

48. In the past 30 days, where have you gone to receive medical care? You may select more than one response.

- ☐ Primary Care Provider
- ☐ Urgent Care
- ☐ The Emergency Department
- ☐ A specialist doctor
- ☐ No care was sought
- ☐ Other (SPECIFY)

*

Show/hide trigger exists.

173

49. Do you currently have medical/health insurance? *

- ☐ Yes
- ☐ No
- ☐ REFUSED

Hidden unless: #49 Question "Do you currently have medical/health insurance?" is one of the following answers ("Yes")

174

50. What type of insurance do you have [CHECK ALL THAT APPLY]? *

- ☐ Medicare
- ☐ Medicaid
- ☐ Private Insurance or Employer Provided
- ☐ TRICARE or other military health care
- ☐ An assistance program [for example, a medication assistance program]
- ☐ Any other type of health insurance or health coverage plan (SPECIFY)

*

- ☐ REFUSED

Section G: Social Connectedness

Page description:

Section G is only asked during Intake, successful Follow Up Interviews, and successful Discharge Interviews.

Definition of "successful Follow-Up Interview:" the client was successfully contacted and spoken to in order to complete the follow up interview.

Definition of "successful Discharge Interview:" the client was successfully contacted and spoken to in order to complete the discharge interview.

 175

51. In the past 30 days, did you attend any voluntary mutual support groups for recovery? In other words, did you participate in a non-professional, peer-operated organization that assists individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Secular Organization for Sobriety, Women for Sobriety, religious/faith-affiliated recovery mutual support groups, etc.? Attendance could have been in person or virtual. *

- ☐ Yes - Specify How Many Times (write refuse if client refuses to specify number of times)

- ☐ No
- ☐ REFUSED

 176

52. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?*

- ☐ Yes
- ☐ No
- ☐ REFUSED

 177

53. How satisfied are you with your personal relationships? *

- ☐ Very Dissatisfied
- ☐ Dissatisfied
- ☐ Neither Satisfied nor Dissatisfied
- ☐ Satisfied
- ☐ Very Satisfied
- ☐ REFUSED

 178

54. In the past 30 days did you realize that you need to change those social connections or places that negatively impact your recovery? *

- ☐ Yes
- ☐ No
- ☐ REFUSED

Section I: 6 Month Follow Up Status**Page entry logic:**

This page will show when: #7 Question "Which GPRA Interview are you performing:" is one of the following answers ("6-month follow up")

Page description:

Section I is completed by program staff about the client ONLY at follow up.

This section is to be completed within the window of one month prior and two months after the 6-month 'anniversary' of the intake interview, in addition to the sections above

68

55. What is the follow-up status of the client? *

- ☐ Deceased at time of due date
- ☐ Completed interview within specified window
- ☐ Completed interview outside specified window
- ☐ Located, but refused, unspecified
- ☐ Located, but unable to gain institutional access
- ☐ Located, but otherwise unable to gain access
- ☐ located, but withdrawn from project
- ☐ Unable to locate, moved
- ☐ Unable to locate, Other - Write In

69

56. Is the client still receiving services from your program? *

- ☐ Yes
- ☐ No

Section J: Discharge Status**Page entry logic:**

This page will show when: #7 Question "Which GPRA Interview are you performing:" is one of the following answers ("Discharge")

Page description:

Section J is completed by program staff about the client ONLY at discharge.

70

DISCHARGE

This section is to be completed on the day of discharge if the client completes the program, or within 14 calendar days of the date the client is terminated from the program, in addition to the sections above (except the 6- month follow up)

%s format expected

71

57. On what date was the client discharged? *

MM/DD/YYYY



 Show/hide trigger exists.

 72

58. What is the clients discharge status? *

- ☐ Completed
- ☐ Terminated

 Hidden unless: #58 Question "What is the clients discharge status?" is one of the following answers ("Terminated")

 73

59. If the client was terminated, what was the reason for termination (select one) *

- ☐ Left on own against staff advice with satisfactory progress
- ☐ Left on own against staff advice without satisfactory progress
- ☐ Involuntary discharged due to nonparticipation
- ☐ Involuntary discharged due to violation of rules
- ☐ Referred to another program or other service with satisfactory progress
- ☐ Referred to another program or other service with unsatisfactory progress
- ☐ Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
- ☐ Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
- ☐ Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
- ☐ Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
- ☐ Transferred to another facility for health reasons
- ☐ Death
- ☐ Other - Write In (Required)

 180

60. Did the program provide Naloxone and/or Fentanyl Test Strips to this client at any time during their involvement in grant funded services? *

- ☐ Naloxone
- ☐ Fentanyl Test Strips
- ☐ Both Naloxone and Fentanyl Test Strips
- ☐ Neither

Section K: Services Received

Page entry logic:

This page will show when: #7 Question "Which GPRA Interview are you performing:" is one of the following answers ("Discharge")

Page description:

Section K is completed by program staff about the client ONLY at discharge.

 Must be numeric Whole numbers only

 74

61. Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery.*

*You must put at least 1 day in the Peer Coaching field to the right of the question.

**You must put a number in each blank space to the right of the services provided, even if it is a (0) zero.

Peer Coaching or
Mentoring

Recovery Housing

Recovery
Planning

Case Management Services to Specifically Support
Recovery

Alcohol and Drug Free Social
Activities

Information and Referral

 185

62. Has this client attended 60% or more of their planned services? *

☐ Yes

☐ No

 186

63. Did this client receive any services via telehealth or a virtual platform? *

☐ Yes

☐ No

 Show/hide trigger exists.

 201

64. Has this client previously been diagnosed with an opioid use disorder? *

☐ Yes

☐ No

 Hidden unless: #64 Question "Has this client previously been diagnosed with an opioid use disorder?" is one of the following answers ("Yes")

 204

In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder? [CHECK ALL THAT APPLY.] *

☐ Methadone (Specify how many days received)

☐ Buprenorphine (Specify how many days received)

☐ Naltrexone (Specify how many days received)

☐ Extended-release Naltrexone (Specify how many days received)

☐ Client did not receive an FDA-approved medication for a diagnosed opioid use disorder

 Show/hide trigger exists.

 188

65. Has this client previously been diagnosed with an alcohol use disorder? *

☐ Yes

☐ No

 Hidden unless: #65 Question "Has this client previously been diagnosed with an alcohol use disorder?" is one of the following answers ("Yes")

 205

In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? [CHECK ALL THAT APPLY.] *

☐ Naltrexone (Specify how many days received)

☐ Extended-release Naltrexone (Specify how many days received)

☐ Disulfiram (Specify how many days received)

☐ Acamprosate (Specify how many days received)

☐ Client did not receive an FDA-approved medication for an alcohol use disorder

 Show/hide trigger exists.

 189

66. Has this client previously been diagnosed with a stimulant use disorder? *

☐ Yes

☐ No

 Hidden unless: #66 Question "Has this client previously been diagnosed with astimulant use disorder?" is one of the following answers ("Yes")

 206

In the past 30 days, which interventions did the client receive for the treatment of this stimulant use disorder? [CHECK ALL THAT APPLY.] *

- ☐ Contingency Management (Specify how many days received)
- ☐ Community Reinforcement (Specify how many days received)
- ☐ Cognitive Behavioral Therapy (Specify how many days received)
- ☐ Other treatment approach (Specify how many days received)
- ☐ Client did not receive any intervention for a stimulant use disorder

 Show/hide trigger exists.

 190

67. Has this client previously been diagnosed with a tobacco use disorder? *

- ☐ Yes
- ☐ No

 Hidden unless: #67 Question "Has this client previously been diagnosed with atobacco use disorder?" is one of the following answers ("Yes")

 207

In the past 30 days, which FDA-approved medication did the client receive for the treatment of this tobacco use disorder? [CHECK ALL THAT APPLY.] *

- ☐ Nicotine Replacement (Specify how many days received)
- ☐ Bupropion (Specify how many days received)
- ☐ Varenicline (Specify how many days received)
- ☐ Client did not receive an FDA-approved medication for a tobacco use disorder

Thank You!

New Send Email

To: [question("value"), id="88"]

From: Vermont Department of Health (noreply@alchemer.com)

Subject: GPRA Form Confirmation Email