

Questionnaire: Substance Use Treatment Discharge

Instructions: THIS QUESTIONNAIRE IS REQUIRED TO BE MARKED AS COMPLETED PRIOR TO SUBMISSION

Admission Information

1. *Was the admission to Substance Use treatment for this discharge submitted in Atrezzo or the former system WITS? (If the date of admission was after 8/31/2021, you must select "Atrezzo")*

(Please select one.)

- Atrezzo
- WITS

If you answered "Atrezzo" on question 1

1.2.1. *DIS13_Primary Presenting Problem on Admission*

(Please select one.)

- Substance Abuse Only
- Affected/Co-Dependent

1.2.2. *DIS14_Client Transaction Type*

(Please select one.)

- Admission for Treatment
- Evaluation only (No Treatment)

1.2.3. *DIS15_Admission Date*

1.2.4. *DIS16_Type of Treatment Service/Treatment Setting*

(Please select one.)

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

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

1.2.5. *DIS18_Gender*

(Please select one.)

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

1.2.6. *DIS19_Race*

(Please select between 1 and 7 items.)

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

1.2.7. *DIS20_Ethnicity*

(Please select one.)

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

If you answered "WITS" on question 1

1.3.1. *DIS13_Primary Presenting Problem on Admission*

(Please select one.)

- Substance Abuse Only
- Affected/Co-Dependent

1.3.2. *DIS14_Client Transaction Type*

(Please select one.)

- Admission for Treatment
- Evaluation only (No Treatment)

1.3.3. *DIS15_Admission Date*

1.3.4. *DIS16_Type of Treatment Service/Treatment Setting*

(Please select one.)

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

1.3.5. *DIS18_Gender*

(Please select one.)

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

1.3.6. *DIS19_Race*

(Please select between 1 and 7 items.)

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

1.3.7. *DIS20_Ethnicity*

(Please select one.)

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

Client Information

1. *DIS6_Primary Presenting Problem on Admission*
(Please select one.)
 - Substance Abuse Only
 - Affected/Co-Dependent
 - Evaluation Only
 - Unknown

2. *MDS18_Treatment – Age Group*
(Please select one.)
 - Adult Adolescent

3. *DIS7_Type of Treatment Service/Setting (at Discharge)*
(Please select one.)
 - Non-Intensive Outpatient
 - Intensive Outpatient
 - Detoxification (Outpatient)
 - 24-Hour Detoxification (Inpatient)
 - Inpatient
 - Methadone (Inpatient)
 - 24-hour Detoxification, free standing residential
 - Halfway House (Short-term 30 days or fewer)
 - Shelter (Short-term 30 days or fewer)
 - Consumer Run Residence (Short-term 30 days or fewer)
 - Halfway House (Long-term more than 30 days)
 - Shelter (Long-term more than 30 days)
 - Consumer Run Residence (Long-term more than 30 days)

4. *DIS8_Date of Last Contact or Data Update*

5. *DIS9_Date of Discharge*

6. *DIS10_Reason for Discharge*
(Please select one.)
 - Treatment is Complete
 - Client dropped due to Barriers to Accessing Care
 - Inability to Pay / Loss of Health Insurance
 - Client Incarcerated
 - Client Moved
 - Logistical Issues (Hours, Transportation etc.)
 - Client Refused Service/Treatment (unrelated to barriers)
 - Client Terminated w/o Clinic Agreement (unrelated to barriers)
 - Parents/Legal Guardians w/d Client (unrelated to barriers)

- Terminated by Facility – lost contact with Client, or Client not complying with rules/regs
- Client Needs Different Level of Care
- Client Discharged for Medical/Psychological Treatment
- Client Transferred to a Different Program/Facility (same level of care)
- Client Deceased
- Unknown

7. *DIS23_Living Arrangements at Discharge*

(Please select one.)

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

8. *DIS24_Employment Status at Discharge*

(Please select one.)

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

9. *DIS26_Arrests in 30 Days Prior to Discharge*

(Please select one.)

- None
- One or more
- Unknown
- Not Collected

If you answered "One or more" on question 9

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

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

10. *DIS25_Detailed Not in Labor force at Discharge*

(Please select one.)

- None

- Homemaker
- Student
- Retired
- Disabled
- Inmate of Institution
- Not in Labor Force: Sheltered employment settings
- Not applicable (Now working, Seasonal Worker or Temporary Layoff)
- Other (for example Volunteer)
- Unknown
- Not Collected

11. *DIS27_Attendance at Substance Use Self Help – at Discharge*
(Please select one.)

- No attendance in the past month
- 1-3 times in past month (less than 1 per week)
- 4-7 times in past month (about 1 per week)
- 8-15 times in past month (2-3 times per week)
- 16-30 times in past month (4+ times per week)
- Some attendance but frequency unknown
- Unknown
- Not Collected

Treatment Data

1. *DIS21A_Substance Use at Discharge - Primary*
(Please select one.)

- None
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non-Prescription Methadone
- Other Opiates and Synthetics
- PCP-phencyclidine
- Other Hallucinogens
- Methamphetamine
- Other Amphetamines
- Other Stimulants
- Benzodiazepine
- Other Tranquilizers

- Barbiturates
- Other Sedatives or Hypnotics
- Inhalants
- Over-The-Counter
- Other
- Unknown
- Not Collected

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

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

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

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

4. *DIS22B_Frequency of Use at Discharge - Secondary*

(Please select one.)

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

5. *DIS21C_Substance Use at Discharge - Tertiary*

(Please select one.)

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

6. *DIS22C_Frequency of Use at Discharge - Tertiary*

(Please select one.)

- No Use in the Past Month
- 1-3 Times in the Past Month
- 1-2 Times in the Past Week
- 3-5 Times in the Past Week

- Daily
 - Not applicable
 - Unknown
 - Not Collected
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Outcome Measures

1. *Number of Sessions attended*

Min/Max - 0/99999999; No decimal places allowed

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

(Please select one.)

- Yes
- No
- Affected Other

3. *Discharge Referral*

(Please select one.)

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

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

(Please select one.)

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

Other

5. *County of Residence (at Discharge)*
(Please select one.)

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