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

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

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



ALCOHOL AND DRUG SERVICES STUDY (ADSS), 1996-1999:  
[UNITED STATES]

(ICPSR 3088)

Principal Investigator

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

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## DATA COLLECTION DESCRIPTION

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

ALCOHOL AND DRUG SERVICES STUDY (ADSS), 1996-1999: [UNITED STATES] (ICPSR 3088)

**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 sub-components: (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









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, 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 CODE	CODING SCHEME
39a. Primary diagnosis _____	_ _ _ · _ _	_
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

**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/ Marijuana	Any other drugs, including alcohol
First test after admission	<input type="text"/> - <input type="text"/> - <input type="text"/> 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"/> 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 (9999 = Unknown)
67a.	Methadone dosing	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
67b.	Individual therapy	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
67c.	Group therapy, including relapse prevention	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
67d.	Family counseling	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <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 CODE	CODING SCHEME
74a.	Primary diagnosis _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>
74b.	Other diagnosis _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>
74c.	Other diagnosis _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>
74d.	Other diagnosis _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>
74e.	Other diagnosis _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>

- 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

