

**Transformation Accountability (TRAC)**  
Center for Mental Health Services

**NOMs Client-Level Measures for Discretionary  
Programs Providing Direct Services**

**SERVICES TOOL**  
**for**  
**Minority AIDs Initiative – TCE, Adult Programs**  
**ADMINISTRATIVE BASELINE**



March 2013  
*Version 6*

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Public reporting burden for this collection of information is estimated to average 30 minutes per response if all items are asked of a consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing consumer/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0285.



**A. DEMOGRAPHIC DATA**

*[SECTION A IS ONLY COLLECTED AT BASELINE.]*

**1. What is your gender?**

- MALE
- FEMALE
- TRANSGENDER
- OTHER (SPECIFY) \_\_\_\_\_
- REFUSED

**2. Are you Hispanic or Latino?**

- YES
- NO *[GO TO 3.]*
- REFUSED *[GO TO 3.]*

***[IF YES]*** What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>
Central American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dominican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mexican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puerto Rican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER (SPECIFY) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <i>[IF YES, SPECIFY BELOW.]</i>

**3. What race do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.**

	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Indian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. What is your month and year of birth?**

\_\_\_\_|\_\_\_\_| / \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
MONTH                      YEAR                       REFUSED

**H. PROGRAM SPECIFIC QUESTIONS (MAI-TCE)**

Questions H1-H14  
OMB No. 0930-0298  
Expiration Date: 2/29/2016

Question H15  
OMB No. 0930-0208  
Expiration Date: 5/31/2015

*[QUESTIONS 1 AND 2 APPLY ONLY TO BASELINES.]*

**1. INDICATE THE PROGRAMMATIC FOCUS FOR THE CLIENT/CONSUMER BELOW.**

	<i>1a. PROGRAMMATIC FOCUS (CHECK ALL THAT APPLY.)</i>	<i>1b. PREDOMINANT FOCUS (CHECK ONLY ONE.)</i>
<i>SUBSTANCE ABUSE TREATMENT</i>	<input type="radio"/>	<input type="radio"/>
<i>MENTAL HEALTH TREATMENT</i>	<input type="radio"/>	<input type="radio"/>
<i>SUBSTANCE ABUSE PREVENTION</i>	<input type="radio"/>	<input type="radio"/>

**2. How would you describe your sexual orientation?**

- Straight or heterosexual
- Bisexual
- Gay or lesbian
- REFUSED
- DON'T KNOW